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## 食品和临床环境中大肠埃希菌耐药现状及健康风险研究

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**摘要:** 抗生素的滥用, 导致大量残留的抗生素及抗生素耐药基因在食品环境和临床环境中被检出。大肠埃希菌(*Escherichia coli*)作为食源性致病菌之一, 极易获得和传播耐药基因, 对多种抗生素产生耐药性。耐药性大肠埃希菌可以在食品环境和临床环境间传播, 使人体内菌群的耐药性增强。大肠埃希菌作为抗生素耐药基因的储存库, 其抗生素耐药性已严重威胁到食品安全和人类健康, 食品环境与临床环境中耐药菌株的出现成为全球关注的公共卫生问题。本文结合国内外研究进展, 综述了食品和临床环境中大肠埃希菌的耐药现状, 阐述了食品贸易对耐药性大肠埃希菌全球性传播的推动作用以及临床环境中耐药性大肠埃希菌的驱动因素, 探讨了耐药性大肠埃希菌在食品与临床环境间的传播途径以及对人体的健康风险, 以期对未来耐药性大肠埃希菌的研究和治理提供参考。

**关键词:** 大肠埃希菌; 耐药性; 食品环境; 临床环境; 多重耐药

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## Research progress on antibiotic resistance and health risk of *Escherichia coli* in food and clinical environment

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**Abstract** The abuse of antibiotics leads to the detection of many residual antibiotics and antibiotic resistance genes in food environment and clinical environment. As one of the foodborne pathogenic bacteria, *Escherichia coli* can easily acquire and spread antibiotic resistance genes and develop resistance to many antibiotics. Antibiotic resistance in *Escherichia coli* can spread between the food environment and the clinical environment, increasing the resistance of the bacterial community in the human body. As a repository of antibiotic resistance genes, antibiotic-resistant *Escherichia coli* has seriously threatened food safety and human health, and the emergence of antibiotic resistance strains in food environment and clinical environment have become a global public health concern. Based on the research progress both at home and abroad, this paper introduced the present situation of antibiotic-resistant *Escherichia coli* in food and clinical environment, elaborated the food trade to promote the spread of antibiotic-

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resistant *Escherichia coli* in global clinical environment and the driving factors of antibiotic-resistant strains of *Escherichia coli*. *Escherichia coli* resistance in the route of transmission between food and clinical environment and the risk to the health of human body are discussed, in order to provide a reference for future research and management of antibiotic-resistant *Escherichia coli*.

**Key words** *Escherichia coli*; Antibiotic resistance; Food environment; Clinical environment; Multiple antibiotic resistance

抗生素自问世以来,被广泛应用于临床治疗、动物养殖、农业生产等领域<sup>[1-3]</sup>。抗生素的过度使用及滥用,导致大量残留的抗生素及抗生素耐药基因在环境中被检出<sup>[4-6]</sup>,加快了耐药性产生和传播的速度<sup>[7-8]</sup>。耐药菌在世界各地不断出现并蔓延,呈现出耐药水平高,耐药模式复杂的特点<sup>[9-11]</sup>。

大肠埃希菌是人类和动物肠道中最常见的共生菌,也是重要的病原体之一,可引发多种人畜共患病<sup>[12]</sup>。同时大肠埃希菌作为抗生素耐药基因的储存库,极易获得和传播耐药基因,从而对多种抗生素产生耐药性<sup>[13-15]</sup>。耐药性大肠埃希菌可通过水平基因转移随食物链进入人体,对食品安全与人类健康构成严重威胁<sup>[16]</sup>。因此,加强抗生素的管控,遏制耐药性的发展迫在眉睫。本文结合国内外研究,综述了食品与临床环境中大肠埃希菌的耐药现状,阐述了食品及临床环境中大肠埃希菌耐药性的传播及对人体的健康风险,同时对未来耐药性大肠埃希菌的研究和防治进行了展望。

## 1 食品环境中大肠埃希菌的耐药现状

大肠埃希菌极易获得耐药性<sup>[17]</sup>,在抗生素广泛使用的驱动下,耐药性大肠埃希菌普遍存在于肉制品、水产品、农产品等食品环境。如表1所示,各个国家和地区的食品环境中均检测出耐药性大肠埃希菌,检出菌株均具有耐药水平高、范围广、形式复杂等特点<sup>[18-20]</sup>。

