

Plasmid Curing and Antibiotic Susceptibility Test of Bacteria Isolated From River Osin, Ila Local Government Area, Ila-Orangun, Osun State, Nigeria

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Abstract

Water is an essential natural resource and a basic need of lives. Its qualities and sustenance is threatened by pollution, resulting into serious public health concern. Polluted or contaminated water could harbor pathogenic microorganisms. Therefore, this study aimed at subjecting isolated bacteria from River Osin, Ila Local Government, Ila-Orangun, Osun State, Nigeria, to antibiotic susceptibility test and plasmid curing following standard microbiological procedures. The mean value of total viable bacterial count and total coliform count obtained ranged between $\{2.41 \times 10^3 - 1.81 \times 10^4\}$ cfu/ml and $\{120-150\}$ cfu/100ml for February and July, 2019 respectively and were both found to exceed WHO standard of 1.0×10^2 cfu/ml and (0) zero cfu/100ml respectively. A total of (9) nine bacteria were isolated and identified to include; *Staphylococcus aureus*, *Escherichia coli*, *Klebsiella* sp, *Salmonella* sp, *Bacillus* sp, *Streptococcus* sp, *Proteus* sp, *Alcaligenes* sp, and *Pseudomonas aeruginosa*. All isolates tested for susceptibility were resistant to Cotrimaxazole and Amoxicillin, and showed varied susceptibility to Levofloxacin, Tetracycline, Levofloxacin and Amikacin. Many were susceptible to Ciprofloxacin, Gentamicin and Ofloxacin. The plasmid curing done shows that the resistance genes were both plasmid and chromosomally borne. It was concluded from this work that all bacteria isolated from this River resist Cotrimazole and Amoxicillin, and their resistant genes were both plasmid and chromosomally borne.

Keywords: Chromosome, Bacteria, Plasmid Curing and Antibiotic Susceptibility.

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I. Introduction

Water is an excellent polar solvent that dissolves many substances, and basic needs of human being an all forms of life (Singh, *et al.*, 2011; Daghara, *et al.*, 2019). Virtually, the physiological activities of humans and microorganisms cannot hold without water (Shittu, *et al.*, 2008).

Rivers are surface water sources and its quality are influenced by the environment, economic growth, humans anthropogenic and developmental activities. The tremendous increase in human population, indiscriminate waste disposal, urbanization and explosive industrialization along the rivers have put serious pressure on water sources and other qualities (Venkatesharaju, *et al.*, 2010). Pollution of water is already a great problem in many developing countries. River serves as dump site of majority of waste generated by humans such as waste water, industrial waste and indiscriminate sewerage disposal (Kolawole, *et al.*, 2013). Potable water scarcity amongst rural dwellers has made people depend on surface water sources like river, well, stream and pond water for domestic uses. The uses of river water can serve as source of contamination to the river bodies leading to its deterioration that threatened its sustenance, resulting into a serious public concern (Wang *et al.*, 2015). Keeping the river or aquatic environment healthy depends on the physiochemical and biological variability of that particular river water body. Preventing the water from becoming deteriorating depends on timely monitoring of the water body, especially microbiologically so as to prevent infectious diseases outbreaks (Venkatesharaju, *et al.*, 2010).

The incidence of water related illness in Africa is based on lack of providing water quality for its citizens. WHO (1984) reported that eighty percent (80%) of ill health in underdeveloped countries was as a result of lack of safe water and inadequate sanitation. Obviously, a lot of ill health is due to diseases caused by contamination of water.

Bacteriological assessment of river water is a way of checking the presence of pathogenic bacteria that can pose health risk to human. Bacteria normally used as indicators of water quality is coliform bacteria specifically faecal coliform (WHO, 1996; Nnane, *et al.*, 2011). The presence of coliform bacteria in any water is an indicative of faecal pollution in water which is of public concern.

