

Prevalence and antimicrobial resistance of *Salmonella* spp. isolated from duck farms in Jeollanam-do Province, South Korea

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ReceivedJuly 5, 2023RevisedJuly 28, 2023AcceptedAugust 16, 2023

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equally to this work.

This study was carried out to investigate the prevalence and antimicrobial resistance of *Salmonella* serotypes in duck farms of Jeollanam-do Province, South Korea. A total of 1112 samples (breeder ducks, 286; broiler ducks, 826) were collected from 196 duck farms (breeder duck farms, 25; broiler duck farms, 171) between January 2018 and November 2019. The total prevalence of *Salmonella* serotypes was 45.4% (89/196) in the duck farms, with no significant difference between prevalence in breeder and broiler duck farms (48% and 45%, respectively; *P*>0.05). The most prevalent serotype among the 127 *Salmonella* isolates was *Salmonella* Typhimurium (20.5%) followed by *Salmonella* Albany (17.3%), *Salmonella* Hadar (15.7%), and *Salmonella* Enteritidis (11.8%). Maximum resistance was observed against penicillin (78.74%), followed by tetracycline (68.50%), and kanamycin (65.35%). Of the 127 isolates, 117 (92.13%) were resistant to \geq 3 antimicrobials and 2 to all 18 antimicrobials. Our results demonstrate the presence of *Salmonella* strains and their resistance to multiple antimicrobials, thus indicating a public health concern in South Korea. The emergence of *Salmonella* stains that are resistant to multiple drugs highlight the need for careful use of antimicrobials in duck farms.

Key Words: Duck samples, Multidrug resistance, Public health, Salmonellosis

INTRODUCTION

Salmonellae are gram-negative, rod-shaped, nonsporing, non-capsulated organisms belonging to the family Enterobacteriaceae (Mondal et al, 2008). They are predominantly associated with infections in both animals and humans and identified as zoonotic pathogens (Cha et al, 2013). *Salmonella* cause clinical disease in ducks and are transmitted to humans through food (Mondal et al, 2008). In ducks, salmonellosis occurs either in acute or subclinical form; adult ducks commonly develop a nonlethal chronic condition or become carriers of the disease (Henry, 2000; Lu et al, 2011). The probability of zoonotic transmission to humans through the food chain is high because of the horizontal and vertical transmission of *Salmonella* in ducks, and the disease may be subclinical or remain asymptomatic without causing any modifications (Jibril et al, 2020; Tariq et al, 2022).

Poultry products, such as meat and eggs, derived from asymptomatic animals are the main sources of infection in humans (Gast et al, 2014). According to the Centers for Disease Control and Prevention, *Salmonella* alone accounts for 1.3 million infections each year in the United States, causing symptoms of diarrhea, fever, and abdominal pain (Tariq et al, 2022). In Korea, approximately 413 outbreaks of salmonellosis, impacting 16475 patients were reported from 2002 to 2021 (Oh et

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al, 2023). Therefore, reducing *Salmonella* outbreaks in poultry farms is essential for enhancing food safety in the broiler meat industry.

Over the past decades, antimicrobial agents have come to be regarded as an important option for treating and managing *Salmonella* and other pathogens (Kuang et al, 2015). Nonetheless, their extensive use has led to the emergence and global dissemination of antimicrobial-resistant and even multidrug-resistant *Salmonella* strains, which pose a significant threat to global public health (Gong et al, 2013; Lai et al, 2014). In veterinary medicine, the regular use of antimicrobials contributes to antimicrobial resistance of human pathogens, which is increasingly becoming a cause for concern (McEwen, 2012).

According to the Korean Statistical Information Service, Jeollanam-do is South Korea's largest duck farming province, accounting for >50% of duck production occurring in approximately 270 duck farms. Information regarding the prevalence and characteristics of *Salmonella* spp. in duck farms in Jeollanam-do Province is limited. Therefore, the aim of this study was to assess the prevalence of *Salmonella* spp. in this area to ascertain their antimicrobial-resistance profiles.

