



Incidence and Profiles of Antibiotic Resistance and Putative Genes of the *Clostridium difficile* Recovered From Fish

Farnaz Nayebpour¹ and Ebrahim Rahimi^{1*}

¹Department of Food Hygiene and Public Health, Faculty of Veterinary Medicine, Shahrekord Branch, Islamic Azad University, Shahrekord, Iran.

Ebrahimrahimi 55@yahoo.com



CrossMark

CLOSTRIDIUM *difficile* (*C. difficile*) is a toxigenic bacterium with emergence of antibiotic resistance accountable for incidence of food poisoning. The purpose of this survey was to examine the antibiotic resistance profile and incidence of toxigenic genes amid the *C. difficile* bacteria recovered from dissimilar varieties of fish samples. One-hundred and eighty-four fish samples were obtained and examined by culture technique. *C. difficile* isolates were confirmed another time using the polymerase chain reaction. PCR and disk diffusion techniques were applied for detection of putative genes and phenotypic profile of resistance. Eleven out of 184 (5.97%) fish samples harbored *C. difficile*. Common carp (17.50%) had the uppermost incidence of *C. difficile*, though *Scomberomorus guttatus* (2.50%) had the lowermost. There were no positive results for *Scomberomorus commerson* and barracuda fish samples. *TcdA* (45.45%) was the most generally perceived toxigenic genes, though *tcdC* (18.18%) was the less frequently. There were no perceived *cdtA* and *cdtB* toxigenic genes. *C. difficile* bacteria displayed the uppermost incidence of resistance toward amoxicillin (63.60%), ampicillin (54.54%), moxifloxacin (54.54%) and piperacillin (54.54%). *C. difficile* bacteria displayed the uppermost incidence of susceptibility toward meropenem (90.90%), vancomycin (90.90%) and metronidazole (72.72%). Common carp, rainbow trout and *Scomberomorus guttatus* may be reservoirs of *C. difficile* bacteria. Boost incidence of toxigenic and resistant *C. difficile* pose an imperative health threatening issue rendering the consumption of raw fish samples.

Keywords: *Clostridium difficile*, Toxigenic genes, Antibiotic resistance, Fish.

Introduction

Clostridium difficile (*C. difficile*) is a toxigenic bacterium with boost ability to occurrence of both human and animal infections. *C. difficile* is an imperative gastric bacterium accountable for diarrheal human and animal (1,2). *C. difficile* infections (CDIs) have been increased both in hospital and community (3). It is also recovered from diverse kinds of food samples, particularly, foods with animal origins [1]. A total of 3 million hospitalizations has been conveyed due to the CDIs in the United States in each year [1, 2]. Food samples, particularly foods with animal origin have been measured as one of the imperative

sources for CDIs [3]. Portion of meat [4], milk [5], vegetable [6], salad [7], water [8] and marine foods [9] as sources for transmission of CDIs to human has been identified.

Some toxins are accountable for occurrence of CDIs. *TcdA* enterotoxin and *tcdB* cytotoxin had the upper most importance in CDIs. They belong to PaLoc operon which also includes *tcdR*, *tcdE* and *tcdC* toxins. *TcdC* is a negative regulator of *tcdA* and *tcdB* toxins [10]. *C. difficile* binary toxin (CDT) is another imperative enzymatic component with boost clinical importance [10].

CDIs are difficult to treat because of boost re-

*Corresponding author : Ebrahim Rahimi, E-mail: Ebrahimrahimi55@yahoo.com, Tell: +989133278377.

(Received 04/11/2019, accepted 02/03/2020)

DOI: 10.21608/ejvs.2020.20517.1142

©2020 National Information and Documentation Center (NIDOC)

sistance of *C. difficile* toward antibiotic agents, particularly carbapenems, quinolones, penicillins, aminoglycosides, macrolides, fluoroquinolones, cephalosporins, tetracyclines and sulfonamides [11].