This study will give information on the bacteriological quality of River Osin in Ila-Orangun, Osun State, Nigeria. The objectives are to determine the total variable bacteria, total coliform, characterize and identify the bacterial isolates, determine the antibiotic susceptibility pattern of the bacterial isolates, and determine the effect of cured plasmid on the bacterial isolates.

II. Methodology

2.1 Collection of Water Sample

Water sample from the working River were collected from three sampling points in the month of February and July, 2019 representing dry and raining season sample collections. The samples were collected into sterile glass vessels with a twist cap (Neiwolak, 1998). The three sampling points were 500meters apart. All samples after collection between 7 - 9am in the morning were aseptically transported to the laboratory on an ice pack for microbiological analysis (WHO 1998).

2.2 Enumeration of Total Viable Bacterial Count from Collected River Water Samples

The river water samples were diluted serially to 10^{-4} dilutions using sterile pipettes and poured onto already set solidified sterile nutrients agar plates in duplicates. All the inoculated plates were incubated at 37°C for 24 - 48 hours. After incubation period, the plates were examined for colony formation and the numbers of discrete colonies was counted and expressed in cfu/ml (Adebowale *et al*, 2010).

2.3 Enumeration of Total Coliform Count

Mutitudo fermentation tube (MT) method was used to enumerate total coliform present in water samples. In this technique, series of tubes containing MacConkey broth was used. Three boiling tubes containing 10ml double strength MacConkey broth with inverted Durham tubes were used and were all inoculated with 10ml water samples each. Another two sets of 3 test tubes containing 10mls single strength MacConkey broth with inverted Durham tubes were also inoculated with 1ml and 0.1ml each of test water samples respectively (forming 3-3-3 regimen). All inoculated tubes were incubated for 24 - 48 hours for acid and gas production for presumptive positive test (APHA, 2002); (Fawole and Oso, 2004). Positive tube indicates possible presence of coliform. Bacterial concentration in the samples was estimated using MacCraday statistical table. Positive tubes from presumptive test were confirmed by inoculation on Eosine Methylene Blue Agar (EMB) to observe for greenish metallic sheen for the presence of *E.coli* (Fawole and Oso, 2004). To complete the test, positive colonies on EMB agar were inoculated on a tube of lactose broth with inverted Durham tubes and incubated at 37°C for 24 - 48 hours. Gas production after incubation further confirms the presence of coliform.

2.4 Purification and Preservation of Bacterial Isolates

Discrete colonies from nutrient agar were sub-cultured severally on sterile nutrient agar (NA) plates to obtain pure isolates. The pure isolates were then inoculated onto sterile NA slants, incubated at 37°C for 24 - 48 hours to observe visible growth, and then stored at 4°C in a refrigerator.

2.5 Characterization and Identification of Bacterial Isolates

The characterization of the bacterial isolates was done by the determination of their colonies and cellular morphology and biochemical characteristics. The identification of the isolates was obtained (Buchanan and Gibbons, 2004; Garrity *et al*, 2004; and Cheesbrough, 2000).

2.6 Antibiotic Susceptibility Test

Preparation of 0.5 McFarland standard was done (Movahediet *al*, 2019). Then 18 hours old culture of the isolates was inoculated into sterile normal saline with turbidity matched with 0.5 McFarland standard. The standardized culture was spread plates on sterile set plate of Mueller Hinton agar using sterile swab stick. Antibiotic discs were then placed on the agar and pressed firmly on the surface for efficient activity. The multiple antibiotics employed were manufactured by rapid labs of which set CM-12NR100 was used for the gram-negative organism and CM-12-8PR100 was used for gram-positive bacteria.

The multiple antibiotic discs used and their concentrations are; Cefuroxime (CFX) 30 μg , Gentamycin (GEN) 10 μg , Ciprofloxacin (CPR) 5 μg , Ofloxacin (OFL) 5 μg , Amoxycillin/Clavulinate (AUG) 30 μg , Nitrofurantoin (NIT) 30 $^0\mu\text{g}$, and Ampicillin (AMP) 10 μg . after placing the discs firmly on the surface of the agar, they were subsequently incubated for 18-24 hours before the diameter of zone of inhibition was taken in millimeter using a ruler.

