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### Original Paper

## Prevalence and bacteriological identification of *Escherichia coli* isolated from bovine milk and workers' urine in dairy farms

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### ABSTRACT

Various bacteria can cause mastitis in cows. *Escherichia coli* (*E. coli*) is the most common cause of both clinical and subclinical mastitis on dairy farms, leading to a decrease in milk production and economic losses. Also, *E. coli* is responsible for more than 81% of urinary tract infections (UTIs) in humans and animals, causes dysuria, and may lead to kidney damage. The purpose of this study was the detection and serotyping of *E. coli* isolated from bovines' milk and workers' urine in different dairy farms in Gharbia governorate, Egypt. A bacteriological examination of 158 samples (100 milk and 58 workers' urine) showed that the prevalence of *E. coli* in bovine milk samples was 5% and 6.9% in workers' urine samples. Serological identification of these isolates revealed that the predominant serotypes in samples from milk were *E. coli* O125 (3%) followed by *E. coli* O157 and *E. coli* O55 (1% for each), while in worker's urine samples, *E. coli* O157 was (3.4%) and *E. coli* O125 was (1.7%). The same *E. coli* serogroups were found in both bovine milk and workers' urine, posing a serious threat to both human and animal health due to zoonotic transmission of these important serotypes.

## 1. INTRODUCTION

*Escherichia coli* (*E. coli*) is a gram-negative bacterium that belongs to the family Enterobacteriaceae. It has a rod-shaped bacterium, is non-sporulated, flagellated, and facultative anaerobic (the best growth conditions are at 37 °C, but it can tolerate 49 °C) (Jang *et al.*, 2017). One of the most common bacteria in the digestive tracts of most mammals, including humans, is *Escherichia coli*. It is known to be a good sign of feces contamination and the presence of enteropathogenic or toxigenic microbes that are bad for human health because it can be found in animal products and environmental samples like water (Koutsoumanis *et al.*, 2020).

Environmental pathogens usually arise from the farm environment, including bedding materials, flies, the stable, and even the gastrointestinal tract of cattle, which is a popular reservoir for pathogens like *E. coli* (Klaas and Zadoks, 2018). Furthermore, antibiotics like cephalosporins and fluoroquinolones are frequently used to treat cows with severe *E. coli* mastitis, while many cows with less severe cases are treated within a week of the infection starting (Suojala *et al.*, 2013). *E. coli* can rapidly acquire new combinations of genes for virulence factors and antimicrobial resistance (AMR), despite the fact that the majority of strains are low-virulent and only cause infection when a predisposing condition affects an animal's natural immunity. Some *E. coli* strains cause primary intestinal and extra-intestinal

infections as a result of acquired virulence factors (Mora *et al.*, 2011). Many different microorganisms can cause mastitis in cows, but *E. coli* is one of the most common causes of both symptomatic and asymptomatic mastitis in dairy farms (Abebe *et al.*, 2014; Bedasa *et al.*, 2018; Ismail and Butarbush, 2020). It is also one of the most common microorganisms contributing to the emergence of urinary tract infections (UTIs). Meanwhile, *E. coli* is responsible for more than 81% of UTIs (Cybulski *et al.*, 2013; Jalilian *et al.*, 2014). Uropathogenic *E. coli* (UPEC) is thought to be mainly found in the human intestines. This means that a lot of different types of virulence factors can move up into the urinary tract and infect it (Foxman, 2010). UTI symptoms may include dysuria, increased urinary frequency, urgency, suprapubic pain, fever, pyelonephritis with sepsis, and kidney damage in both humans and pets of all ages (Flores-Mireles *et al.*, 2015).

*E. coli* have about 250 different serotypes based on the O, H, and K antigens, making them different serotypically (Sarantuya *et al.*, 2004). Enteropathogenic *E. coli* was ascribed to sero-groups O26, O55, O86, O111, O114, O119, O125, O126, O127, O128, O142, and O158 by the World Health Organization in 1987 (Chen and Frankel 2005). In 1992, the infection of many people by *E. coli* O157:H7 in southern Africa and Swaziland was related to surface water contamination from animal carcasses and cow manure. Bovine and ovine dairy products (both pasteurized and unpasteurized) have

been linked to verocytotoxigenic *Escherichia coli* (VTEC) infections. This has included several outbreaks among children who consume raw milk and dairy products (Zhang et al., 2000; Walsh et al., 2006). Reports say that an infection with *E. coli* O157:H7 can cause hemorrhagic colitis and hemolytic uremic syndrome. This type of infection is very hard to treat and keep under control (Karch et al., 2005).