MATERIALS AND METHODS

Sample collection

A total of 1112 samples (breeder ducks, 286; broiler ducks, 826) were gathered from 196 duck farms in Jeollanam-do Province (breeder duck farms, 25; broiler duck farms, 171) between January 2018 and November 2019. The samples were collected from duck carcasses (broiler duck farms, 98), cloacal cavities (broiler duck farms, 278), feces (breeder duck farms, 286; broiler duck farms, 336), and living environment (broiler duck farms, 114) such as water, soil, feed, and manure. They were obtained from diseased ducks or randomly from the living environment using sterilized cotton swabs, placed in

separate containers, and transported to the laboratory and examined.

Isolation and serotyping of Salmonella spp.

Buffered peptone water (Oxoid, UK) was added to the test sample to produce 1:10 dilution and incubated at 37°C for 6~8 h. After pre-enrichment, 0.1 mL of the broth was added to 10 mL Rappaport-Vassiliadis (RV) enrichment broth (Oxoid, UK) that was prepared according to the manufacturer's instructions. The RV broth was incubated at 42°C for 18~24 h and streaked onto Rambach agar (Difco). Loopfuls of the enriched broths were streaked onto plates of XLT 4 agar (Oxoid) and incubated at 37°C for 24 h. Salmonella colonies showed up as black or black-centered colonies with a yellow or pink periphery. Presumptive Salmonella colonies were selected, inoculated into nutrient agar, and incubated at 37°C for 24 h to facilitate growth. All strains were serotyped using matrix-assisted laser desorption/ionization-time of flight mass spectrometry (MALDI-TOF MS; Bruker, Germany) according to the manufacturer's instructions.

Antimicrobial susceptibility testing

The disk diffusion test was conducted to examine antimicrobial resistance of all *Salmonella* isolates. The following 18 antimicrobials were used: amoxicillin/clavulanic acid (30 µg), ampicillin (10 µg), apramycin (30 µg), cephalexin (30 µg), ceftiofur (30 µg), ciprofloxacin (5 µg), doxycycline (30 µg), ceftiofur (30 µg), florfenicol (30 µg), flumequine (30 µg), gentamicin (10 µg), kanamycin (30 µg), neomycin (30 µg), oxytetracycline (30 µg), penicillin (10 µg), spectinomycin (100 µg), sulfamethoxazole/trimethoprim (23.75/1.25 µg), and tetracycline (30 µg). The inhibition zone diameters were evaluated based on the Clinical and Laboratory Standards Institute guidelines (Jorgensen et al, 2007). Isolates resistant to \geq 3 categories of antimicrobials were considered multidrug-resistant (MDR) strains.

Statistical analysis

All statistical analyses were performed using IBM SPSS Statistics for Windows, version 29 (IBM Corp., Armonk, NY, USA). The chi-square test was used to analyze the association between prevalence of isolates and type of duck (breeder/broiler). Statistical significance was considered as P<0.05 for all the tests.

RESULTS

Prevalence of Salmonella in ducks

The prevalence of *Salmonella* spp. in this study was 45.4% (89/196) and *Salmonella* spp. were isolated in 127 of 1112 samples (11.4%). The number of isolates detected in the 286 breeder and 826 broiler duck samples were 15 (5.2%) and 112 (13.6%), respectively. In the broiler duck samples, *Salmonella* spp. were isolated in carcasses (12/127), cloacal cavities (22/127), feces (86/127) and living environment (7/127). The prevalence of *Salmonella* spp. in breeder duck farms was 48% (12/25) and that in broiler duck farms was 45.0% (77/171). There was no significant difference between *Salmonella* spp. prevalence in breeder and broiler duck farms (*P*>0.05).

In broiler duck farms, 108 flocks were infected with *Salmonella* spp. when they were 1 week old (96.4%) and 2 flocks each when they 2 (1.8%) and 3 weeks old (1.8%). In breeder duck farms, the median age of flocks with *Salmonella* was 9 weeks (range, $6\sim 26$ weeks).