2.7 Plasmid Curing of the Bacterial Isolates

Bacterial isolates were subjected to plasmid curing using acridine orange (Ezeokoliet *al*, 2016) with slight modification. An amount of 5ml aliquot of overnight suspension cultures of bacterial isolates were sub-

cultured into tubes containing 5ml of double strength nutrient broth supplemented with 0.1mg/ml acridine orange and incubated at 37⁰C for 24 - 28 hours (it was assumed based on scientific literature that such acridine concentration and exposure time was sufficient to cure plasmids). Subsequently, bacterial cultures were then plated out on Muller-Hinton agar and test against the set of antibiotic disc used for sensitivity test, followed by disc diffusion method and again, the zone of inhibition was measured. The changes in resistance pattern was noted. The bacteria that displayed clear changes in resistance pattern after curing were regarded as having their resistance gene in the plasmid (Movahediet al., 2019).

2.8 Statistical Analysis

IBM-SPSS version 20.0 was used to carry out the statistical analysis. Duncan’s multiple range test at = 0.05 was used to separate the means.

III. Results

3.1 Bacteriological Results

The River water was collected from 3 points at 500meters apart during each sampling period. Water samples were collected in February and July 2019. The total viable bacterial count and total coliform count for February 2019 sampling period ranged between (2.41 x 10³ – 1.87 x 10⁴) cfu/ml and (120-150) cfu/100ml respectively. Also, the total coliform counts for July 2019 sampling period was between (4-1 x 10⁵ – 2- x 10⁶) cfu/ml and (1100 – 2400) cfu/ml respectively (Table 1)

3.2 Identification of Bacterial Isolates

A total of nine (9) bacterial were isolated and identified to include; *Staphylococcus aureus*, *Escherichia coli*, *Klebsiellasp*, *Salmorellasp*, *Bacillus sp*, *Streptococcus sp*, *Proteus sp*, *Alcaligenssp*, and *Pseudomonas aeruginosa*.

Table 1: Total Viable Bacterial Counts (cfu/ml) and Total Coliform Counts (cfu/100ml) from Sampled River Water

Sampling points	TVB (cfu/ml) February	TVB (Cfu/ml) July	TCL (cfu/100ml) February	TCL (cfu/100ml) July
Point A	1.15x 10 ⁴	4.1x 10 ⁶	150	2400
Point B	2.4x 10 ³	4.1x 10 ⁵	128	1100
Point C	1.87x 10 ⁴	1.8x 10 ⁴	120	1100

Point A, B, C are sampling points along the River flow and are 500 meters apart;

TVB= Total viable bacterial count

TCL= Total coliform count

Figures are mean of duplicate values

Table 2: Antibiotics susceptibility patterns of bacterial isolates

Organism/Antibiotics disc(m/m)	CRX	GEN	COT	TET	AMX	CIP	LEV	AMK	OFL
<i>Staphylococcus aureus</i>	R	R	R	R	R	R	R	R	R
<i>Escherichia coli</i>	R	13	R	R	R	R	R	R	R
<i>Klebsiellasp</i>	R	13	R	R	R	R	R	R	R
<i>Salmonella spp</i>	15	R	R	R	R	27	R	R	23
<i>Bacillus spp</i>	R	22	R	16	R	29	20	25	R
<i>Streptococcus spp</i>	R	R	R	R	R	R	R	R	R
<i>Proteus spp</i>	R	10	R	R	R	14	R	R	22
<i>Alcaligenssp</i>	15	R	R	R	R	R	R	R	24
<i>Pseudomonas aeruginosa</i>	R	10	R	R	R	R	R	R	R
<i>% Resistivity</i>	78	44	100	89	100	67	89	89	67

Key: R= Resistant, COT= Cotrimaxazole, CIP= Ciprofloxacin, OFL= Ofloxacin, CRX= Cefuroximne, TET= Tetracyclin, LEV= Levofloxacin, GEN= Gentamicin, AMX= Amoxicillin, AMK= Amikacin.