This study aimed to investigate the prevalence of *E. coli* as an important pathogen in raw bovine milk and worker urine collected randomly from animals and humans in different farms in the Gharbia governorate. This pathogen's potential zoonotic hazards in terms of incidence and serotyping were also investigated.

## 2. MATERIAL AND METHODS

### 2.1 Collection of samples

A total of 158 random samples (100 raw bovines' milk and 58 workers' urine samples) were collected from different dairy farms in Gharbia governorate during the period from September 2022 to February 2023. Fifty ml of milk samples were taken after washing, drying, and swabbing the udder teat orifice with 70% ethyl alcohol, and discarding the first 3–4 streams of milk sterilized cups from apparently healthy cows. 50 ml of human urine samples were taken from midstream in sterilized cups without any chemical preservatives from workers without clinical signs. According to APHA (2001), all samples were transferred in an ice box to the laboratory for bacteriological examination under sterile conditions within an hour of being collected.

### 2.2 Isolation of *E. coli*

Twenty-five ml of human urine samples were centrifuged at 3000 x g for 5 minutes through Sigma apparatus (Germany), and the sediments were used for *E. coli* isolation according to Akter et al. (2014). According to APHA (2001), all milk samples and centrifuged urine samples were diluted at a rate of 1: 9 in nutrient broth (LabM, Heywood, U.K.) and incubated at 37 °C for 24 hours. A loopful from the milk broth was streaked on MacConkey agar (Oxoid) and incubated at 37 °C for 24 hours. The suspected lactose-fermenting pink colonies were sub-cultured on Levine's Eosin Methylene Blue agar (EMB) (Oxoid, Hampshire, U.K.) at 37 °C for 24 h. While urine broth was cultured on cystine–lactose–electrolyte-deficient agar (CLED agar) (Oxoid). Both suspected colonies on EMB and CLED media were picked and cultured on 5% sheep blood agar (for determination of hemolysis type), incubated at 37 °C for 24 h, purified by sub-culturing on new selective agar plates, and preserved in semisolid nutrient agar slants for further identification.

### 2.3 Morphological identification

Suspected colonies were identified by Gram's stain and motility test (by stabbing the bacterial isolate in the center of 0.5% semi-solid agar tubes, then incubated at 37°C for 24 hours) (Quinn et al., 2002).

### 2.4 Biochemical identification

Identification of *E. coli* isolates was confirmed biochemically according to Quinn et al. (2002) by sugar fermentation tests, indol, methyl red, Voges-Proskaur, citrate utilization, H<sub>2</sub>S production, urease, catalase, oxidase, and nitrate reduction tests.

### 2.5 Sero-grouping of *E. coli* isolates

Isolated *E. coli* from bovine milk and human urine samples were serotyped by using O-antisera (Group O-somatic antisera) and K-antisera (Group K-capsular antisera) (Denka Seiken-Co., Ltd., Tokyo, Japan), according to Edward and Ewing (1972).

## 3. RESULTS

### 3.1 Collection of samples

Out of 158 samples (100 raw bovines' milk and 58 workers' urine samples), five *E. coli* isolates were recovered from bovines' milk and four *E. coli* isolates were detected in workers' urine, with isolation rates of 5% and 6.9%, respectively (Table 1).

Table (1): Incidence rate of *E. coli* isolation from bovines' milk and workers' urine samples.

Samples	Number of examined samples	Number of positive samples	% of positive samples
Bovines' milk	100	5	5
Workers' urine	58	4	6.9
Total No	158	9	5.7

### 3.2 Culture characters of isolates

All isolates appeared as typical colonies of *E. coli* as follows: circular, non-pigmented colonies on nutrient agar medium; and rounded, bright pink colonies (lactose fermenter colonies) on MacConky's agar. On EMB media, there was a distinctive greenish metallic sheen colony, while yellowish colonies (lactose fermenter colonies) were on CLED agar. All isolates exhibited narrow colorless hemolysis zone β hemolysis (complete hemolysis) on blood agar.

### 3.3 Morphological identification

All *E. coli* isolates were gram-negative, medium-sized red rods, arranged singly, in pairs and groups, non-spore-forming, and motile.