### 1.1 畜禽养殖及肉制品

畜禽养殖及肉制品中检测出大肠埃希菌耐药的现象十分普遍<sup>[21-22]</sup>。在美国、巴西、中国等全球主要的鸡肉出口国家,从鸡肉中检测到的大肠埃希菌对四环素、磺胺甲恶唑、链霉素和氨苄西林等抗生素的耐药率均高于40%<sup>[23]</sup>。中国是全球畜牧业中抗生素的主要使用者<sup>[24]</sup>。周玲等<sup>[25]</sup>采用Mate分析对中国

2005—2020年猪源大肠埃希菌的耐药性数据进行研究,发现大肠埃希菌对四环素类的耐药率在2005—2010年(94.5%)、2011—2015年(92.3%)、2016—2020年(96.3%)3个时间段均高于90%。中国作为抗生素使用大国,所检出的猪源大肠埃希菌对四环素类抗生素表现出较高的耐药性,这与Abdelgader等<sup>[26]</sup>的研究结果一致。有研究发现孟加拉<sup>[27]</sup>和突尼斯<sup>[19]</sup>肉制品中的大肠埃希菌对土霉素、氨苄西林具有较高耐药率,原因之一是土霉素、氨苄西林在畜禽养殖中被大量用于治疗或预防动物疾病。随着集约化养殖业的兴起与发展,全球各个国家在畜禽养殖中大量使用抗生素,使得动物在聚集性的养殖环境中反复高频率的接触抗生素,最终导致肉制品成为耐药基因传播的媒介,给人类健康带来潜在风险<sup>[28-30]</sup>。因此,在畜禽养殖中应加强抗生素使用的管控,缓解畜禽养殖及肉制品中大肠埃希菌的耐药现象。

### 1.2 水产养殖及水产品

四环素、阿莫西林和喹诺酮类等一系列用于提高水产养殖产量的抗生素正在世界范围内被广泛使用<sup>[31-33]</sup>。水产养殖业不恰当地使用抗生素导致水产品中检测出大量残留的抗生素,加剧了大肠埃希菌耐药性的传播<sup>[34]</sup>。在中国<sup>[18]</sup>、韩国<sup>[35]</sup>采集的水产品中均检测出耐药性大肠埃希菌,分离株对头孢唑林、头孢菌素和哌拉西林等不同种类抗生素表现出不同程度的耐药性。Said等<sup>[36]</sup>对从食用鱼类和贝类中分离的大肠埃希菌进行耐药性检测,结果表明大肠埃希菌对四环素表现出较高的耐药性,这与李景云等<sup>[37]</sup>的研究结果一致。Noor等<sup>[38]</sup>通过对水产品中分离的大肠埃希菌进行研究,发现分离株对头孢克肟(67%)、阿莫西林(33%)、氨苄西林(20%)等抗生素具有耐药性,其中对喹诺酮类抗生素如环丙沙星(67%)、萘啶酸(80%)的耐药率较高。Dib等<sup>[39]</sup>在阿尔及利亚采集

表1 食品环境中大肠埃希菌的耐药水平  
Tab. 1 Antibiotic resistance level of *Escherichia coli* in food environment

