

32 resistant *S. aureus* strains were found. Our study did not strengthen the idea that extramammary niches
33 (i.e., nares/muzzles) are an important source for *S. aureus*. A discrepancy in the antimicrobial resistance
34 between *S. aureus* strains isolated from nasal/muzzles and milk samples was observed. Furthermore, *S.*
35 *aureus* isolates from transient and persistent IMIs did not differ by *spa* typing, suggesting that the
36 persistence of bovine IMIs was determined by cow factors. Thus, the high level of multidrug-resistant *S.*
37 *aureus* found in the two herds studied together with the predominance of a well udder-adapted *S. aureus*
38 strain may contribute to the history of the high prevalence of mastitis caused by *S. aureus*, leading to
39 great animal and public health concerns.

40

41 **Keywords:** intramammary infection, *spa* typing, antimicrobial susceptibility, dairy cow.

42

43 **Introduction**

44 Bovine mastitis is the most prevalent and expensive disease that affects dairy farming. Moreover, it has
45 great implications for milk production, quality of milk and dairy products, antimicrobial usage, animal
46 welfare, the environment, and the image of the dairy sector. Among the mastitis pathogens,
47 *Staphylococcus aureus* is a major prevalent mastitis pathogen representing a real issue for bovine udder
48 health with unquestionable importance to human and veterinary medicine (Cunha et al. 2020). Although
49 antibiotic treatment is widely used to fight bovine mastitis, *S. aureus* resistance to antimicrobials not only
50 complicates antimicrobial treatment but also represents a huge challenge for public health and food
51 security, as cows are the major reservoir for the emergence of *S. aureus* human epidemic clones
52 (Richardson et al. 2018).

53 Furthermore, understanding the relationships among *S. aureus* strains is crucial for tracking
54 epidemiology, understanding the pathogenesis of *S. aureus* infection and determining its likely origin. A
55 variety of molecular methods have been extensively used for typing *S. aureus* isolates, of which
56 staphylococcal protein-A (*spa*) typing is one of the most common. *spa* typing is adequate for
57 epidemiological studies and gives reproducible, unambiguous and easily interpreted results (Stepan et al.
58 2004). Currently, the growing *spa* typing database developed by Harmsen et al. (2003) is the largest
59 database for typing *S. aureus*, surpassing multilocus sequence typing.

60 Thus, the objective of the present study was to determine the antimicrobial resistance and genetic
61 structure of a population of *S. aureus* recovered from transient and persistent intramammary infections
62 and nares/muzzles.

63

64 **Material and Methods**

65 All bacterial strains were collected from two dairy herds with approximately 125 lactating dairy cows per
66 herd between January 2013 and January 2014. Both herds had a high bulk tank milk somatic cell count (\geq
67 5.0×10^5 cells mL^{-1}) and a history of a high level of mastitis caused by *S. aureus* (as determined by
68 veterinarian and herd statistics). The dairy farms located in Minas Gerais state, Brazil, are geographically
69 distant (approximately 450 km).

70

71 ***S. aureus* isolates from milk samples**

72 Here, we used 182 *S. aureus* isolates previously identified by biochemical tests (Souza et al., 2016; Cunha
73 et al. 2020). All *S. aureus* isolates were further speciated by matrix-assisted laser desorption ionization
74 time of flight mass spectrometry (MALDI TOF MS), as previously described by Nonnemann et al.
75 (2019). Furthermore, *S. aureus* identification was confirmed by polymerase chain reaction (PCR)
76 targeting a portion of the termonuclease gene conserved in *S. aureus* (*nuc*; Sasaki et al. 2010). All *S.*
77 *aureus* isolates from milk samples were analysed by an antimicrobial susceptibility test.

78 The *S. aureus* strains isolated from milk samples were further categorized into those derived
79 from persistent and transient IMIs. A quarter was defined as having an IMI caused by *S. aureus* if ≥ 100
80 colony forming unit colonies mL^{-1} were detected in the milk microbiological culture. An IMI was
81 regarded as transient if *S. aureus* was isolated at only one sampling of the consecutive samplings, in the
82 midpoint between the first and the last samplings. A persistent IMI was assumed if a quarter had an IMI
83 at ≥ 3 consecutive samplings (at least one-month interval) caused by the same *S. aureus* strain. From
84 those isolates, we selected 100 *S. aureus* isolates from milk samples according to their epidemiological
85 behaviour (transient vs. persistent IMIs) for *spa* typing.