Table 3: Antibiotic susceptibility patterns of plasmid cured bacterial isolates

Bacterial isolates/Antibiotic disc (mm)	CRX	GEN	COT	TET	AMX	CIP	LEV	AMK	OFL
<i>Staphylococcus aureus</i>	12	14	12	R	12	R	14	R	14
<i>Escherichia coli</i>	18	R	R	R	R	R	R	14	R
<i>Klebsiellasp</i>	R	14	R	R	R	R	R	R	R
<i>Salmonella sp</i>	21	R	R	R	R	R	R	R	R
<i>Bacillus sp</i>	R	R	22	R	R	21	25	23	21
<i>Streptococcus sp</i>	14	12	R	R	R	R	R	R	18
<i>Proteus sp</i>	18	19	R	R	R	7	R	R	24
<i>Alcaligenssp</i>	23	20	R	R	R	R	R	R	22
<i>Pseudomonas aeruginosa</i>	R	R	R	R	R	15	R	R	R
% resistance	33	44	88	100	89	67	77	89	33

Key: R= Resistant, COT= Cotrimaxazole, CIP= Ciprofloxacin, OFL= Ofloxacin, CRX= Cefuroximine, TET= Tetracyclin, LEV= Levofloxacin, GEN= Gentamicin, AMX= Amoxicillin, AMK= Amikacin.

Antibiotic susceptibility test of bacterial isolates

All bacterial isolates were resistant to cotrimaxazole and Amoxicillin. *Salmonella sp* and *Alcaligenssp* are susceptible to Cefuroximine; *Bacillus sp* only susceptible to tetracyclin, levofloxacin and Amikacin (Table 2). All other isolates had varied susceptibility patterns to all other used antibiotic disc (Table 2).

Plasmid cured bacterial isolates.

All isolates resisted cotrimaxazole and Amoxicillin before curing of plasmid, after plasmid cured, 22% and 11% of isolates were susceptible which are; *Staphylococcus aureus* both antibiotic and *Bacillus sp* Amoxicillin alone. For these two isolates their resistant factor is plasmid borne. *Bacillus sp*, after treated with acridine orange resist Tetracyclin and hence its resistant factor was borne chromosomally. All other isolates are inhibited by all the antibiotics to varying extent.

IV. Discussion

Almost all the bacteria isolated from this working water samples were known to be pathogenic. Their presence in water can pose serious harm to the people when consumed the water raw and to the environment when the water is used to irrigate plant that will adversely affect the human when the irrigated plant is consumed (EPA, 1994).

The bacteriological examination of River Osin was studied and the total viable bacterial count (TVBC), Total coliform count (TCC), Antibiotic susceptibility pattern and plasmid curing on an isolated bacterial were determined.

The total viable bacterial count obtained from the six samples collected at three different spatial points in February and July 2019 ranged from $(2.41 \times 10^3 - 1.87 \times 10^4)$ cfu/ml and $(1.8 \times 10^4 - 4.1 \times 10^6)$ cfu/ml respectively. The highest viable bacterial count of 4.1×10^6 cfu/ml obtained in the study was higher than 2.7×10^3 cfu/ml obtained by Olanrewaju, (et al., 2017) from domestic water used in Ila-Orangun, Osun State Nigeria. Also, the higher values obtained for total viable counts in this study was higher than recommended value by WHO,(1996) for domestic water and was an indication that the river water could be dangerous when used.

The total coliform counts obtained for February and July (2019) from water samples ranged between (120 -150) cfu/100 ml and (1100- 2400) cfu/100ml respectively. These values have greatly exceeded the recommended limit of 1 cfu/ 100ml by WHO,(1996), This indicated the high level of coliform presence in the studied river water which potentially poses a high health risk for human use (Kolawole et al., 2011).