种类	国家	检出菌株/株	抗生素	耐药率/%	参考文献
畜禽养殖及肉制品	伊朗	<i>n</i> =60	庆大霉素、头孢呋辛、环丙沙星、复方磺胺甲恶唑、四环素	21.7、46.7、88.3、86.7、95.0	[83]
	中国	<i>n</i> =26	庆大霉素、头孢唑林、头孢呋辛、氨苄西林、舒巴坦、氨曲南、亚胺培南、环丙沙星、萘啶酸、磺胺甲恶唑、四环素、氯霉素	8.0、23.0、23.0、27.0、19.0、12.0、8.0、15.0、15.0、19.0、31.0、19.0	[122]
	突尼斯	<i>n</i> =55	四环素、磺胺、甲氧苄啶/磺胺甲恶唑、链霉素、萘啶酸、氨苄西林、环丙沙星、庆大霉素、阿莫西林、头孢噻吩、卡那霉素、妥布霉素	89.0、87.0、80.0、78.0、67.0、45.0、7.0、2.0、4.0、7.0、40.0、5.0	[19]
	孟加拉	<i>n</i> =86	头孢曲松、头孢吡肟、哌拉西林、阿莫西林、氨苄西林、氨曲南、甲氧苄啶、培氟沙星、替加环素、土霉素、四环素	2.3、72.1、70.9、91.9、89.5、1.2、88.4、88.4、2.4、93.0、84.9	[27]
	沙特阿拉伯	<i>n</i> =180	庆大霉素、新霉素、阿米卡星、头孢他啶、头孢曲松、头孢噻吩、头孢吡肟、头孢西丁、头孢氨苄、头孢克洛、头孢呋辛、哌拉西林、阿莫西林、氨苄西林、氨曲南、苯唑西林、环丙沙星、恩诺沙星、诺氟沙星、左氧氟沙星、复方磺胺甲恶唑、土霉素	21.0、21.0、2.0、1.0、1.0、2.0、1.0、1.0、14.0、10.0、1.0、28.0、43.0、51.0、1.0、99.0、59.0、10.0、10.0、1.0、11.0、97.0	[123]
水产养殖及水产品	韩国	<i>n</i> =34	庆大霉素、链霉素、妥布霉素、头孢西丁、头孢菌素、哌拉西林、阿莫西林、氨苄西林、舒巴坦、磺胺甲恶唑、环丙沙星、萘啶酸、四环素	5.6、26.5、61.8、5.9、55.9、20.6、5.9、26.5、11.8、5.9、8.8、17.6、50.0	[35]
	中国	<i>n</i> =36	庆大霉素、头孢唑林、头孢他啶、头孢吡肟、头孢噻肟、哌拉西林、阿莫西林、氨苄西林、氨曲南、环丙沙星、左氧氟沙星、复方磺胺甲恶唑、四环素	5.6、36.1、37.8、27.8、33.3、36.1、36.1、36.1、13.9、5.6、5.6、22.2、25.0	[18]
	突尼斯	<i>n</i> =24	链霉素、头孢他啶、氨苄西林、磺胺甲恶唑、环丙沙星、四环素	29.2、8.3、25.0、16.7、12.5、33.3	[36]
	孟加拉	<i>n</i> =6	链霉素、头孢克肟、阿莫西林、氨苄西林、磺胺甲恶唑、环丙沙星、萘啶酸、四环素	45.0、67.0、33.0、20.0、20.0、67.0、80.0、10.0	[38]
农业生产及农产品	加拿大	<i>n</i> =13	磺胺恶唑、氨苄西林、头孢曲松、四环素	61.5、23.1、15.4、15.4	[20]
	孟加拉	<i>n</i> =34	阿莫西林、头孢拉定、头孢氨苄	74.0、44.0、48.0	[52]
	韩国	<i>n</i> =120	庆大霉素、妥布霉素、头孢噻吩、头孢噻肟、头孢西丁、哌拉西林、阿莫西林/克拉维酸、氨苄西林、磺胺甲恶唑/甲氧苄啶、左氧氟沙星	12.5、1.7、62.5、2.5、1.7、12.5、1.7、16.7、5.0、4.2	[124]
	巴基斯坦	<i>n</i> =50	庆大霉素、头孢噻肟、头孢西丁、氨苄西林、氨曲南、亚安培南、环丙沙星、四环素	60.0、84.0、68.0、87.0、71.0、10.5、82.0、92.0	[51]
	印度、越南等发展中国家	<i>n</i> =60	庆大霉素、链霉素、新霉素、安普霉素、阿米卡星、头孢他啶、头孢噻肟、头孢西丁、氨苄西林、环丙沙星、复方磺胺甲恶唑、多西环素、四环素	8.3、25.0、5.0、5.0、1.7、5.0、11.7、20.0、15.0、53.3、10.0、65.0、61.7、50.0	[50]