Bacteria isolation and serotyping

The 127 Salmonella isolates belonged to 14 different serovars. The predominant serovars were Salmonella Typhimurium (26/127), Salmonella Albany (22/127), Salmonella Hadar (20/127), and Salmonella Enteritidis (15/127). Other isolated serovars were Salmonella Muenster (4/127), Salmonella Agona (3/127), Salmonella London (3/127), Salmonella Bareilly (2/127), Salmonella Give (2/127), *Salmonella* Indiana (2/127), *Salmonella* Lagos (1/127), *Salmonella* Montevideo (1/127), *Salmonella* Newport (1/127), and *Salmonella* Regent (1/127). However, 24 isolates could not be identified.

Antimicrobial susceptibility testing

Antimicrobial resistance of the isolates is summarized in Table 1 and 2. All the 127 isolated *Salmonella* strains were tested against 18 antimicrobials (Table 1). The maximum percentage of resistance was observed against penicillin (78.7%), followed by tetracycline (68.5%) and kanamycin (65.4%). None of the antimicrobials were effective against every *Salmonella* isolate. Of the 127 isolates, 117 (92.1%) were resistant to \geq 3 antimicrobials (Table 3), and 2 (n=1, *Salmonella* Hadar; n=1, *Salmonella* spp.) to all 18 antimicrobials.

DISCUSSION

The "One Health" concept acknowledges that many

Antimicrobials	Susceptible (%)	Intermediate (%)	Resistant (%)
Amoxicillin/	56.7	8.7	34.6
Ampicillin	44.9	7.9	47.2
Apramycin	34.6	23.6	41.8
Cephalexin	70.9	3.2	25.9
Ceftiofur	49.6	3.2	47.2
Ciprofloxacin	66.1	7.9	26.0
Doxycycline	33.9	18.9	47.2
Enrofloxacin	67.7	5.5	26.8
Florfenicol	48.8	5.5	45.7
Flumequine	31.5	7.9	60.6
Gentamicin	48.0	11.8	40.2
Kanamycin	11.8	22.8	65.4
Neomycin	40.9	15.8	43.3
Oxytetracycline	49.6	3.9	46.5
Penicillin	11.8	9.5	78.7
Spectinomycin	65.4	3.9	30.7
Sulfamethoxazole/ trimethoprim	36.2	6.3	57.5
Tetracycline	14.2	17.3	68.5