Rendering to an unspecified person of *C. difficile* in seafoods and lack of epidemiological surveys in Iran, an existing enquiry was addressed to assess the incidence rate and toxin and antibiotic resistance profiles of *C. difficile* bacteria covered from fish in Isfahan, Iran.

Materials and Methods

Samples

Fish samples were collected amid October and March 2018. A convenience sample of 184 fish samples including *Cyprinus carpio* (common carp) (n= 40), *Oncorhynchus mykiss* (Rainbow trout) (n=40), *Scomberomorus commerson* (*S. commerson*) (n=32), Barracuda (n= 32) and *Scomberomorus guttatus* (*S. guttatus*) (n= 40) were purchased from marketing places of Isfahan, Iran. Fish species was identified by an expert professors of the field of aquaculture. Samples were obtained in distinct sterile belongings to avert falling and cross contamination. Ice packs were applied for samples transmission.

Isolation of *Clostridium difficile*

C. difficile isolation was performed rendering the protocol described beforehand [12,13]. *C. difficile* broth (CDB; Oxoid, UK) supplemented with different growth stimulators and antibiotics [12,13] was applied for this goal. Media were incubated at 37°C for 10 to 15 days on anaerobic circumstances. *C. difficile* agar base (Oxoid, UK) was applied for specific isolation of bacteria. Definitive identification was performed using the biochemical tests [12,13].

PCR procedure

Incubated media contained *C. difficile* isolates on the *C. difficile* broth were applied for DNA extraction rendering the protocols of the producing factory (Thermo Fisher Scientific, Germany). Extracted DNA samples were subjected to quantification by NanoDrop device (NanoDrop, Thermo Scientific, Waltham, USA), qualification (2% agarose gel) and purity checking (A260/A280). TPI specific gene of the *C. difficile* bacteria was perceived by PCR rendering the technique labeled beforehand [14].

Phenotypic profile of antibiotic resistance

Phenotypic profile of antibiotic resistance of *C.*

difficile isolates were examined by disk diffusion. Mueller–Hinton agar (Merck, Germany) media were applied for this goal. Protocols of the Clinical and Laboratory Standards Institute (CLSI) were applied for this goal [15]. Diverse antibiotic disks (Oxoid, UK) were applied for this goal.

PCR detection of toxigenic genes

Table 1 signifies the PCR circumstances applied for detection of toxigenic genes [10]. A programmable DNA thermo-cycler (Eppendorf, Germany) was applied for this goal. Fifteen microliters of the PCR products were electrophoresed using 1.5% agarose gel [10]. Both negative and positive controls were applied for this goal.

Numerical examination

Data gotten from the experimentations were classified in the Excel software. SPSS/21.0 software was accompanied for numerical examination. Chi-square and Fisher's tests were accompanied to measure any noteworthy association. Arithmetical denotation was determined at a $P < 0.05$.

Results

Table 2 discloses the incidence of *C. difficile* in dissimilar varieties of fish samples. Eleven out of 184 (5.97%) fish samples were positive for *C. difficile*. All isolates were also confirmed by PCR detection of *tpi* specific gene of the *C. difficile*. Common carp was the most frequently contaminated fish samples (17.50%). Incidence of *C. difficile* in *S. guttatus* samples was lower (2.50%). Additionally, there were no positive results for *S. commerson* and barracuda fish samples. Arithmetic momentous variances were gotten amid kinds of samples and incidence of *C. difficile* ($P < 0.05$).

Table 3 discloses the incidence of toxigenic genes amid the *C. difficile* bacteria covered from dissimilar varieties of fish samples. *TcdA* (45.45%) had the uppermost incidence amid all perceived toxigenic genes, though *tcdC* (18.18%) had the lowermost. None of *C. difficile* bacteria covered from fish samples were not positive for *cdtA* and *cdtB* toxigenic genes. Arithmetic momentous variances were gotten amid kinds of samples and incidence of toxigenic genes ($P < 0.05$).