的水产品中发现了多重耐药大肠埃希菌。从世界各地水产养殖及水产品中大肠埃希菌的分离鉴定及耐药性分析来看，耐药性大肠埃希菌在水产品中普遍存在<sup>[40-41]</sup>。人类食用含有耐药性大肠埃希菌的水产品极易发生耐药菌感染<sup>[42]</sup>，因此应对水产品中耐药性大肠埃希菌的传播机制进行深入研究，保障食品安全，降低人类的感染风险。

### 1.3 农业生产及农产品

农业生产及农产品中的耐药性大肠埃希菌是威

胁人类健康的潜在风险<sup>[43-46]</sup>。近些年，与新鲜农产品相关的食源性疾病数量一直在增加，其中大肠埃希菌是最常见的病原体<sup>[47-48]</sup>。Araujo等<sup>[49]</sup>发现耐药性大肠埃希菌可通过食用蔬菜传播给人类。姚旭等<sup>[50]</sup>对在印度、越南等发展中国家的蔬菜中分离出的60株大肠埃希菌进行药敏分析，结果表明大肠埃希菌对复方磺胺甲恶唑的耐药率最高为65.0%，对头孢噻肟(20.0%)、氨苄西林(53.3%)、四环素(50.0%)等抗生素表现出不同程度的耐药。Shah等<sup>[51]</sup>在蔬菜沙拉样品



中分离出50株大肠埃希菌, 对其进行耐药性研究同样发现大肠埃希菌对 $\beta$ -内酰胺类、四环素类和氯霉素类等抗生素表现出不同程度的耐药。Nawas等<sup>[52]</sup>从孟加拉国采集的沙拉中分离得到34株大肠埃希菌, 发现大肠埃希菌对阿莫西林、头孢拉定和头孢氨苄的耐药率分别为74%、44%和48%。据报道, 在加拿大<sup>[20]</sup>的植物性食品和中国<sup>[53]</sup>的凉拌菜样品中均分离出耐药性大肠埃希菌, 此外, 在尼泊尔<sup>[54]</sup>的蔬菜沙拉样品中检出的大肠埃希菌表现出多重耐药。农产品中大肠埃希菌的耐药及多重耐药问题不容忽视, 因此要加强对大肠埃希菌耐药机制的研究, 以遏制细菌耐药性的传播扩散。

#### 1.4 食品贸易加速耐药性大肠埃希菌的全球性传播

随着国际贸易规模的扩大, 进口食品中的耐药性大肠埃希菌在全球范围内被频繁检出<sup>[55-56]</sup>。Boss等<sup>[41]</sup>在瑞士进口海产品中检测到大肠埃希菌对环丙沙星(22%)、四环素(17%)等抗生素耐药。Bergenholtz等<sup>[57]</sup>在丹麦本地肉制品中未分离到对头孢噻唑耐药的大肠埃希菌, 而进口肉类中对其耐药的大肠埃希菌具有较高的流行率。由于食品贸易的全球化, 耐药性很容易通过食物链在全球范围内进行传播<sup>[58]</sup>。产超广谱 $\beta$ -内酰胺酶(extended-spectrum beta-lactamases, ESBLs)大肠埃希菌能水解第三代头孢菌素类药物, 对头孢他啶、头孢曲松等多种抗生素产生耐药, 并且可经食物链直接或间接传播给人类<sup>[59]</sup>。产ESBLs大肠埃希菌从全球各地的进口食品中分离出来, 成为威胁人类健康的全球性问题。多项研究在瑞典<sup>[60]</sup>、日本<sup>[61]</sup>等多个国家的进口食品中检测到产ESBLs大肠埃希菌。Jung等<sup>[20]</sup>从进口产品中检测出对氨苄西林、头孢曲松耐药的产ESBLs大肠埃希菌, 并从中发现一种与多重耐药性相关的可移动遗传元件。Egervarn等<sup>[60]</sup>在瑞典的进口肉制品中发现携带产ESBLs和对映异构体的大肠埃希菌, 此前在丹麦的进口肉类中发现过同样的情况<sup>[62]</sup>。Muller等<sup>[56]</sup>研究发现进口食品成为德国本土多重耐药和产ESBLs大肠埃希菌的重要来源。食物中携带的耐药菌及耐药基因会随着食品的进出口贸易传播到全球各个国家和地区, 加剧耐药性大肠埃希菌的全球性传播<sup>[63]</sup>。