Table 2. Salmonella serovars resistant to the tested antimicrobials

able 2. Salmonella serovars resistant to the tested anumicrobials	IIa serovars re	sistant to the te	ssted anumicro	DIAIS											
Antimicrohials	Salmonella	Salmonella Salmonella Salmonella Salmonella	Salmonella	Salmonella	Salmonella	Salmonella	Salmonella	Salmonella	Salmonella	Salmonella	Salmonella	Salmonella	Salmonella	Salmonella	Salmonella
	spp.	Typhimurium	Albany	Hadar	Enteritidis	Muenster	Agona	London	Bareilly	Give	Indiana	Lagos	Lagos Montevideo Newport	Newport	Regent
Amoxicillin/	29.2% (7/24)*	29.2% (7/24)* 26.9% (7/26) 40.9% (9/22) 30.0% (6/20)	40.9% (9/22)		73.3% (11/15) 0.0% (0/4)	0.0%(0/4)	0.0%(0/3)	0.0%(0/3) 33.3%(1/3) 50.0%(1/2) 0.0%(0/2) 0.0%(0/2) 0.0%(0/1) 100%(1/1) 100%(1/1) 100%(1/1) 0.	50.0% (1/2)	0.0% (0/2)	0.0% (0/2)	0.0%(0/1)	100%(1/1)	100%(1/1)	0.0%(0/1)
clavulanic acid															
Ampicillin	37.5% (9/24)	37.5% (9/24) 46.2% (12/26) 45.5% (10/22) 45.0%	45.5% (10/22)	(9/20)	80.0% (12/15)	0.0%(0/4)	33.3%(1/3)	33.3%(1/3) 33.3%(1/3)	100% (2/2) 50.0% (1/2)	50.0% (1/2)	0.0% (0/2)	0.0%(0/1)	100%(1/1)	100%(1/1)	100%(1/1)
Apramycin	29.2% (7/24)	29.2% (7/24) 38.5% (10/26) 63.6% (14/22) 50.0%	63.6% (14/22)	50.0% (10/20)	(10/20) 33.3% (5/15)	50.0% (2/4)	0.0%(0/0)	66.7% (2/3)	0.0% (0/2) 50.0% (1/2)	50.0% (1/2)	0.0% (0/2)	0.0%(0/1)	100%(1/1)	100%(1/1)	0.0%(0/1)
Cephalexin	33.3% (8/24)	33.3% (8/24) 23.1% (6/26) 22.7% (5/22) 15.0%	22.7% (5/22)	15.0% (3/20)	40.0% (6/15)	25.0% (1/4)	0.0%(0/0)	66.7% (2/3)	50.0% (1/2)	0.0%(0/2)	0.0% (0/2)	0.0%(0/1)	100% (1/1)	0.0%(0/1)	0.0%(0/1)
Ceftiofur	50.0% (12/24)	50.0% (12/24) 46.2% (12/26) 40.9% (9/22) 50.0% (10/20) 80.0% (12/15)	40.9% (9/22)	50.0% (10/20)	80.0% (12/15)	0.0%(0/0)	0.0%(0/0)	66.7% (2/3)	0.0% (0/2)	50.0%(1/2)		0.0%(0/1)	0.0%(0/1)	100%(1/1)	0.0%(0/1)
Ciprofloxacin	29.2% (7/24)	29.2% (7/24) 23.1% (6/26) 22.7% (5/22) 25.0%	22.7% (5/22)	(5/20)	46.7% (7/15)	0.0%(0/0)	0.0%(0/0)	66.7% (2/3)	0.0% (0/2)		0.0% (0/2)	0.0%(0/1)	0.0%(0/1)	100%(1/1)	0.0%(0/1)
Doxycycline	37.5% (9/24)	37.5% (9/24) 46.2% (12/26) 59.1% (13/22) 25.0%	59.1%(13/22)	(5/20)	73.3% (11/15) 25.0% (1/4)	-	66.7% (2/3)	66.7% (2/3) 33.3% (1/3)	50.0% (1/2)	100% (2/2)		0.0%(0/1)	100%(1/1)	100%(1/1)	100%(1/1)
Enrofloxacin	25.0% (6/24)	25.0% (6/24) 34.6% (9/26) 18.2% (4/22) 35.0%	18.2% (4/22)	(7/20)	40.0% (6/15)	25.0%(1/4)	0.0%(0/0)	0.0% (0/0) 0.0% (0/0)	0.0%(0/0)	50.0% (1/2)		0.0%(0/1)	0.0%(0/1)	0.0%(0/1)	0.0%(0/1)
Florfenicol	75.0% (18/24)	75.0% (18/24) 30.8% (8/26) 50.0% (11/22) 40.0%	50.0% (11/22)	(8/20)	46.7% (7/15)	0.0%(0/0)	0.0%(0/0)	0.0% (0/0) 33.3% (1/3) 50.0% (1/2)	50.0%(1/2)	50.0% (1/2)		0.0%(0/1)	0.0%(0/1)	100% (1/1)	100%(1/1)