Table 4 embodies the profile of antibiotic resistance of *C. difficile* bacteria. *C. difficile* bacteria harbored the uppermost incidence of resistance toward amoxicillin (63.60%), ampicillin (54.54%), moxifloxacin (54.54%) and piperacillin

TABLE 1. Target genes, oligonucleotide primers and PCR conditions used for detection of antibiotic resistance genes in the *C. difficile* bacteria recovered from various types of fish samples.

Target gene	Primer sequence (5'-3')	Primer concentration (µM)	PCR product (bp)	PCR programs	PCR volume (25 µL)
<i>TcdA</i>	F: GCATGATAAAGGCAACTTCAGTGGTA	0.6	629	1 cycle: 94 ^{0C} ----- 10 min. 35 cycle: 94 ^{0C} ----- 50 s 54 ^{0C} ----- 40 s 72 ^{0C} ----- 50 s	1X PCR buffer 50 mM Tris-HCl 10 mM KCl 5 mM (NH ₄) ₂ SO ₄ , pH 8.3 2.6 mM MgCl ₂ 260 IM each of dATP, dCTP, dGTP and dTTP 1.25 U of Taq polymerase (Thermo Fisher Scientific, St. Leon-Rot, Germany) each primer
	R: AGTTCCTCCTGCTCCCAATCAAAATG	0.6			
<i>TcdB</i>	F: CCAAARTGGAGTGTACAAAACAGGTG	0.4	410	1 cycle: 94 ^{0C} ----- 10 min. 35 cycle: 94 ^{0C} ----- 50 s 54 ^{0C} ----- 40 s 72 ^{0C} ----- 50 s	1X PCR buffer 50 mM Tris-HCl 10 mM KCl 5 mM (NH ₄) ₂ SO ₄ , pH 8.3 2.6 mM MgCl ₂ 260 IM each of dATP, dCTP, dGTP and dTTP 1.25 U of Taq polymerase (Thermo Fisher Scientific, St. Leon-Rot, Germany) each primer
	R: GCATTTCTCCATTCTCAGCAAAGTA	0.2			
<i>TcdC</i>	F: AAAAGGGAGATTGTATTATGTTTC	0.2	475	1 cycle: 94 ^{0C} ----- 10 min. 35 cycle: 94 ^{0C} ----- 50 s 54 ^{0C} ----- 40 s 72 ^{0C} ----- 50 s	1X PCR buffer 50 mM Tris-HCl 10 mM KCl 5 mM (NH ₄) ₂ SO ₄ , pH 8.3 2.6 mM MgCl ₂ 260 IM each of dATP, dCTP, dGTP and dTTP 1.25 U of Taq polymerase (Thermo Fisher Scientific, St. Leon-Rot, Germany) each primer
	R: CAATAACTGAATAACCTTACCTTCA	0.2			
<i>CdtA</i>	F: GGGAA GCACTATAITAAAAGCAGAAAGC	0.05	221	1 cycle: 72 ^{0C} ----- 3 min	1X PCR buffer 50 mM Tris-HCl 10 mM KCl 5 mM (NH ₄) ₂ SO ₄ , pH 8.3 2.6 mM MgCl ₂ 260 IM each of dATP, dCTP, dGTP and dTTP 1.25 U of Taq polymerase (Thermo Fisher Scientific, St. Leon-Rot, Germany) each primer
	R: GGGAAACATATAITAAAAGCAGAAAGC	0.05			
<i>CdtB</i>	F: TTGACCCAAAAGTTGATGCTGATTG	0.1			1X PCR buffer 50 mM Tris-HCl 10 mM KCl 5 mM (NH ₄) ₂ SO ₄ , pH 8.3 2.6 mM MgCl ₂ 260 IM each of dATP, dCTP, dGTP and dTTP 1.25 U of Taq polymerase (Thermo Fisher Scientific, St. Leon-Rot, Germany) each primer
	R: CGGATCTCTTGCTCAGTCTTATAG	0.1			

(54.54%). Moreover, *C. difficile* bacteria harbored the uppermost incidence of susceptibility toward meropenem (90.90%), vancomycin (90.90%) and metronidazole (72.72%). The uppermost incidence of intermediate resistance was seen toward penicillin (63.63%) and linezolid

(54.54%).