## 2 临床环境中大肠埃希菌的耐药现状

### 2.1 临床环境中大肠埃希菌耐药性的驱动因素

致病性大肠埃希菌是食源性疾病的主要病原体之一<sup>[64]</sup>, 也是临床感染最常见的病原菌<sup>[65]</sup>, 药物不合理的使用是多重耐药菌感染的主要因素<sup>[66]</sup>。Browne等<sup>[67]</sup>分析了2000年至2018年间人类抗生素消费报告, 发现自2000年以来全球人类对抗生素的消费量增加了46%。临床医学中抗生素的广泛使用使人体微生物暴露在高浓度药物下, 这对大肠埃希菌施加了选择性压力, 从而增加了耐药性大肠埃希菌数量增多的风险<sup>[58]</sup>, 抗生素的大量消耗是临床环境中大肠埃希菌耐药性增长的主要驱动力。 $\beta$ -内酰胺类抗生素被大量用于临床治疗严重的细菌感染, 由大肠埃希菌携带的ESBLs是 $\beta$ -内酰胺类抗生素耐药的重要介体<sup>[68-69]</sup>。不仅如此, ESBLs基因作为耐药性的决定因素之一, 常与其他耐药基因整合在一起, 借助可移动遗传元件在不同菌株和菌种间传播, 加剧了多重耐药菌株的扩散<sup>[70]</sup>。大肠埃希菌携带的ESBLs是驱动耐药性增长的重要原因。此外, 有研究发现在临床上长期使用低剂量抗生素进行预防性治疗会对大肠埃希菌形成选择性压力<sup>[71]</sup>, 诱导耐药菌进行繁殖或者耐药基因发生突变, 这是导致大肠埃希菌耐药性增加的潜在驱动因素<sup>[72]</sup>。临床环境中大肠埃希菌耐药性的增加是不同驱动因素相互作用的结果<sup>[73]</sup>。

### 2.2 临床环境中大肠埃希菌耐药性的严峻形势

临床环境中的大肠埃希菌对多种常用抗生素具有不同程度的耐药性(表2)。国内外学者在临床样本中均分离得到耐药性大肠埃希菌, 并对这些大肠埃希菌进行了药敏分析。刘洁等<sup>[74]</sup>和朱文杰等<sup>[75]</sup>对中国临床样本进行了检测, 发现大肠埃希菌对氨苄西林、头孢唑啉、米诺环素和环丙沙星等抗生素的耐药率较高, 这与沙特阿拉伯<sup>[76]</sup>临床样本中的一项大肠埃希菌的研究结果一致。Lee等<sup>[77]</sup>研究了采集自韩国临床样本的1414株大肠埃希菌, 发现大肠埃希菌对头孢唑啉(86.0%)、头孢唑啉(93.6%)、头孢泊肟(99.5%)等多种抗生素具有较高的耐药性。有研究对来自伊朗的临床样本进行分析时发现大肠埃希菌对青霉素的耐药率达到了100%<sup>[78]</sup>。由此看来, 临床环

表2 临床环境中大肠埃希菌的耐药水平  
Tab. 2 Antibiotic resistance level of *Escherichia coli* in clinical environment