Flumequine	54.2% (13/24)	54.2% (13/24) 50.0% (13/26) 81.8% (18/22) 65.0%	81.8% (18/22)	65.0%(13/20)	(13/20) 66.7% $(10/15)$ 25.0% $(1/4)$	-	66.7% (2/3)	66.7% (2/3) 66.7% (2/3) 50.0% (1/2)	50.0%(1/2)	50.0% (1/2)	100% (2/2)	0.0%(0/1)	0.0%(0/1)	0.0%(0/1)	100%(1/1)
Gentamicin	50.0% (12/24)	50.0% (12/24) 30.8% (8/26) 40.9% (9/22) 30.0%	40.9% (9/22)	30.0% (6/20)	73.3% (11/15) 25.0% (1/4)		0.0%(0/0)	0.0% (0/0) 66.7% (2/3) 50.0% (1/2)		0.0% (0/2)		0.0%(0/1)	0.0%(0/1)	0.0%(0/1)	0.0%(0/1)
Kanamycin	54.2% (13/24)	54.2% (13/24) 61.5% (16/26) 72.7% (16/22) 80.0%	72.7% (16/22)	80.0% (16/20)	5(16/20) 73.3% (11/15) 50.0% (2/4)	50.0% (2/4)	33.3%(1/3)	33.3%(1/3) 100%(3/3) 50.0%(1/2)	50.0%(1/2)			0.0%(0/1)	100%(1/1)	0.0%(0/1)	100%(1/1)
Neomycin	50.0% (12/24)	50.0% (1224) 34.6% (9/26) 68.2% (15/22) 40.0% (8/20) 40.0% (6/15) 25.0% (1/4)	68.2% (15/22)	40.0% (8/20)	40.0% (6/15)	25.0% (1/4)	0.0%(0/0)	0.0%(0/0) 33.3%(1/3) 100%(2/2)		0.0% (0/2)				0.0%(0/1)	0.0%(0/1)
Oxytetracycline		50.0% (12/24) 30.8% (8/26) 59.1% (13/22) 50.0%	59.1% (13/22)	50.0% (10/20)	(10/20) 73.3% $(11/15)$ 0.0% $(0/0)$		66.7% (2/3)	66 .7% (2/3) 0.0% (0/0) 50.0% (1/2)		50.0%(1/2)	0.0% (0/2)	0.0%(0/1)	0.0%(0/1)	100%(1/1)	0.0%(0/1)
Penicillin	87.5% (21/24)	87.5% (21/24) 65.4% (17/26) 100% (22/22) 75.0%	100% (22/22)	75.0% (15/20)	$(1520) \ \ 80.0\% (1215) \ \ 50.0\% (24) \ \ 66.7\% (23) \ \ 66.7\% (23) \ \ 100\% (22) \ \ 50.0\% (1/2) \ \ \ 50.0\% (1/2) \ \ \ 50.0\% (1/2) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	50.0% (2/4)	66.7% (2/3)	66.7% (2/3)	100% (2/2)		50.0% (1/2)	0.0%(0/1)	100%(1/1)	100%(1/1)	100% (1/1)
Spectinomycin 29.2% (7/24) 30.8% (8/26) 36.4% (8/22) 30.0%	29.2% (7/24)	30.8% (8/26)	36.4% (8/22)	30.0% (6/20)	(6/20) 40.0% $(6/15)$ 25.0% $(1/4)$	25.0% (1/4)	0.0%(0/0)	33.3% (1/3)	0.0%(0/2)	0.0%(0/2)	0.0% (0/2)	0.0%(0/1)	100% (1/1)	0.0%(0/1)	100% (1/1)
Sulfamethoxazole/ 66.7% (16/24) 46.2% (12/26) 81.8% (18/22) 40.0%	66.7% (16/24)	46.2% (12/26)	81.8%(18/22)	40.0% (8/20)	(8/20) 66.7% (10/15) 25.0% (1/4) 33.3% (1/3) 33.3% (1/3) 100% (22)	25.0% (1/4)	33.3% (1/3)	33.3%(1/3)	100% (2/2)	100% (2/2) 50.0% (1/2)		0.0%(0/1)	0.0%(0/1)	0.0%(0/1)	100%(1/1)
trimethoprim															
Tetracycline	66.7% (16/24)	66.7% (16/24) 65.4% (17/26) 72.7% (16/22) 65.0% (13/20) 73.3% (11/15) 50.0% (2/4) 66.7% (2/3) 66.7% (2/3) 100% (2/2)	72.7%(16/22)	65.0% (13/20)	73.3% (11/15)	50.0% (2/4)	66.7% (2/3)	66.7% (2/3)	100% (2/2)	100% (22) 50.0% (1/2) 100% (1/1) 100% (1/1) 100% (1/1)	50.0% (1/2)	100%(1/1)	100%(1/1)	100%(1/1)	0.0%(0/1)
			114												