Discussion

Thus far, threatened evidences are obtainable on the incidence of *C. difficile* in seafood, particularly fish. An existing survey was accompanied to

TABLE 2. Incidence of *C. difficile* bacteria recovered from dissimilar varieties of fish samples.

Types of samples	No samples collected	N (%) of <i>C. difficile</i> positive samples
Common carp	40	7 (17.50)
Rainbow trout	40	3 (7.50)
<i>S. commerson</i>	32	-
Barracuda	32	-
<i>S. guttatus</i>	40	1 (2.50)
Total	184	11 (5.97)

TABLE 3. Toxigenic gene profile of *C. difficile* bacteria recovered from different types of shellfish samples.

Types of samples (N samples positive for <i>C. difficile</i>)	N (%) isolates harbor each gene				
	<i>TcdA</i>	<i>TcdB</i>	<i>TcdC</i>	<i>CdtA</i>	<i>CtdB</i>
Common carp (7)	2 (28.57)	3 (42.85)	2 (28.57)		
Rainbow trout (3)	2 (66.66)	1 (33.33)	-		
<i>S. guttatus</i> (1)	1 (100)	-	-	-	-
Total (11)	5 (45.45)	4 (36.36)	2 (18.18)		

TABLE 4. Antibiotic resistance pattern of *C. difficile* bacteria recovered from different types of fish samples.

Antimicrobial agent	Antibiotic resistance pattern of 11 <i>C. difficile</i> bacteria recovered from fish samples (%)		
	Susceptible	Intermediate	Resistant
Amoxicillin	2 (18.18)	2 (18.18)	7 (63.63)
Ampicillin	2 (18.18)	3 (27.27)	6 (54.54)
Ceftaroline	3 (27.27)	5 (45.45)	3 (27.27)
Clindamycin	4 (36.36)	5 (45.45)	2 (18.18)
Linezolid	3 (27.27)	6 (54.54)	2 (18.18)
Meropenem	10 (90.90)	1 (9.09)	-
Metronidazole	8 (72.72)	2 (18.18)	1 (9.09)
Moxifloxacin	-	5 (45.45)	6 (54.54)
Piperacillin	1 (9.09)	4 (36.36)	6 (54.54)
Ticarcillin	3 (27.27)	5 (45.45)	3 (27.27)
Penicillin	2 (18.18)	7 (63.63)	2 (18.18)
Vancomycin	10 (90.90)	1 (9.09)	-

examine the incidence rate and profiles of toxin and antibiotic resistance of *C. difficile* bacteriae covered from common carp, Rainbow trout, *S. commerson*, *Barracuda* *S. guttatus* fish samples collected from marketing places of the Isfahan, Iran. Absolutely, 5.97% of fish samples were contaminated with *C. difficile*. Opportunity of cross contamination's occurrence for examined samples by infected persons is a credible motive for boost incidence of *C. difficile*. Pasquale et al. (2011) [16] conveyed that shellfish, seawater and zooplankton samples obtained from Czech Republic were contaminated with toxin producing strains of *C. difficile* bacteria. Metcalf et al. (2011) [9] conveyed that the incidence of *C. difficile* in fish samples obtained from the Canada 4.80%. Pasquale et al. (2012) [17] conveyed that the incidence of *C. difficile* amongst bivalve molluscs was 49%. They determined that the incidence of bacteria in *Mytilus galloprovincialis* and *Tapes philippinarum* bivalve species obtained from the Italy was 48% and 53%, respectively. Close incidence rate to our survey was also described from Texas (4.50%) [18]. Deprived hygienic circumstances of fishing and marketing places is the chief motive of boost incidence of *C. difficile* bacteria. A probable reason for the higher incidence of *C. difficile* in the common carp fish samples is its mode of life which increased fish exposure with *C. difficile* bacteria presented in the sediments and soils of the sea floor.