国家	样品	检出菌株/株	抗生素	耐药率/%	参考文献
中国	某三甲医院	<i>n</i> =1616	氨苄西林、头孢呋辛、米诺环素、环丙沙星、庆大霉素、阿米卡星、头孢他啶、哌拉西林/他唑巴坦、头孢哌酮/舒巴坦、头孢吡肟、亚胺培南、美罗培南、磷霉素、呋喃妥因、替加环素	74.3、49.5、50.0、39.0、29.5、27.6、24.8、5.7、4.8、29.5、3.8、3.8、4.8、5.7、1.0	[75]
印度	尿液样品	<i>n</i> =40	呋喃妥因、阿米卡星、氨苄西林、萘啶酸、头孢氨苄、阿莫西林、复方磺胺甲恶唑、环丙沙星	72.5、70.0、97.5、95.0、95.0、92.5、82.5、80.0	[85]
突尼斯	糖尿病患者	<i>n</i> =48	阿莫西林、替卡西林、甲氧苄啶-磺胺甲恶唑、磺胺、四环素、氧氟沙星、萘啶酸、妥布霉素、呋喃、黏菌素、硝基咪唑、卡那霉素、庆大霉素	39.5、37.5、33.3、33.3、31.2、18.7、18.7、8.3、6.2、6.2、4.1、4.1、4.1	[125]
孟加拉	尿路感染患者	<i>n</i> =60	头孢拉定、环丙沙星、左氧氟沙星、头孢曲松、四环素、头孢克肟、多西环素、复方磺胺甲恶唑、头孢他啶、头孢吡肟、庆大霉素、亚胺培南	25.0、25.0、28.3、33.3、33.3、35.0、36.7、46.7、61.7、65.0、71.7、98.3	[126]
伊朗	尿路感染患者	<i>n</i> =123	青霉素、四环素、对呋喃妥因、链霉素、氯霉素、磺胺甲恶唑、恩诺沙星、林可霉素、头孢菌素、氨苄西林、庆大霉素、环丙沙星、甲氧苄啶	100.0、74.0、5.7、53.7、25.2、30.9、33.3、29.3、20.3、36.6、17.1、19.5、16.3	[78]
沙特阿拉伯	重症监护病房	<i>n</i> =16	头孢他啶、头孢噻肟、头孢呋辛、环丙沙星、左氧氟沙星、庆大霉素、阿莫西林/克拉维酸、头孢曲松	56.0、56.0、56.0、44.0、38.0、38.0、25.0、6.0	[76]
韩国	尿路感染患者	<i>n</i> =1414	氨苄西林、阿莫西林/克拉维酸、甲氧苄啶/磺胺甲恶唑、环丙沙星、左氧氟沙星、头孢唑林、头孢呋辛、头孢泊肟、头孢曲松、阿米卡星、妥布霉素、庆大霉素	38.5、80.7、67.3、74.6、77.5、86.0、86.1、93.6、94.7、99.5、80.9、76.6	[77]

境中的大肠埃希菌耐药形势十分严峻。

大肠埃希菌对临床上常用的一些抗生素的耐药性有所增加，临床上检出的耐药菌株的数量不断攀升。Badura等<sup>[79]</sup>分离了来自临床患者的12万余株大肠埃希菌，检出耐药菌株的比例随着时间的推移而增加，最突出的是氨苄西林(1998年的25.4%—2013年的40%)、头孢噻肟(0.1%~6.7%)、头孢他啶(0.3%~14.2%)、环丙沙星(4.3%~16.7%)。从2005年开始，ESBLs阳性分离株的数量显著增加(0.1%~6.3%)。孟祥红等<sup>[80]</sup>对2008年至2010年中国某医院分离的大肠埃希菌进行了药敏分析，研究发现大肠埃希菌对亚胺培南、哌拉西林/他唑巴坦、阿米卡星3种抗生素的耐药率逐年上升。东欧的一项研究中报告了2011—2016年<sup>[81]</sup>产ESBLs大肠埃希菌(20.1%)的比例高于在2004—2010年<sup>[82]</sup>报告的比例(15.3%)，产ESBLs大肠埃希菌的检出率在东欧呈上升的趋势。这与在伊朗的食品<sup>[83]</sup>和临床<sup>[78]</sup>环境中发现的产ESBLs大肠埃希菌的流行趋势一致。

迄今为止，临床环境中多重耐药、泛耐药甚至是全耐药细菌不断被发现，耐药菌通常表现为交叉

耐药和多重耐药的特性。Jafri等<sup>[84]</sup>对巴基斯坦临床样本中的大肠埃希菌进行药敏分析，发现约65%的大肠埃希菌为多重耐药菌株，即对3种或3种以上抗生素耐药，多重耐药的情况十分明显。Mukherjee等<sup>[85]</sup>分析了来自印度住院患者样品中的大肠埃希菌，发现菌株对呋喃妥因(72.5%)、阿米卡星(70%)、氨苄西林(97.5%)、萘啶酸和头孢氨苄(95%)、阿莫西林(92.5%)、复方磺胺甲恶唑(82.5%)和环丙沙星(80%)耐药率较高，并且几乎所有的菌株都表现出多重耐药性。