### 3.4 Biochemical identification

Characteristic, identical biochemical reactions to *E. coli* appeared in all suspected isolates (Table 2).

Table (2): Biochemical identification of isolated *E. coli*.

Biochemical test	Reaction
Sugar fermentation	Positive (yellow color with gas)
Indole production	Positive (red ring)
Methyl red test	Positive (bright red colour)
Voges-Proskaur test	Negative (yellow colour)
Citrate utilization test	Negative (green colour)
H <sub>2</sub> S production test	Negative (no black colour)
Urease test	Negative (yellow colour)
Catalase test	Positive (gas bubbles and effervescence)
Oxidase test	Negative (no colour change)
Nitrate Reduction test	Positive (red colour)

### 3.5 Sero-grouping of *E. coli* isolates:

The detected serovars in all samples were *E. coli* (O125, O157, and O55). The predominant serotypes in milk samples (5 isolates) were *E. coli* O125 (3/5, 60% from the positive *E. coli* isolates with a final percent of 3% from all examined milk samples), followed by *E. coli* O157 (1/5, 20% from the positive

*E. coli* isolates with a final percent of 1% from all examined milk samples), and *E. coli* O55 (1/5, 20% from the positive *E. coli* isolates with a final percent of 1% from all examined milk samples). While *E. coli* O157 (2/4, 50% from the positive *E. coli* isolates with a final percent of 3.4% from all examined urine samples), then *E. coli* O125 (1/4, 25% from the

positive *E. coli* isolates with a final percent of 1.7% from all examined urine samples), and an un-typed serotype (1/4, 25% from the positive *E. coli* isolates with a final percent of 1.7% from all examined urine samples) in workers' urine isolates. It was observed that the *E. coli* O55 serotype was detected in milk samples only (Table 3).

Table (3): Serological identification of *E. coli* and its prevalence in samples.

Serotypes of <i>E. coli</i>	Total from total examined samples (158 samples)		Total from examined urine samples (58 samples)		Total from examined milk samples (100 samples)		Positive Workers' urine isolates (4 isolates)		Positive Bovines' milk isolates (5 isolates)	
	%	No.	%	No.	%	No.	%	No.	%	No.
O55	0.6	1	0	0	1	1	0	0	20	1
O125	2.5	4	1.7	1	3	3	25	1	60	3
O157	1.9	3	3.4	2	1	1	50	2	20	1
Un typed	0.6	1	1.7	1	0	0	25	1	0	0
Total	5.7	9	6.9	4	5	5	100	4	100	5

#### 4. DISCUSSION

The overall prevalence of *E. coli* was 9/158 (5.7%) in the present study. The prevalence rate in bovines' milk samples was 5% (5/100), in agreement with Eldesoukey et al. (2022), who detected *E. coli* with a ratio of 5.3% (8/150) in milk samples. On the other hand, Elbehiry et al. (2021) recorded that the isolation rate was 12.10% from milk samples; also, Elmonir et al. (2018) found *E. coli* at an incidence of 13.2% in the Kafrelsheikh governorate, but a higher prevalence was 29.63% and 19.6%, respectively, as recorded by Rahman et al. (2018) and Rezatofighi et al. (2021), respectively. The highest proportions were (85.71%) from clinical mastitis cases and (80.48%) from subclinical mastitis cases from four Egyptian governorates (Giza, Menofia, Beheira, and Alexandria), according to El-Mohandes et al. (2022). Also, (80%) was reported by Sharaf et al. (2015) and (75%) in raw tested milk samples from different places in the Beni-Suef governorate recorded by Megawer et al. (2021). The big differences in the prevalence of *E. coli* isolation from bovines' milk may be related to the sampling time and region, udder fecal contamination, inadequate hygiene and sanitary practices that are followed in these farms, and delays in the diagnosis of diseases.

In this study, the prevalence rate of *E. coli* in workers' urine samples from the same dairy farms in Gharbia governorate was 4/58 (6.9%), in agreement with those obtained by Abujnah et al. (2015), who found that the *E. coli* isolation rate was 6.7% in Lybia. On the contrary, Selim et al. (2013) isolated *E. coli* from human urine, with a lower prevalence rate of 2.82% in Ismailia City. While higher results of *E. coli* isolation were recorded by Hassuna et al. (2020), who detected *E. coli* in incidence of 33.5% from patients with UTIs from different hospitals at Minia and Kaliobia governorates, Essa (2022), who showed that *E. coli* isolation rate (42.9%) from humans affected by UTIs, which is similar to the recorded results for human patients by Ghavide et al. (2020), Mahdi et al. (2020), and Said et al. (2021), who found that *E. coli* was the most common bacteria isolated from different Egyptian hospitals and laboratories with a prevalence rate of 55.5%. The difference in the percentage of *E. coli* isolation from human urine in these results according to the sample collection localities, inadequate hygiene conditions, and disease stage of human cases

(if samples were taken from an apparent healthy or clinically diseased human).