Furthermore, attendance of unlike toxigenic genes, exclusively *tcdA*, *tcdB* and *tcdC* was additional significant finding of our survey. Incidence of *tcdA*, *tcdB* and *tcdC* putative genes amid the *C. difficile* bacteria were 45.45%, 36.36% and 18.18%, respectively. Thus far, an existing survey is an initial description of detection of *tcdA*, *tcdB* and *tcdC* putative genes in *C. difficile* bacteriae covered from fish samples in Iran. Boost incidence of *C. difficile* putative genes was also conveyed in surveys conducted on Czech Republic [16], France [19], Italy [20], Iran [21], Canada [9], Slovenia [22], Spain [23] and Brazil [24]. The *C. difficile* bacteria of our study were chiefly toxin A+ B+. This toxin type is chiefly accompanying with severe clinical infections. Bacci et al. (2011) [25] conveyed boost incidence of toxin A and B positive *C. difficile* bacteria amongst the clinical cases. Doosti and Mokhtari-Farsani (2014) [26] described that the incidence of *tcdA*, *tcdB*, *cdtA* and *cdtB* toxigenic genes and also *tcdA+tcdB+cdtA+cdtB* and *tcdA+tcdB* combined putative genes amid the *C. difficile*

bacteriae covered from animal sources were 8.80%, 17.70%, 8.80% and 15.50% and 1.10% and 2.20%, respectively.

C. difficile bacteria of the current survey harbored the high incidence of resistance toward routinely used antibiotics, particularly amoxicillin, ampicillin, moxifloxacin and piperacillin. Meropenem, vancomycin and metronidazole were found to be more efficient than other tested antibiotic agents on *C. difficile* bacteria. As majority of used antibiotic agents were human-based antimicrobials, thus it is more prone to conclude that *C. difficile* bacteria were transmitted from the infected hunter of hard-shells and also staffs of harbors. The statement may indirectly approve that the *C. difficile* bacteria are also perhaps transferred from human-based sewage depleted to sea water. High incidence of resistance toward amoxicillin-clavulanate, penicillin, ampicillin, moxifloxacin and piperacillin antibiotic agents was also conveyed in the *C. difficile* bacteriae covered from samples collected from Iran [27, 28], Netherlands [29], Spain [30], Italy [31], and Slovenia [32]. Hampikyana et al. (2018) [33] conveyed that incidence of antibiotic resistance in the *C. difficile* bacteriae recovered from meat samples in Turkey toward ampicillin, cefotaxim, clindamycin, amoxicillin-clavulanic acid, imipenem, metronidazole, tetracycline and vancomycin antibiotic agents were 6.80%, 1.20%, 12.40%, 87.0%, 24.90%, 1.90%, 3.10% and 97.50%, respectively. Rahimi et al. (2015) [28] described that the incidence of antibiotic resistance of *C. difficile* bacteriae recovered from ready-to-eat food samples toward ampicillin, chloramphenicol, ciprofloxacin, clindamycin, doxycycline, erythromycin, gentamicin, metronidazole, nalidixic acid, tetracycline and vancomycin antibiotic agents were 20%, 0%, 80%, 100%, 0%, 40%, 80%, 0%, 100%, 40% and 0%, respectively which was fairly similar to our findings. Comparable discoveries were also conveyed by Tenover et al. (2012) [34] and Goudarzi et al. (2013) [35].

