

AVALIAÇÃO DO MÉRITO TÉCNICO DO(A) CANDIDATO(A)

QUALIFICAÇÃO TÉCNICA	DESCRIÇÃO DO ITEM		DOCUMENTOS APRESENTADOS PONTUAÇÃO	RECURSOS TÉCNICOS	PONTUAÇÃO MÁXIMA TOTAL
a) Titulação Técnica Obrigatória (considerar somente a maior titulação)	Graduação		05 pontos	Graduação	20
	Pós-Graduação nas áreas relacionadas no Anexo I e conforme a Resolução n.º 04/2024/FAPESC, segundo a bolsa pretendida.		20 pontos	Mestrado	
			30 pontos	Doutorado	
b) Titulação Técnica Não Obrigatória	Pós-Graduação nas áreas relacionadas no Anexo I, conforme a modalidade de vaga pretendida.		05 pontos por diploma (máximo 01)	Especialização lato sensu (não obrigatório).	05
c) Capacidade Técnica Obrigatória	Capacidade técnica comprovada conforme especificações relacionadas no Anexo I, conforme a bolsa pretendida, nos últimos 05 (cinco) anos.		03 pontos por documento (máximo 10 documentos)	Documentos que comprovem a experiência técnica descrita no Anexo I, conforme a modalidade de vaga pretendida.	
d) Produção Científica* (Considerar o Web Qualis da CAPES 2017–2020)	Artigo publicado em periódicos, na área pretendida, conforme especificações do Anexo I, nos últimos 05 (cinco) anos (2020–2024)	Qualis A1	30 pontos	Documentos que comprovem a produção científica	28
		Qualis A2	26 pontos		
		Qualis A3	21 pontos		
		Qualis A4	15 pontos		
		Qualis B1	12 pontos		
		Qualis B2	10 pontos		
		Qualis B3	06 pontos (máximo 05)		
		Qualis B4	02 pontos (máximo 05)		
	Livro na área pretendida, conforme especificações do Anexo I, nos últimos 05 (cinco) anos		30 pontos (máximo 02)	Com ISBN	
	Capítulo de Livro na área pretendida, conforme especificações do Anexo I, nos últimos 05 (cinco) anos		13 pontos (máximo 02)	Com ISBN	
TOTAL					53

Nosocomial Infection in Veterinary Medicine: A Rare Event or Neglected by Veterinarians?

Antonio Pilegi SR^{1*}, Leandro P², Karine P², Farias VR¹ and Sandra Maria F¹

¹Department of Veterinary Medicine, State University of Santa Catarina, Brazil

²Department of Language, Technology, Education and Science, Federal Institute of Santa Catarina, Brazil

*Corresponding author: Ricardo Antonio Pilegi Sfaciotte, Department of Veterinary Medicine, Street Jerusalém, 354, Lages, Santa Catarina, Brazil, Tel: +55 44 99914-2027; Email: sfaciotte@gmail.com

Review Article

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Abstract

In humans, nosocomial infections (HI), also known as healthcare-associated infections (HAIs), are those acquired by patient during hospital stay. They are unrelated to the reason for which the patient was hospitalized, and may manifest, mostly due to bacteria, during or after hospitalization. The environment has a strong connection with cases of nosocomial infection in human medicine, however, in veterinary medicine, there is still not much information regarding this connection, since there is no effective data on these infections. The main multidrug-resistant microorganisms involved in nosocomial infections in humans are: Methicillin-resistant *Staphylococcus* (MRS), Vancomycin-resistant *Enterococcus* (VRE), Gram-negative bacteria (*Enterobacteriaceae* family, *Pseudomonas aeruginosa* and *Acinetobacter baumannii*) that produce extended-spectrum beta-lactamase (ESBL) and those producing carbapenemases. As previously mentioned, bacteria are the main microorganisms involved in cases of nosocomial infections, which may come from the patient himself (endogenous contamination) after an immunological decline or come from the environment or cross-contamination (other animals or via health professionals). Generally, the bacteria involved in nosocomial infections are multi-resistant to antimicrobials, especially those most used in hospitals, which makes treatment and patient improvement even more difficult. Despite research related to antimicrobial resistance, the reality of the clinical routine of animals does not seem to be in line with the world reality. There are few studies in veterinary medicine regarding nosocomial infections (some extremely punctual). In the other hand, these infections are already a reality in veterinary hospitals, mainly of small animals, and, unfortunately, they are most of the time neglected due to the difficulty of their traceability or even by the lack of knowledge.