Colonies of isolated *E. coli* from bovines' milk and human urine appeared as round and non-pigmented colonies on nutrient agar, but their colonies appeared as round and pigmented lactose fermenters with non-mucoid vivid pink colonies on MacConkey's agar. On EMB, it showed greenish metallic sheen colonies for *E. coli* isolates from bovine milk and human urine. For human urine isolates on CLED agar, colonies appeared as yellowish colonies (lactose fermenter colonies); these were similar to the results recorded by Said et al. (2021).

The indole, methyl red, catalase, sugar fermentation, nitrate reduction, and Eijkman tests all yielded positive results for all nine isolates, proving that each one of them was *E. coli*. Additionally, oxidase, Voges-Proskauer, urease, citrate utilization, and H<sub>2</sub>S tests gave negative results; these were the same results that were recorded by Elshora (2019) and Essa (2022).

In the current work, serogroups for *E. coli* isolates were O125 (4/9); (3/5, 60% from the positive *E. coli* isolates with a final percent of 3% from all examined milk samples); and (1/4, 25% from the positive *E. coli* isolates with a final percent of 1.7% from all examined human urine samples). *E. coli* O157 serogroup in the prevalence of (3/9); (1/5, 20% from the positive *E. coli* isolates with a final percent of 1% from all examined milk samples; and 2/4, 50% from the positive *E. coli* isolates with a final percent of 3.4% from all examined urine samples). One isolate was typed as *E. coli* O55 (1/5, 1% of all tested bovine milk samples). These results are in agreement with Ombarak et al. (2019), who detected strain *E. coli* O55 in 1.3% of milk samples. However, the percentage of the O125 serogroup in the present study (3%) from milk samples was close to a previously recorded isolation rate of 2%. Younis et al. (2021) from milk samples, while Hassan et al. (2021) detected the O125 serogroup by a higher percentage (16.7%) from milk samples, but the detection rate of *E. coli* O125 in human urine samples in the present study was 1.7%, which is similar to results recorded by Elsayed et al. (2021), who detected the O125 strain in a ratio of 1.6% in human urine isolates. In current results, *E. coli* O157 was present in a lower proportion than other studies,

which showed that the prevalence rate of this serotype was only (2.9%) in cow milk samples of Ethiopia (Disassa et al., 2017), (2.3%) in marketed raw cow milk samples in Nigeria (Ghali-Mohammed et al., 2023) and (11.33%) in student urine samples in Nigeria (Saidu and Ebiala, 2022). However, the detection of *E. coli* O157 in milk samples reached 22.5 percent, as recorded by Aliyu et al. (2021), respectively. Serotype O157: H7 can cause mild diarrhea or asymptomatic carriage, but it can also cause hemolytic uremic syndrome (HUS) and hemorrhagic colitis, two potentially serious consequences (Karchet et al., 2005), which throws light on the public health risk of this serogroup.

## 5. CONCLUSIONS

The current study results drew maps for *E. coli* serogroups in most dairy farms in the Gharbia government. The most prevalent serotypes belong to enteropathogenic *E. coli* O125 (2.5%), O55 (0.6%) from all samples, and enterohaemorrhagic *E. coli* O157 (1.9%), which cause serious diseases and complications in both animals and humans. Milk contamination can occur from a variety of factors, including a contaminated udder, milk handlers with poor personal hygiene, contaminated water, and improperly cleaned and sanitized containers. So, we recommend adequate hygienic measures, either among animals, workers, or both, to avoid the spread of this important infection.