86

87 ***S. aureus* isolates from muzzle/nare samples**

88 From the same herds and period, the nares/muzzles of dairy cows were sampled by swabbing the muzzle
89 and the inner nares with a single moistened sterile cotton swab, as previously described (Roberson et al.

90 1994). The swabs were spread inoculated onto the surface of Baird-Parker agar (Oxoid) with 5% egg yolk
91 tellurite emulsion and incubated at 37°C for 24-48 h under aerobic conditions. From each plate, if
92 existing, three grey to black colonies with clear zones and three grey to black colonies without clear zones
93 were selected, transferred separately to microtubes containing brain heart infusion (BHI) broth, and
94 incubated overnight at 37°C; 10% glycerol (final concentration) was added, and the samples were stored
95 at -80°C until identification. Afterwards, the bacterial isolates were spread inoculated onto BHI agar for
96 24-48 h at 37°C. The bacterial colonies (n = 159) were first subjected to Gram staining and catalase and
97 coagulase tests and further speciated by MALDI-TOF MS (Nonnemann et al. 2019). Furthermore, *S.*
98 *aureus* identification was confirmed by PCR targeting a portion of the *S. aureus nuc* gene (Sasaki et al.
99 2010). Among the 159 bacterial isolates, all *S. aureus isolates* identified by both MALDI-TOF MS and
100 PCR were used for *spa* typing and antimicrobial susceptibility tests.

101

102 **DNA sequencing of the spa gene**

103 First, DNA was extracted from the bacterial culture in BHI broth by a method adapted from the boiling
104 methodology described by Fan et al. (1995), where phosphate-buffered saline (PBS PO₄ 0.01 M, NaCl
105 0.15 M, pH 7.2) was replaced with tris-EDTA buffer (TE tris-HCl 10 mM, EDTA 1 mM, pH 8.0). The
106 repeated region of *S. aureus* protein A was amplified with the primers previously described by Harmsen
107 et al. (2003), and the DNA sequences were obtained with an ABI-3500 automatic sequencer (Applied
108 Biosystems®, Foster, USA). *Spa* types were determined with the protocol recommended by the Ridom *spa*
109 Server (<http://www.spaserver.ridom.de>). The obtained *spa* type sequences were analysed using the *spa*
110 plugin included in Bionumerics 7.6 (Applied Maths NV, Sint-Martens-Latem, Belgium).

111

112 **Antimicrobial susceptibility tests**

113 Here, a broad antimicrobial susceptibility profile was performed by the automated Vitek 2® compact
114 system (BioMérieux, Inc., Durham, NC, USA) by determining minimum inhibitory concentration (MIC)
115 using veterinary susceptibility AST-GP69 card (BioMérieux, Inc., Durham, NC, USA) panels for gram-
116 positive bacteria. The following antimicrobials were tested by the Vitek 2® kit: ampicillin/sulbactam,
117 benzylpenicillin, ceftiofur screen, chloramphenicol, clindamycin, inducible resistance to clindamycin,
118 enrofloxacin, erythromycin, fusidic acid, gentamicin, imipenem, kanamycin, marbofloxacin, mupirocin,
119 nitrofurantoin, oxacillin, rifampicin, tetracycline, trimethoprim/sulfamethoxazole, and vancomycin. *S.*

120 *aureus* isolates were regarded as multidrug resistance if they were not susceptible to three or more classes
121 of distinct antimicrobials. Furthermore, *S. aureus* resistance to penicillin was excluded for the definition
122 of multidrug resistance because of the widespread resistance of *S. aureus* to this antimicrobial agent, as
123 proposed by Magiorakos et al. (2012). All isolates were also tested by the Kirby Bauer's disk diffusion
124 technique using disks for oxacillin (1 µg) and ceftiofur (10 UI/30 µg) for the prediction of methicillin-
125 resistant *S. aureus* (MRSA). All antimicrobial susceptibility criteria were interpreted according to the
126 Clinical and Laboratory Standards Institute (CLSI 2018a; CLSI 2018b) and European Committee on
127 Antimicrobial Susceptibility Testing (EUCAST, 2019).

128 In addition, all *S. aureus* isolates phenotypically regarded as oxacillin and/or ceftiofur resistant
129 by MIC using the Vitek 2[®] compact system or Kirby Bauer's disk diffusion technique were further
130 investigated by Etest[®] (bioMérieux, Basingstoke, UK) and the presence of the methicillin resistance gene
131 (*mecA* and *mecC*). PCR analysis for the detection of the *mecA* and *mecC* genes was performed as
132 previously described by Mehrotra et al. (2000) and Paterson et al. (2014), respectively.