临床环境中大肠埃希菌对常用抗生素的耐药性在全球范围内呈上升趋势，尤其是多重耐药菌株的出现增加了临床治疗的难度，严重危害人类健康<sup>[86]</sup>。因此，应充分了解临床中大肠埃希菌的耐药趋势，合理使用抗生素，积极探索新的治疗方案。

### 3 耐药性大肠埃希菌在食品与临床环境间的传播

耐药性大肠埃希菌可以在食品环境和临床环境间传播<sup>[87]</sup>。*bla*<sub>CMY-2</sub>和*incK*是欧洲肉鸡分离出的大肠埃希菌中常见的ESBLs的基因组合<sup>[60]</sup>，这种基因组合已经在瑞典<sup>[88]</sup>和加拿大<sup>[89]</sup>的临床环境中传播。Eshrati等<sup>[90]</sup>研究了产ESBLs大肠埃希菌在食物链(鸡肉样品)

和败血症人群之间的传播关系,结果表明鸡肉样品在食物链中的污染是败血症人群存在产ESBLs大肠埃希菌感染的主要原因之一。大肠埃希菌的耐药性面临从食品环境向人类扩散的风险<sup>[63]</sup>。此外,在人类临床样本和食物来源的大肠埃希菌中发现诸多可移动遗传元件。荷兰一项研究发现,从肉鸡中分离的大肠埃希菌所携带的ESBLs基因和质粒同样存在于临床分离菌株中<sup>[91-92]</sup>。Sunde等<sup>[93]</sup>分别对来自挪威肉类和血液感染的耐药大肠埃希菌进行进一步检测,发现整合子在临床大肠埃希菌中的出现频率显著高于肉源大肠埃希菌。大肠埃希菌可以通过质粒、整合子等可移动遗传元件的水平传播获得耐药基因,耐药性可通过这些可移动遗传元件在各种环境中发生转移<sup>[14, 94-96]</sup>。

抗生素耐药性是一个生态系统问题,耐药性可以通过水循环<sup>[97]</sup>、空气<sup>[98]</sup>和土壤<sup>[99]</sup>等多种直接和间接的途径在动物、环境和人类等不同的环境中进行传播<sup>[100]</sup>。大肠埃希菌的耐药性可以通过水循环在临床环境和污水处理厂之间进行传播<sup>[97]</sup>。有研究在污水处理厂的末端出水中检测到含有携带耐药基因的细菌分离株,这些耐药基因会随着出水被释放到环境中,导致耐药菌的进一步传播<sup>[101]</sup>。Girijan等<sup>[102]</sup>在医院污水直接排放点附近的沉积物样本中检测到耐药性大肠埃希菌。医院污水的排放加剧了耐药菌和耐药基因的传播,使得耐药性通过水生生态系统进入食品环境,人类通过食用受污染的食物而获得耐药性。在畜禽养殖、果蔬种植和人类疾病治疗中使用的抗生素大量重叠,这可能导致由大肠埃希菌引起的腹泻、感染等疾病发病率的增加<sup>[103]</sup>。黏菌素在临床上被广泛用于治疗大肠埃希菌引发的疾病,同时也在各种肉类和蔬菜中经常检测出携带黏菌素耐药编码基因的大肠埃希菌<sup>[104]</sup>。此外,Wang等<sup>[105]</sup>研究发现由于黏菌素在畜禽养殖和人类医疗中的广泛使用,导致黏菌素耐药基因从环境转移到临床环境中,临床中耐药性分离株的数量不断增加。耐药性大肠埃希菌可通过多种途径在食品与临床环境间进行传播,同时也给人类健康带来潜在的风险<sup>[106-107]</sup>。因此,应优化食品生产流程,管控临床治疗中抗生