## 5. REFERENCES

- Abebe, M., Hailelule, A., Abrha, B., Nigus, A., Birhanu, M., Adane, H. and Haftay, A. 2014, Antibiogram of *Escherichia coli* strains isolated from food of bovine origin in selected Woredas of Tigray, Ethiopia. *Journal of Bacteriology Research*, 6, 3, 17–22.
- Abujnah, A. A., Zorgani, A., Sabri, M. A. M., El-Mohammady, H., Khalek, R. A. and Ghengesh, K. S. 2015, Multidrug resistance and extended-spectrum  $\beta$ -lactamases genes among *Escherichia coli* from patients with urinary tract infections in Northwestern Libya. *Libyan Journal of Medicine*, 10, 1, 26412.
- Akter, Most. L., Haque, R. and Salam, M. A. 2014, Comparative evaluation of chromogenic agar medium and conventional culture system for isolation and presumptive identification of uropathogens. *Pakistan Journal of Medical Sciences*, 30, 5, 1033–1038.
- Aliyu, R. M., Abubakar, M. B., Yakubu, Y. and Shuaibu, A. B. 2021, Prevalence of *Escherichia coli* O157:H7 in some animal products sold within Sokoto Metropolis, Nigeria. *African Journal of Bacteriology Research*, 13, 1, 1–6.
- APHA American Public Health Association . 2001, Compendium of methods for the microbiological examination of foods, 4th edition. American Public Health Association APHA . Washington, DC USA.
- Bedasa, S., Shiferaw, D., Abraha, A. and Moges, T. 2018, Occurrence and antimicrobial susceptibility profile of *Escherichia coli* O157:H7 from food of animal origin in Bishoftu town, Central Ethiopia. *International Journal of Food Contamination*, 5,1, 1-8.
- Chen, H. D., and G. Frankel. 2005, Enteropathogenic *Escherichia coli*: unravelling pathogenesis. *FEMS microbiology Rev*, 29, 1, 83-98
- Cybulski, Z., Schmidt, K., Grabiec, A., Talaga, Z., Bociąg, P., Wojciechowicz, J. and Kycler, W. 2013, Usability application of multiplex polymerase chain reaction in the diagnosis of microorganisms isolated from urine of patients treated in cancer hospital. *Radiology and Oncology*, 47, 3, 296–303.
- Disassa, N., Sibhat, B., Mengistu, S., Muktar, Y. and Belina, D. 2017, Prevalence and Antimicrobial Susceptibility Pattern of *E. coli*O157:H7 Isolated from Traditionally Marketed Raw Cow Milk in and around Asosa Town, Western Ethiopia. *Veterinary Medicine International*, 1–7.
- Edward, P. R. and Ewing, W. H. 1972, Edward's and ewing's identification of Enterobacteriaceae, 3rd Ed. Burgess, Minneapolis.
- El-Mohandes, S. S., Eid, R. H., Allam, A. M., Abou-Zeina, H. A. A. and Elbayoumy, M. K. 2022, Phenotyping and genotyping studies on extended-spectrum  $\beta$ -lactamase-producing *Escherichia coli* isolates from mastitic cows on dairy farms in Egypt. *Veterinary World*, 15, 4, 890–897.
- Elbehiry, A., Marzouk, E., Moussa, I. M., Alenzi, A., Al-Maary, K. S., Mubarak, A. S. and Attala, O. A. 2021, Multidrug-resistant *Escherichia coli* in Raw Milk: Molecular Characterization and the potential impact of camel's Urine as an Antibacterial Agent. *Saudi Journal of Biological Sciences*, 28, 4, 2091–2097.
- Eldesoukey, I. E., Elmonir, W., Alouffi, A., Kelany, M., Elnahriry, S. S. and Elaadli, H. 2022, Multidrug-Resistant Enteropathogenic *Escherichia coli* Isolated from Diarrhoeic Calves, Milk, and Workers in Dairy Farms: A Potential Public Health Risk. *Antibiotics*, 11, 999.
- Elmonir, W., Abo-Remela, E. and Sobeih, A. 2018, Public health risks of *Escherichia coli* and *Staphylococcus aureus* in raw bovine milk sold in informal markets in Egypt. *The Journal of Infection in Developing Countries*, 12, 07, 533–541.
- Elsayed, M. S. A. E., Eldsouky, S. M., Roshdy, T., Bayoume, A. M. A., Nasr, G. M., Salama, A. S. A., Akl, B. A., Hasan, A. S., Shahat, A. K., Khashaba, R. A., Abdelhalim, W. A., Nasr, H. E., Mohammed, L. A. and Salah, A. 2021, Genetic and antimicrobial resistance profiles of non-O157 Shiga toxin-producing *Escherichia coli* from different sources in Egypt. *BMC Microbiology*, 21, 1, 1–19.
- Elshora, H. E. 2019, Application of recent techniques for detection of some food borne pathogens isolated from different sources [Ph.D, Thesis, Vet.Med, Benha University, Egypt]
- Essa, N. M. H. 2022, Characterization of some antimicrobial genes of *Escherichia coli* isolated from pet animals and human with urinary tract infections. *Benha Veterinary Medical Journal*, 43 1, 75–80.
- Flores-Mireles, A. L., Walker, J. N., Caparon, M. and Hultgren, S. J. 2015, Urinary Tract infections: epidemiology, Mechanisms of Infection and Treatment Options. *Nature Reviews Microbiology*, 13, 5, 269–284.
- Foxman, B. 2010, The epidemiology of urinary tract infection. *Nature Reviews Urology*, 7 12, 653–660.
- Ghali-Mohammed, I., Odetokun, I. A., Raufu, I. A., Alhaji, N. B. and Adetunji, V. O. 2023, Prevalence of *Escherichia coli* O157 isolated from marketed raw cow milk in Kwara State, Nigeria. *Scientific African*, 19. <https://doi.org/10.1016/j.sciaf.2022.e01469>
- Ghavidel, M., Gholamhosseini-Moghadam, T., Nourian, K. and Ghazvini, K. 2020, Virulence factors analysis and antibiotic resistance of uropathogenic *Escherichia coli* isolated from patients in Northeast of Iran. *Iranian Journal of Microbiology*, 12, 3, 223-230.
- Hassan, G., Meshref, A., Elnewery, H. and Megawer, A. 2021, Prevalence of *Escherichia coli* in milk and some dairy products in Beni-Suef Governorate, Egypt. *Journal of Veterinary Medical Research*, 27, 2, 161–167.