The bacterial isolated in this study were identified to include; *Staphylococcus aureus*, *Escherichia coli*, *Klebsiellasp*, *Salmonella sp*, *Bacillus sp*, *Streptococcus sp*, *Alcaligenssp* and *Pseudomonas aeruginosa*. Most of these identified bacteria in these study was from soil and sewage origin (Wilson and Miles, 1915). *Escherichia sp* and *Klebsiellasp* isolated belongs to coliform group of bacteria and is an indication that the river water is

seriously polluted with faecal matter. *Bacillus sp* and *Pseudomonas sp* are of soil origin and their members are able to metabolize pollutant in water environment (Nani, *et al.*, 2003). Other isolated bacteria; *Staphylococcus aureus*, *Salmonella sp*, *Streptococcus sp* and *Alcaligenes sp* are pathogens associated with the presence of coliform (WHO, 2019) that can pose health ill effect if the water is used without been treated.

Before plasmid was cured, all bacteria isolated were resistant to cotrimaxazole and Amoxicillin while 89% of the isolate were resistant to tetracycline, levofloxacin and Amikacin. Also (78%, 67% and 44%) of isolated bacteria were resistant to cefuroxime, ofloxacin, ciprofloxacin and gentamycin respectively.

The antibiotic sensitivity of some isolated bacteria in the study were lost after the cured of plasmid showing that their resistant factors is in plasmid. However, *Streptococcus sp* did not show serious change in antibiotic resistance profile after plasmid cured and this indicates that its resistance gene was chromosomally borne. It was reported that plasmid treated bacteria could have lost 75% resistant of the initially tested antibiotic (Akpe, *et al.*, 2018).

In this work, acridine orange was used to cured plasmid, this chemical agent is one of the intercalating agents that remove plasmid from bacteria. The wide spread of bacterial resistance to commonly used antibiotics in human was confirmed in the study.

The public health importance of this study is that the polluted water results into water borne illness which might not be able to combat when commonly antibiotics is use because of the problem of antibiotics drug resistant of most bacterial species.

V. Conclusion

It is concluded from this study that river water as a source of water for human uses should be discouraged for use because of high presence of coliform that indicates presence of pathogenic organisms of which most demonstrated multiple antibiotics resistance where the resistant genes can be both plasmid and chromosomally borned.

VI. Recommendation

- (1) The river water should be discouraged not to use raw without undergo any sort of treatment.
- (2) The government at local, state and national levels should provide safe water for every community.
- (3) The indiscriminate waste disposal should be discouraged by initiating binding laws on waste disposal.
- (4) Waste water or sewage should be adequately treated before disposing.