133

134 **Results and discussion**

135 Apart from few available studies that have focused on the ecology of *S. aureus* (Roberson et al.
136 1994; Capurro et al. 2010) and those that have investigated non-*aureus* staphylococci isolated from body
137 sites (Adkins et al. 2018), information on the frequency of bacterial isolates from nares/muzzles in dairy
138 cows is limited. In the present study, the speciation of 159 bacteria isolates from nasal/muzzles swabs
139 using MALDI-TOF MS resulted in the identification of *Staphylococcus chromogenes* (n = 87, 54.72%),
140 *Staphylococcus haemolyticus* (n = 21; 13.21%), *Bacillus pumilus* (n = 12; 7.55%), *Staphylococcus hyicus*
141 (n = 10; 6.29%), *S. aureus* (n = 9; 5.66%), *Staphylococcus xylosus* (n = 3; 1.89%), *Corynebacterium*
142 *efficiens* (n = 3; 1.89%), *Enterococcus casseli* (n = 2; 1.26%), *Enterococcus faecium* (n = 2; 1.26%),
143 *Staphylococcus saprophyticus* (n = 1; 0.63%), *Staphylococcus warneri* (n = 1; 0.63%), *Staphylococcus*
144 *nepalensis* (n = 1; 0.63%), *Macrococcus caseolyticus* (n = 1; 0.63%), *Enterococcus mundtii* (n = 1;
145 0.63%), *Arthrobacter gandavensis* (n = 1; 0.63%), *Arthrobacter koreensis* (n = 1; 0.63%), *Arthrobacter*
146 *protophormiae* (n = 1; 0.63%), *Bacillus subtilis* (n = 1; 0.63%), and *Cellulosimicrobium cellulans* (n = 1;
147 0.63%). All bacteria identified as *S. aureus* using MALDI-TOF MS were confirmed by the presence of
148 the *nuc* gene using PCR. While nares represent a primary reservoir of *S. aureus* humans, nares/muzzles

149 did not appear to be a major reservoir for *S. aureus* in dairy cows, corroborating the findings of Capurro
150 et al. (2010), although nares/muzzles appeared to be mainly colonized by non-*aureus* staphylococci.

151 Among the 107 *S. aureus* isolates obtained, t605 (93.46%; 99.00% of them from milk), t189
152 (1.87%; one from milk and one from nares/muzzles), t098 (3.74%; from nares/muzzles swabs) and t127
153 (0.93%; from nares/muzzles swabs) were molecularly identified (Figure 1). Thus, our study did not
154 strengthen the idea that extramammary niches (i.e., nares/muzzles) are an important source for *S. aureus*
155 strains that cause persistent IMIs in dairy cows, which also substantiates their contagious behaviour. The
156 only *S. aureus* strain ST89 originating from transient IMI was also isolated in the nose of another cow,
157 indicating that this *S. aureus* strain can cause IMI in this herd, but it is not associated with persistent IMIs.
158 However, one *S. aureus* strain isolated from herd A was the same strain that caused persistent IMI,
159 suggesting that this strain might adapt to extramammary niches and colonize them, as previously
160 suggested for teat skin (Paduch and Krömker 2011). Thus, even though *S. aureus* can colonize
161 extramammary niches of dairy cows (i.e., nares/muzzles) (Roberson et al. 1994; Capurro et al. 2010), our
162 study showed that the udder is the most important reservoir of these bacteria.

163 We also showed that one *S. aureus* strain was widespread in the two herds investigated, although
164 the herds are geographically distant; this *S. aureus* strain was responsible for almost all IMIs, probably
165 because it is well adapted to the udder, leading to the persistence of IMIs. Thus, our results are in
166 agreement with other reports that indicated that few specialized *S. aureus* types with broad geographic
167 distribution are responsible for most of the IMIs in dairy herds (Srednik et al. 2018).

168 Another important finding was that the herd that only had one *S. aureus* strain was a closed herd,
169 where no cows were purchased from other herds in recent decades, in contrast to the other herd, an open
170 herd, in which new *S. aureus* strains can be introduced by animals from foreign herds; we identified an
171 additional *S. aureus* strain in the open herd. Although the owner of the open herd acquired several dairy
172 cows from distinct dairy herds (personal communication), the most udder-adapted *S. aureus* strain might
173 spread more efficiently, preventing the spread of other less well-udder adapted (i.e., opportunistic) *S.*
174 *aureus* strains. In agreement with our outcomes, the *S. aureus* ST605 clone was the most important clone
175 related to bovine IMIs in another Brazilian study (Silva et al. 2013). To the best of our knowledge, this
176 study is the first report of the isolation of the *S. aureus* ST098 clone from bovine samples; in this study,
177 the *S. aureus* ST098 clone was the most common *S. aureus* strain isolated from nasal samples. We also

178 demonstrated that the persistence of bovine IMIs was probably mainly determined by cow factors, as the
179 same *S. aureus* strain (ST605 clone) caused persistent and transient IMIs.