23. Hassuna, N. A., Khairalla, A. S., Farahat, E. M., Hammad, A. M. and Abdel-Fattah, M. 2020, Molecular characterization of Extended-spectrum  $\beta$  lactamase-producing *E. coli* recovered from community-acquired urinary tract infections in Upper Egypt. *Scientific Reports*, 10, 1, 2772-2779.
24. Ismail, Z. B. and Abutarbush, S. M. 2020, Molecular characterization of antimicrobial resistance and virulence genes of *Escherichia coli* isolates from bovine mastitis. *Veterinary World*, 13, 8, 1588-1593.
25. Jalilian, S., Farahani, A. and Mohajeri, P. 2014, Antibiotic resistance in uropathogenic *Escherichia coli* isolated from urinary tract infections out-patients in Kermanshah. *International Journal of Medicine and Public Health*, 4, 1, 75-77.
26. Jang, J., Hur, H.-G., Sadowsky, M. J., Byappanahalli, M. N., Yan, T. and Ishii, S. 2017, Environmental *Escherichia coli*: ecology and public health implications-a review. *Journal of Applied Microbiology*, 123, 3, 570-581.
27. Karch, H., Tarr, P. I. and Bielaszewska, M. 2005, Enterohaemorrhagic *Escherichia coli* in human medicine. *International Journal of Medical Microbiology*, 295, 6-7, 405-418.
28. Klaas, I. C. and Zadoks, R. N. 2018, An update on environmental mastitis: Challenging perceptions. *Transboundary and Emerging Diseases*, 65, 166-185.
29. Koutsoumanis, K., Allende, A., Alvarez-Ordóñez, A., Bover-Cid, S., Chemaly, M. and Bolton, D. 2020, Pathogenicity assessment of Shiga toxin-producing *Escherichia coli* STEC and the public health risk posed by contamination of food with STEC. *EFSA Journal*, 18, 1. <http://doi.org/10.2903/j.efsa.2020.5967>
30. Mahdi, B., Khudhur, H. B. and Abdul-Hussein, M. M. 2020, Bacterial Isolates of Urine and their Susceptibility to Antimicrobials. *Open Access Macedonian Journal of Medical Sciences*, 8 A, 84-88.
31. Megawer, A., Hassan, G., Meshref, A. and Elnewery, H. 2021, Prevalence of *Escherichia coli* in milk and some dairy products in Beni-Suef Governorate, Egypt. *Journal of Veterinary Medical Research*, 27, 2, 161-167.
32. Mora, A., Herrera, A., López, C., Dahbi, G., Mamani, R., Pita, J. M. and Blanco, J. 2011, Characteristics of the Shiga-toxin-producing enteroaggregative *Escherichia coli* O104: H4 German outbreak strain and of STEC strains isolated in Spain. *IntMicrobiol*, 14, 3, 121-141.
33. Ombarak, R. A., Zayda, M. G., Awasthi, S. P., Hinenoya, A. and Yamasaki, S. 2019, Serotypes, Pathogenic Potential, and Antimicrobial Resistance of *Escherichia coli* Isolated from Subclinical Bovine Mastitis Milk Samples in Egypt. *Japanese Journal of Infectious Diseases*, 72, 5, 337-339.
34. Quinn, P. J., Markey, B. K., Carter, M. E., Donnelly, W. J. C., Leonard, F. C. and Maguire, D. 2002, *Veterinary Microbiology and Microbial Disease*, 2nd Edition. Wiley Blackwell.