Conclusions

To sum it up, we acknowledged a noteworthy incidence of resistant and putative *C. difficile* in fish samples obtained from the retail centers of Isfahan, Iran. Common carp had the uppermost incidence of *C. difficile* amid all studied fish samples. Additionally, *C. difficile* bacteriae exhibited the uppermost incidence of resistance toward amoxicillin, ampicillin,

moxifloxacin and piperacillin. Reversely, *C. difficile* bacteria were relatively susceptible to meropenem vancomycin and metronidazole. *TcdA*, *tcdB* and *tcdC* toxigenic genes were also found in the *C. difficile* bacteria recovered from fish samples. Concurrent attendance of multiple putative genes and attendance of resistance toward several kinds of antibiotic agents in the *C. difficile* bacteria posture an imperative public health risk rendering the raw or undercooked consumption of fish samples. Moreover, high incidence of antibiotic resistance raised concerns rendering transmission risk of antibiotic resistant bacteria following the consumption of fish samples harbored these bacteria. Supplementary enquiries are obligatory to confirm an existing introductory formation and to clarify the public health implication of seafood contamination by *C. difficile*.

Acknowledgements

Authors thank Prof. Mehdi Raissy for his imperative clinical and experimental supports.

Conflict of interest

The authors declared that no conflict of interest.

Funding statement

Self-funding.

References

- Zhang, S., Palazuelos-Munoz, S., Balsells, E.M., Nair, H., Chit, A. and Kyaw, M.H., Cost of hospital management of *Clostridium difficile* infection in United States—a meta-analysis and modelling study. *BMC Infect. Dis.*, **16**(1),447 (2016).
- Freeman, J., Bauer, M., Baines, S.D., Corver, J., Fawley, W., Goorhuis, B., Kuijper, E. and Wilcox, M., The changing epidemiology of *Clostridium difficile* infections. *Clin. Microbiol. Rev.*, **23**(3), 29-549 (2010).
- Hensgens, M.P., Keessen, E.C., Squire, M.M., Riley, T.V., Koene, M.G., de Boer, E., Lipman, L.J. and Kuijper, E.J., *Clostridium difficile* infection in the community: a zoonotic disease? *Clin. Microbiol. Infect.*, **18**(7),635-645 (2012).
- Visser, M., Sepehrim, S., Olson, N., Du, T., Mulvey, M.R. and Alfa, M.J., Detection of *Clostridium difficile* in retail ground meat products in Manitoba. *Canadian Journal of Infect. Dis. Med. Microbiol.*, **23**(1),28-30 (2012).
- Bandelj, P., Briski, F., Frlic, O., Rataj, A.V., Rupnik, M., Ocepek, M. and Vengust, M., Identification of risk factors influencing *Clostridium difficile* prevalence in middle-size dairy farms. *Vet. Res.*, **47**(1),Article 41, pp.1-11(2016).doi: 10.1186/s13567-016-0326-0.
- Metcalf, D., Costa, M., Dew, W. and Weese, J., *Clostridium difficile* in vegetables, Canada. *Let. Appl. Microbiol.*, **51**(5),600-602 (2010).
- Bakri, M.M., Brown, D.J., Butcher, J.P. and Sutherland, A.D., *Clostridium difficile* in ready-to-eat salads, Scotland. *Emerg. Infect. Dis.*, **15**(5),817-818(2009).
- Kotila, S.M., Pitkänen, T., Brazier, J., Eerola, E., Jalava, J., Kuusi, M., Könönen, E., Laine, J., Miettinen, I.T. and Vuoto, R., *Clostridium difficile* contamination of public tap water distribution system during a waterborne outbreak in Finland. *Scand. J. Publ. Health*, **41**(5),541-545 (2013).
- Metcalf, D., Avery, B.P., Janecko, N., Matic, N., Reid-Smith, R. and Weese, J.S., *Clostridium difficile* in seafood and fish. *Anaerobe*, **17**(2),85-86 (2011).
- Persson, S., Torpdahl, M. and Olsen, K., New multiplex PCR method for the detection of *Clostridium difficile* toxin A (*tcdA*) and toxin B (*tcdB*) and the binary toxin (*cdtA/cdtB*) genes applied to a Danish strain collection. *Clin. Microbiol. Infect.*, **14**(11),1057-1064 (2008).
- Peng, Z., Jin, D., Kim, H.B., Stratton, C.W., Wu, B., Tang, Y.-W. and Sun, X., Update on antimicrobial resistance in *Clostridium difficile*: resistance mechanisms and antimicrobial susceptibility testing. *J. Clin. Microbiol.*, **55**(7),1998-2008 (2017).
- Harvey, R.B., Norman, K.N., Andrews, K., Hume, M.E., Scanlan, C.M., Callaway, T.R., Anderson, R.C. and Nisbet, D.J., *Clostridium difficile* in poultry and poultry meat. *Foodborne Pathog. Dis.*, **8**(12),1321-1323 (2011).
- Rodriguez-Palacios, A., Staempfli, H.R., Duffield, T. and Weese, J.S., *Clostridium difficile* in retail ground meat, Canada. *Emerg. Infect. Dis.*, **13**(3),485-487.(2007).doi: 10.3201/eid1303.060988
- Lemee, L., Dhalluin, A., Testelin, S., Mattrat, M.-A., Maillard, K., Lemeland, J.-F. and Pons, J.-L., Multiplex PCR targeting *tpi* (triose phosphate isomerase), *tcdA* (Toxin A), and *tcdB* (Toxin B) genes for toxigenic culture of *Clostridium difficile*. *J. Clin. Microbiol.*, **42**(12),5710-5714 (2004).