素的使用,加强对大肠埃希菌耐药数据的监测,对耐药性传播途径进行深入研究,减少耐药性大肠埃希菌在环境间的传播,遏制大肠埃希菌耐药性不断攀升的局面。

#### 4 人体健康风险

大肠埃希菌是引起腹泻、败血症和尿路感染等疾病的主要病原体<sup>[108]</sup>。大量的抗生素被用于治疗由大肠埃希菌引起的疾病<sup>[109]</sup>,在减轻了传染病负担的同时导致耐药性大肠埃希菌的出现。在临床上对抗生素对疾病的治疗逐渐丧失效力,耐药性大肠埃希菌的传播导致其引起的疾病不能得到有效的治疗,患者会出现严重的并发症从而引发身体机能的损害<sup>[24]</sup>。抗生素大量用于医疗领域的同时,还被广泛用于食品生产的不同环节,多种类、大剂量的抗生素被添加到饲料中用作食用动物的生长促进剂以提高产量,在果蔬种植中用作农药喷洒以预防虫害等<sup>[110-111]</sup>。在生产活动中使用的抗生素残留将会扩散到周围水体或者渗入地下水造成水污染,有研究在尼日利亚的鱼塘里检测出耐药性大肠埃希菌,发现大肠埃希菌对呋喃妥因、庆大霉素等抗生素耐药率较高<sup>[112]</sup>,水环境将成为庞大的耐药基因储藏库<sup>[97]</sup>。同时,在畜禽养殖中动物不能有效地代谢体内的抗生素,含有抗生素残留物的动物粪便通常作为肥料与土壤进行混合用于农业生产,长期施用将会导致土壤中细菌的耐药水平增加<sup>[113-114]</sup>。大肠埃希菌的耐药性将会通过被污染的水、土壤、食物链等多种途径进行传播,最终传播给人类,耐药基因随之转移到人体肠道内的细菌,使人体内菌群的耐药性增强<sup>[115-116]</sup>。

大肠埃希菌是耐药基因在环境和人体间转移的重要媒介<sup>[117-118]</sup>。抗生素在临床和食品中的大规模使用,对人类的危害表现在多个方面<sup>[119]</sup>,增强了人体内大肠埃希菌的耐药性<sup>[115-116]</sup>,增加了大肠埃希菌感染类疾病的治疗难度<sup>[24]</sup>,提高了临床治疗成本<sup>[120]</sup>。食品贸易的流通加速了耐药性大肠埃希菌的全球性传播<sup>[121]</sup>,加剧了对人体健康的威胁<sup>[47]</sup>。人类现代生产和生活方式驱动了细菌耐药性的产生,而人类对抗生素的过度使用及监管的缺失进一步加速了抗生素耐药性在环境中的扩散和传播。在这种严峻的形



势下,如何在临床治疗上合理用药,如何在生产活动中有效预防和控制动植物疾病,如何控制耐药菌不断增加、耐药模式愈发复杂的窘境是当今亟待解决的问题。

## 5 展望

耐药性大肠埃希菌已经严重威胁到了食品安全和人体健康。在经济发展全球化推动下,抗生素耐药性通过食物链以及食品贸易在世界各个国家间传播,其中耐药性在蔬菜、水果等农产品中的传播是一个被低估的耐药来源。食品和临床环境中频繁检测出耐药性大肠埃希菌,特别是多重耐药性大肠埃希菌的出现频率急剧增加,导致临床用药困难,对现有的医疗条件提出了极大的挑战。因此在“后抗生素”时代,对未来耐药性大肠埃希菌的研究和治理进行了一些展望,包括:

(1)应全面加强国际合作,加快构建和完善全球耐药性监测系统,利用大数据对耐药数据进行分析利用,整合资源,共同治理。

(2)要加强对食品生产中抗生素使用的管控,并对大肠埃希菌通过食物链进入人体的传播机制以及其耐药性在环境中的传播途径进行深入探究。

(3)在临床上面对细菌感染,应逐步减少对抗生素的依赖,规范用药的同时积极探索新的治疗方案,加强探索毒力基因与大肠埃希菌耐药性之间的关系,为临床合理用药提供理论依据。

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