35. Rahman, M. A., Rahman, A. K. M. A., Islam, M. A. and Alam, M. M. 2018, Antimicrobial resistance of *Escherichia coli* isolated from milk, beef and chicken meat in Bangladesh. *Bangladesh Journal of Veterinary Medicine*, 15, 2, 141-146.
36. Rezaatofghi, S. E., Mirzarazi, M. and Salehi, M. 2021, Virulence genes and phylogenetic groups of uropathogenic *Escherichia coli* isolates from patients with urinary tract infection and uninfected control subjects: a case-control study. *BMC Infectious Diseases*, 21, 1-11.
37. Said, A., El-Gamal, M. S., Abu-Elghait, M. and Salem, S. S. 2021, Isolation, Identification and Antibiotic Susceptibility Pattern of Urinary Tract Infection Bacterial Isolates. *Lett. Appl. NanoBioSci*, 10, 2820-2830.
38. Saïdu, J. Z. and Ebiala, F. 2022, Prevalence of *E. coli* O157:H7 in the Urinary Tract of Apparently Healthy Students of a Tertiary Institution in Benin City, Nigeria. *Nig Annals of Pure & Appl Sci*, 5, 1, 67-74.
39. Sarantuya, J., Nishi, J., Wakimoto, N., Erdene, S., Nataro, J. P., Sheikh, J., Iwashita, M., Manago, K., Tokuda, K., Yoshinaga, M., Miyata, K. and Kawano, Y. 2004, Typical Enteroaggregative *Escherichia coli* Is the Most Prevalent Pathotype among *E. coli* Strains Causing Diarrhea in Mongolian Children. *Journal of Clinical Microbiology*, 42, 1, 133-139.
40. Selim, S., Ahmed, S. A., Aziz, A., Zakaria, A. M., Klena, J. D. and Cavalieri, D. 2013, Prevalence and Characterization of Shiga-Toxin O157:H7 and Non-O157:H7 Enterohemorrhagic *Escherichia coli* Isolated from Different Sources. *Biotechnology & Biotechnological Equipment*, 27, 3, 3834-3842.
41. Sharaf, O., Ibrahim, G. and Abd El-Khalek, A. 2015, Microbiological Quality of Commercial Raw Milk, Domiat Cheese and Kareish Cheese. *Middle East Journal of Applied Sciences*, 5, 1, 171-176.
42. Suojala, L., Kaartinen, L. and Pyörälä, S. 2013, Treatment for bovine *Escherichia coli* mastitis - an evidence-based approach. *Journal of Veterinary Pharmacology and Therapeutics*, 36, 6, 521-531.
43. Walsh, C., Duffy, G., O'Mahony, R., Fanning, S., Blair, I. S. and McDowell, D. A. 2006, Antimicrobial resistance in Irish isolates of verocytotoxigenic *Escherichia coli* *E. coli* —VTEC. *International Journal of Food Microbiology*, 109, 3, 173-178.
44. Younis, W., Hassan, S. and Mohamed, H. M. A. 2021, Molecular characterization of *Escherichia coli* isolated from milk samples with regard to virulence factors and antibiotic resistance. *Veterinary World*, 14, 9, 2410-2418.
45. Zhang, X., McDaniel, Aaron D., Wolf, Lucas E., Keusch, Gerald T., Waldor, Matthew K. and Acheson, David W. K. 2000, Quinolone Antibiotics Induce Shiga Toxin-Encoding Bacteriophages, Toxin Production, and Death in Mice. *The Journal of Infectious Diseases*, 181, 2, 664-670.