15. CLSI, Performance Standards for Antimicrobial Susceptibility Testing; CLSI document M100. Wayne PA: 19087. (2017).
16. Pasquale, V., Romano, V.J., Rupnik, M., Dumontet, S., Čížnár, I., Aliberti, F., Mauri, F., Saggiomo, V. and Krovacek, K., Isolation and characterization of *Clostridium difficile* from shellfish and marine environments. *Folia Microbiol.*, **56**(5),431-737. (2011). doi: 10.1007/s12223-011-0068-3 .
17. Pasquale, V., Romano, V., Rupnik, M., Capuano, F., Bove, D., Aliberti, F., Krovacek, K. and Dumontet, S., Occurrence of toxigenic *Clostridium difficile* in edible bivalve molluscs. *Food Microbiol.*, **31**(2),309-312 (2012).
18. Norman, K.N., Harvey, R.B., Andrews, K., Hume, M.E., Callaway, T.R., Anderson, R.C. and Nisbet, D.J., Survey of *Clostridium difficile* in retail seafood in College Station, Texas. *Food Addit. Contam. Part A Chem Anal. Control Expo. Risk Assess.*, **31**(6),1127-1129 (2014).
19. Barbut, F., Decre, D., Lalande, V., Burghoffer, B., Noussair, L., Gigandon, A., Espinasse, F., Raskine, L., Robert, J. and Mangeol, A., Clinical features of *Clostridium difficile*-associated diarrhoea due to binary toxin (actin-specific ADP-ribosyltransferase)-producing strains. *J.Med. Microbiol.*, **54** (2),181-185 (2005).
20. Spigaglia, P. and Mastrantonio, P., Comparative analysis of *Clostridium difficile* clinical isolates belonging to different genetic lineages and time periods. *J. Med. Microbiol.*, **53**(11),1129-1136 (2004).
21. Esfandiari, Z., Jalali, M., Ezzatpanah, H., Weese, J.S. and Chamani, M., Prevalence and characterization of *Clostridium difficile* in beef and mutton meats of Isfahan region, Iran. *Jundishapur J. Microbiol.*, **7**(8),e16771 (2014).DOI: 10.5812/jjm.16771
22. Rupnik, M., Widmer, A., Zimmermann, O., Eckert, C. and Barbut, F., *Clostridium difficile* toxinotype V, ribotype 078, in animals and humans. *J. Clin. Microbiol.*, **46**(6),2146-2146 (2008).
23. Alonso, R., Martin, A., Pelaez, T., Marin, M., Rodriguez-Creixems, M. and Bouza, E., Toxigenic status of *Clostridium difficile* in a large Spanish teaching hospital. *J. Med. Microbiol.*, **54**(2),159-162 (2005).
24. Silva, R.O.S., Santos, R.L.R., Pires, P.S., Pereira, L.C., Pereira, S.T., Duarte, M.C., Assis, R.A.d. and Lobato, F.C.F., Detection of toxins A/B and isolation of *Clostridium difficile* and *Clostridium perfringens* from dogs in Minas Gerais, Brazil. *Braz. J.Microbiol.*, **44**(1),133-137 (2013).
25. Bacci, S., Mølbak, K., Kjeldsen, M.K. and Olsen, K.E., Binary toxin and death after *Clostridium difficile* infection. *Emerg. Infect. Dis.*, **17**(6),976-982(2011). doi: 10.3201/eid1706.101483.