References

- [1]. Adebowale O.O, Akinkyotu O.A, Kehinde O.O, Ojo E.O, Akinduti P.A, Kperegbeji E.A. (2010). The microbiological quality and some physical parameters of different water used at a municipal abattoir in Nigeria. *Glob Journal Pure Appl. Sci* 16: 165-168.
- [2]. Akpe A.R, OkwuG.I, Esumeh F.I, Femi I.J. (2018). Screening for plasmid mediated multidrugresistance bacteria in Ikpoba river water samples. *Int Journal Microbiol. Biotechnol.* 3: 31-35.
- [3]. American Public Health Association (APHA) (2002). Standard Method for the Examination of Water and wastewater 20th.ed. American Public Health Association; Washington, D.C. Pp154.
- [4]. Buchanan, K.E. and Gibbons, N.E. (2004): Gram-Negative Aerobic/Microaerophilic Rods and Cocci. *Bergey's Manual of Determinative Bacteriology Rev.Ed.* Williams and Willinsco Baltimore.
- [5]. Cheesbrough, M. (2000). Biochemical Test to Identify Bacteria. In *District Laboratory Practise for Tropical Countries*. Cambridge University Press. Low Price Ed: 61-69.
- [6]. Daghara, A., (2019). Quality of Drinking Water from Springs in Palestine: West Bank as a Case Study. *Journal of Environmental and Public Health*. <https://www.hindawi.com./journal>.
- [7]. Environmental Protection Agency (1994). Virus Monitoring Protocol for The Information Collection Requirement Rule. US. Environmental Protection Agency Publication EPA1814-B-95-00 2. Government Printing Office, Cincinnati, Ohio.
- [8]. Ezeokoli, O., Adamu, L, Ezeamaramu, F., Ovinma, G., Oladele, J., Fowora, M., Ugo-Ijel, M. and Iyile, J. (2016). Antibiotics susceptibility pattern and plasmid profile of Bacteria isolated from public motorcycle Helmets. *American Journal of Microbiological Research* 4 (4): 126-131.
- [9]. Fawole, M.O. and Oso, B.A. (2004). Laboratory Manual of Microbiology. Revised Edition, Spectrum Books Ltd. Ibadan.
- [10]. Garrity, G.M., Bell, J.A. and Lilburn, T.G. (2004). Enterobacterial. In: *Bergey's Manual of Systematic Bacteriology*. Pp 607.
- [11]. Kolawole, O.M., Alamu, F.B., Olayemi, A.B. and Adeditun, D.O. (2013). Bacteriological Analysis and Effect of Water Consumption on the Haematological Parameters in Rats. *International Journal of Plants, Animal and Environmental Sciences*. 3(2): 125-131.
- [12]. Nam, I. H, Chand, Y. S. and Lee, J. E. (2003). A Novel Catabolic Activity of *Pseudomonas Veronii* Biotransformation of Pentachlorophenicol. *Appl. Microbiol. Biotechnol.* 62: 284-290.
- [13]. Niewolaks, S. (1998). Total Viable Count and Concentration of Enteric Bacteria in Bottom Sediments from the Czarna Hancza River, Northeast Poland. *Polish Journal of Environmental Studies* 7 (5): 295-30.
- [14]. Olanrewaju S.O, Abiona M.A, Akinro E.B and Aasa-Sadique A.D. (2017). Bacteriological studies of domestic water used in Oke-Ejigbo in Ila-Orangun of Ila-Local Government Area, osun state, Nigeria. *Int. Journal of Appl. Sci and Math. Theory* 3 (3):33-40.
- [15]. Shittu, O. B, Olaitan, J. O. and Amusan, T. S. (2008). Physicochemical and Bacteriological Analysis of Water Used for Drinking and Swimming Purpose in Abeokuta, Nigeria. *African Journal of Biomedical research*. 11: 255-290.
- [16]. Singh, K. B; Bharati, V. K and Kumar, S. (2011): Physicochemical and Bacteriological Investigations of Fuikhu Water. *Science vis* 11. (1): 27-30.

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- [17]. Venkatesharaju, K., Ravi K., Somashekar, R. K. and Prakash K. L. (2010): Physico-chemical and Bacteriological Investigation on the River Cauvery of Kollegal Stretch in Karnataka. *Kathmandu University Journal of Science, Engineering and Technology*. 6 (1): 50-59.
- [18]. Wang, W., Ju, T., Dong, W., Liu, X., Yang, C., Wang, Y., Huang, L., Ren, Z., Qi, L. and Wang, H. (2015). Analysis of Non- Point Source Pollution and Water Environmental Quality Variation Trends in the Nansi Lake Basin from 2002 to 2012. *Journal of Chemistry*.
- [19]. World Health Organization (1996). Guidelines for drinking-water quality 2nd Ed. Surveillance and control of communities supplies. Vol.3. Geneva: 51 -68.
- [20]. World Health Organization (1997). Guidelines for drinking-water quality 2nd Ed. Surveillance and control of communities supplies. Vol.3. Geneva: 51 -68.
- [21]. World Health Organization (2019). Drinking Water Fact Sheets. Who.int/ news -room/ Fact Sheet. WHO world water day Report. Bulletin of World Health organization 78 (12): 1466-1473.

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