180 The antimicrobial susceptibility results by the Vitek 2[®] Compact system are summarized in
181 Table 1. Our results showed that 46.56% (n = 88) of *S. aureus* isolates were not susceptible to at least
182 three distinct classes of antimicrobials. Beyond that, even if we excluded resistance to penicillin, as
183 proposed by Magiorakos et al. (2012), 30 (15.87%) isolates were regarded as multidrug resistant *S.*
184 *aureus*. Overall, our study showed that the *S. aureus* isolates from IMIs had considerable resistance to
185 antimicrobials, including resistance to critically important antimicrobials, such as macrolides (e.g.,
186 erythromycin) and glycopeptides (e.g., vancomycin). Moreover, some intermediate resistance to critically
187 important antimicrobials such as the group quinolones (e.g., marbofloxacin and enrofloxacin) was also
188 found. Altogether, our data emphasize that *S. aureus* IMIs are concerning to animal and public health. We
189 also found eight and four oxacillin-resistant and ceftiofur-resistant *S. aureus* isolates from milk samples,
190 respectively. Therefore, although some of them were confirmed by Kirby Bauer's disk diffusion
191 technique, none of the strains were confirmed by the E-test[®] or the presence of the *mecA* and *mecC* genes,
192 suggesting that none of them could be regarded as MRSA.

193 Although a limited number of *S. aureus* strains were isolated from nares/muzzles samples and
194 characterized in this study, a discrepancy in antimicrobial resistance between *S. aureus* isolated from
195 nasal/muzzles and milk samples was observed. For instance, while a great proportion of the *S. aureus*
196 isolates from milk samples were resistant to benzylpenicillin (94.50%), gentamycin (80%) and
197 tetracycline (43.96%), none of the *S. aureus* isolates from noses/muzzles were resistant to these
198 antimicrobials. In contrast, the *S. aureus* isolates from noses/muzzles were more prone to be resistant to
199 clindamycin and erythromycin. We hypothesized that this divergence in antimicrobial resistance could be
200 attributed to, at least in part, the distinct history of exposure to antimicrobials between *S. aureus* isolated
201 from noses/muzzles compared to those isolated from milk samples. For instance, *S. aureus* isolates from
202 noses/muzzles may have been exposed to antimicrobials used systemically since the early stages of life
203 for a longer time (since colonization), and these antimicrobials are totally divergent from the
204 antimicrobials used mainly locally for mastitis treatment after first parturition.

205

206 **Declarations**

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213

214 **Conflict of interest**

215 The authors declared that they have no potential conflicts of interest with respect to the research,
216 authorship, publication of this article and/or financial and personal relationships that could
217 inappropriately influence this study.

218

219 **Ethics approval**

220 This study was approved by the Animal Research Ethics Committee of the Federal University of Minas
221 Gerais - Brazil under protocol number 201/2011.

222

223 **Consent to participate**

224 Not applicable.

225

226 **Consent for publication**

227 Not applicable.

228

229 **Availability of data and material**

230 The authors confirm that the data supporting the findings of this study are available within the article and
231 its supplementary materials.

232

233 **Code availability**

234 Not applicable.

235

236 **Authors' contributions**

237 RPS designed the experiments, performed all analyses, and drafted and edited the manuscript. FNS
238 designed the experiments, collected samples, performed microbiological analysis, supervised the studies
239 and drafted and edited the manuscript. ACDO provided technical help, performed microbiological
240 analysis and edited the manuscript. AFC designed the experiments, collected samples, performed
241 microbiological analysis and edited the manuscript. AFSF, JA, and LZM performed the molecular
242 characterization of the *S. aureus* isolates, analysed the data and edited the manuscript. AMMPDL, MBH
243 and MMOPC designed the experiments, supervised the studies and edited the manuscript. RPS and FNS
244 should be regarded as co-first authors.

245

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310 **Figure 1.** Dendrogram of *S. aureus* strains isolated from milk (n = 100) and nares/muzzles samples (n =
311 7) discriminated by *spa* typing.