26. Doosti, A. and Mokhtari-Farsani, A., Study of the frequency of *Clostridium difficile* tcdA, tcdB, cdtA and cdtB genes in feces of Calves in south west of Iran. *Ann. Clin. Microbiol. Antimicrob.*, **13**(1),Article 21, pp.1-6(2014). doi: 10.1186/1476-0711-13-21.
27. Rahimi, E., Jalali, M. and Weese, J.S., Prevalence of *Clostridium difficile* in raw beef, cow, sheep, goat, camel and buffalo meat in Iran. *BMC Public. Health*, **14**(1):119, pp.1-4.(2014). doi: 10.1186/1471-2458-14-119.
28. Rahimi, E., Afzali, Z.S. and Baghbadorani, Z.T., *Clostridium difficile* in ready-to-eat foods in Isfahan and Shahrekord, Iran. *Asian Pacific. J. Trop. Biomed.*, **5**(2),128-131 (2015).
29. Keessen, E.C., Hensgens, M.P., Spigaglia, P., Barbanti, F., Sanders, I.M., Kuijper, E.J. and Lipman, L.J., Antimicrobial susceptibility profiles of human and piglet *Clostridium difficile* PCR-ribotype 078. *Antimicrob. Res. Infect. Control*. **2**(1),Article 14, pp.1-6 (2013).DOI: 10.1186/2047-2994-2-14
30. Peláez, T., Alcalá, L., Blanco, J.L., Álvarez-Pérez, S., Marín, M., Martín-López, A., Catalán, P., Reigadas, E., García, M.E. and Bouza, E., Characterization of swine isolates of *Clostridium difficile* in Spain: a potential source of epidemic multidrug resistant strains? *Anaerobe*, **22**,45-49 (2013).
31. Spigaglia, P., Drigo, I., Barbanti, F., Mastrantonio, P., Bano, L., Bacchin, C., Puiatti, C., Tonon, E., Berto, G. and Agnoletti, F., Antibiotic resistance patterns and PCR-ribotyping of *Clostridium difficile* strains isolated from swine and dogs in Italy. *Anaerobe*, **31**,42-46 (2015).

32. Pirš, T., Avberšek, J., Zdovc, I., Krt, B., Andlovic, A., Lejko-Zupanc, T., Rupnik, M. and Ocepek, M., Antimicrobial susceptibility of animal and human isolates of *Clostridium difficile* by broth microdilution. *J. Med. Microbiol.*, **62**(9),1478-1485 (2013).
33. Hampikyan, H., Bingol, E.B., Muratoglu, K., Akkaya, E., Cetin, O. and Colak, H., The prevalence of *Clostridium difficile* in cattle and sheep carcasses and the antibiotic susceptibility of isolates. *Meat Sci.*, **139**,120-124 (2018).
34. Tenover, F.C., Tickler, I.A. and Persing, D.H., Antimicrobial-resistant strains of *Clostridium difficile* from North America. *Antimicrob. Agent. Chemother.*, **56**(6),2929-2932 (2012).
35. Goudarzi, M., Goudarzi, H., Alebouyeh, M., Rad, M.A., Mehr, F.S.S., Zali, M.R. Aslani, M.M., Antimicrobial susceptibility of *Clostridium difficile* clinical isolates in Iran. *Iran Red. Cres. Med. J.*, **15**(8),704-711 (2013).doi: 10.5812/ircmj.5189.