*Number of isolates resistant to each antimicrobial.

I able 3. Antimicrobial resistance in Salmonella isolates	
Number of antimicrobials	Number of isolates showing antimicrobial resistance (%)
0	2 (1.6)
1	4 (3.1)
2	4 (3.1)
3	6 (4.7)
4	11 (8.7)
5	7 (5.5)
6	11 (8.7)
7	6 (4.7)
8	9 (7.1)
9	10 (7.9)
10	14 (11.0)
11	11 (8.7)
12	17 (13.4)
13	6 (4.7)
14	5 (3.9)
15	1 (0.8)
16	1 (0.8)
17	0 (0)
18	2 (1.6)

 Table 3. Antimicrobial resistance in Salmonella isolates

health issues and disease outbreaks are caused by interactions between humans, animals, and the environment (WHO, 2017). Apart from companion animals, farm animals that are sources of meat and eggs can influence human health (Stevens et al, 2009; WHO, 2017). In South Korea, duck production increased significantly from 30 million in 2006 to 67 million in 2018. The issue of antimicrobial resistance in Salmonella spp. in duck farms has also been raised from the "One Health" perspective (Cho et al, 2011; Cha et al, 2013; Kim et al, 2021; Oh et al, 2023). Hence, the Korean Animal and Plant Quarantine Agency started monitoring antimicrobial resistance in ducks from 2018. Based on the observable trend, we investigated the prevalence of Salmonella spp. and antimicrobial resistances in duck farms of Jeollanam-do Province, South Korea.

The prevalence (45.41%) of *Salmonella* spp. in duck farms of this province was lower than that (65.2%) observed in a previous study in South Korea (Cha et al, 2013), wherein nationwide inspections were conducted. The difference in results may be attributed to the variation in geographical scope of the two studies. Further-

more, another recent study showed high prevalence (59.3%) of *Salmonella* spp. in chick farms in South Korea (Im et al, 2015). These results suggest that poultry products are one of the potential sources of *Salmonella* transmission in South Korea, thus emphasizing the need for developing biosecurity measures against *Salmonella* spp. transmission in poultry farms.

The prevalence of *Salmonella* spp. in breeding duck farms (48%) was similar to that in broiler duck farms (45.0%). This might have occurred because adult ducks may serve as carriers of the disease, and vertical transmission could be attributed to similar positivity ratios (Knap et al, 2011). On the contrary, the prevalence of Salmonella spp. in the samples collected from the breeding duck farms (5.2%) was different from that obtained from broiler duck farms (13.6%). The difference in prevalence of Salmonella spp. in the samples may be attributed to the sampling methods used in breeding and broiler duck farms. In broiler duck farms, samples were collected from ducks suspected of being diseased, while in breeding duck farms, samples were randomly collected. This is because the mortality rate is higher in younger ducks, making it easier to identify the occurrence of diseases (Flament et al, 2012). However, adult ducks often become asymptomatic carriers, excreting the bacteria in their feces without showing any clinical signs of the disease (Flament et al, 2012). These factors may explain the difference in prevalence of Salmonella spp. in the samples.