Keywords: Veterinary Medicine; Nosocomial Infection; MRS; VRE; ESBL

Abbreviations: HI: Nosocomial Infections; HAIs: Healthcare-Associated Infections; MRS: Methicillin-resistant *Staphylococcus*; VRE: Vancomycin-Resistant *Enterococcus*; ESBL: Extended-Spectrum Beta-Lactamase; MRSA;

Methicillin-Resistant *Staphylococcus aureus*; PCS: Positive Coagulase; SCN: Negative Coagulase; SIG: *Staphylococcus Intermedius* Group; CoPS: Coagulase Positive *Staphylococcus*; KPC: *Klebsiella Pneumoniae* Carbapenemases.



Prevalence and antimicrobial susceptibility of *Streptococcus equi* isolated from horses in Santa Catarina state, Southern Brazil

Roberta F. Veiga¹ · Luiza N. Clarindo¹ · Arthur L. Fensterseifer¹ · Luis H. Pompelli¹ · Ricardo A. P. Sfaciotte¹ · David Germano G. Schwarz¹ · Lidiane R. Eloy² · Sandra M. Ferraz¹

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Abstract

The objective of this study was to determine the prevalence of *Streptococcus equi* (*S. equi* subsp *equi* and *S. equi* subsp *zooepidemicus*) in the state of Santa Catarina and evaluate the antimicrobial susceptibility of the isolates. For this, 420 nasal swab samples were collected from randomly selected horses. Isolation and phenotypic characterization of the bacteria were performed by sowing on 5% sheep blood agar, followed by analysis of morphotinctorial characteristics and biochemical analysis. To differentiate the main beta-hemolytic *Streptococcus* in horses, the fermentation profiles of the sugar's lactose, maltose, sorbitol, and trehalose were used, which were confirmed at the subspecies level by the PCR technique. The antimicrobial susceptibility panel was defined by the disk diffusion method, testing 13 antimicrobials from ten different classes, all regularly used in equine medical clinics, followed by the calculation of the multiple antimicrobial resistance index. Ten strains of *S. equi* were isolated, with a prevalence of 2.38% (10/420). Of the total positive samples, 3% (3/10) were confirmed as belonging to *S. equi* subsp *equi* and 70% (7/10) were confirmed as belonging to *S. zooepidemicus*. Multidrug resistance was observed in 60% (6/10) of isolates. The antimicrobial with the greatest resistance was clindamycin with 70% (7/10), followed by beta-lactams, with 40% (4/10) resistance to penicillin and 30% (3/10) to ceftiofur. The isolates were 100% (10/10) sensitive to gentamicin, chloramphenicol, levofloxacin, and vancomycin. This was the first study carried out in the state, and based on these data, it can be said that Santa Catarina has a low prevalence of *S. equi* and the presence of multi-resistant strains of *S. equi* was confirmed in the equine herd in Santa Catarina.

Keywords Strangles · Equine adenitis · Epidemiology · Multidrug resistance · Upper respiratory tract

Introduction

Brazil stands out on the global equestrian scenery, having the third largest herd of horses in the world, with approximately 6 million animals, with the highest concentration of these animals in the Southeast region [1]. Among Brazilian states, Santa Catarina has the fifteenth largest national

herd and stands out in the agricultural scenario due to its strategic position for the movement of animals through the southern region of Brazil and to neighboring countries, such as Argentina, Paraguay and Uruguay. In addition to being an important land route, the state also stands out as an international reference in the production of food of animal origin. This highlights the importance of constant vigilance regarding infectious diseases, with the state of Santa Catarina being a national reference in the control of these diseases.

Among cross-border control diseases, those of the respiratory system are of great importance due to their rapid spread in space and producing significant economic losses when they are not previously diagnosed and treated [2]. Diseases of the respiratory system are of great importance in equine farming, producing significant economic losses if their detection and treatment are not carried out early [3]. Among the pathologies that affect the respiratory tract, strangles and strangles-like diseases stand out. Although it

Responsible Editor: Luis Augusto Nero.

Roberta F. Veiga
vetrobertaveiga@gmail.com

¹ Departamento de Medicina Veterinária, Centro Agroveterinário, Universidade do Estado de Santa Catarina, Lages, SC 88520000, Brazil

² Departamento de Agrometeorologia e Forragicultura, Faculdade de Agronomia, Universidade Federal do Rio Grande do Sul, Porto Alegre, RS 91540000, Brazil

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