We found that *Salmonella* Typhimurium, *Salmonella* Albany, *Salmonella* Hadar, and *Salmonella* Enteritidis were predominant serovars in duck farms in Jeollanamdo Province, which conforms to the results of previous studies in South Korea (Im et al, 2015; Kim et al, 2016; Kim et al, 2021). *Salmonella* Typhimurium and *Salmonella* Enteritidis are the most frequently reported serovars related to foodborne salmonellosis in humans (Adzitey et al, 2012; Tariq et al, 2022). Moreover, owing to their capacity to invade, replicate, and survive within human host cells, almost all *Salmonella* strains are pathogenic and can cause enteric fever, gastroenteritis, bacteremia, and potentially life-threatening illness (Eng et al, 2015). The emergence of antimicrobial resistance in Salmonella strains is a significant global health concern (Chiu et al, 2002; Eng et al, 2015). Patients infected with antimicrobial-resistant zoonotic pathogens may experience adverse clinical outcomes, such as death or treatment failure, as well as negative economic consequences, including increased costs of care and prolonged hospital stays due to delayed treatment and failed antimicrobial treatment (Yoon et al, 2017). The primary contributing factor to the emergence of antimicrobial-resistant pathogens, such as Salmonella spp., is the widespread use of antimicrobials in animal feed to enhance the growth of food animals, as well as their application in veterinary medicine for the treatment of bacterial infections in these animals (Eng et al, 2015). Therefore, careful monitoring of the emergence of antimicrobial-resistant strains in food animals, with particular emphasis on understanding the prevalence of antimicrobial resistance in zoonotic pathogens, is necessary for public health.

The Salmonella isolates identified in our study showed high resistance to penicillin (78.7%), tetracycline (68.5%), and kanamycin (65.4%), suggesting that these antimicrobials are commonly used in this region. The presence of penicillin-resistant bacteria in poultry, poultry environment, and retail meat products is well established (Singh et al, 2013; Thung et al, 2016). However, according to recent studies in South Korea, Salmonella spp. isolated in duck farms showed relatively low resistance in tetracycline (15.7 \sim 38.1%) and kanamycin (0 \sim 3.1%) (Kim et al, 2016; Kim et al, 2021). These results indicate changes in resistance patterns and/or significant differences in the use of antimicrobials, which implies that various emerging antimicrobial-resistant Salmonella strains that potentially infect humans may threaten public health in South Korea due to altered antimicrobial resistance.

In this study, 117 of 127 isolates were resistant to \geq 3 antimicrobials, and 68% of the isolates were resistant to $5\sim$ 18 antimicrobials, which is higher than that observed

in previous studies conducted in South Korea (1.2~ 27%), Belgium (31%), Malaysia (21%), and China (20%) (Adzitey et al, 2012; Flament et al, 2012; Cha et al, 2013; Kim et al, 2016; Pan et al, 2010). Additionally, *Salmonella* spp. resistant to 18 antimicrobials in duck farms of South Korea were first detected in this study. These results indicate that the excessive use of antimicrobials in duck farms has increased the number of MDR *Salmonella* strains and rates of antimicrobial resistances. The high levels of resistance and existence of MDR *Salmonella* isolates, as revealed in this study, indicate the potential emergence of public health concerns.

In conclusion, this study demonstrates the prevalence and antimicrobial resistance of *Salmonella* spp. in duck farms of Jeollanam-do Province, South Korea. We found that *Salmonella* spp. commonly occur in duck farms, and their prevalence is not significantly dependent on whether the ducks are breeders or broilers. The highest resistance was observed in response to penicillin, followed by tetracycline and kanamycin. We believe our study provides useful information regarding the establishment of guidelines for antimicrobial agent usage in the duck production industry. Furthermore, the emergence of MDR *Salmonella* stains in duck farms suggest that antimicrobial must be used carefully to prevent public health issues.

ACKNOWLEDGEMENTS

This work was supported by Korean Institute of Planning and Evaluation for Technology in Food, Agriculture and Forestry (IPET) through the Animal Disease Management Technology Development Program, funded by the Ministry of Agriculture, Food and Rural Affairs (MA-FRA) (322002021HD020).

CONFLICT OF INTEREST

No potential conflict of interest relevant to this article was reported.

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