

An Overview Of Brucellosis Epidemiology, Management Approaches, And Public Health Concern

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Abstract

The zoonotic disease known as brucellosis is caused by a number of different species of the genus *Brucella*. Not only does it primarily impact cattle and wildlife, but it also poses serious hazards to public health, particularly in areas where hygiene, food safety, and veterinary care standards are not as high as they should be. It is possible for humans to get the disease by consuming contaminated animal products or by interacting with animals that are afflicted.

It can be concluded that brucellosis is a significant zoonotic disease that has ramifications for the health of the general populace. It is imperative that efforts be directed toward the development and implementation of efficient animal immunization programs, as well as the improvement of diagnostic tools, antibiotic stewardship, and in the fight against antibiotic resistance. When it comes to addressing the adverse effects that brucellosis has on global health, interdisciplinary collaboration and continued research are absolutely necessary.

Keywords: *zoonotic disease, genus Brucella, brucellosis.*

Introduction

The human brucellosis that is produced by *Brucella* species is a concern for public health all around the world. *Brucella*, the bacteria that causes the disease, was found for the first time in 1884 in the spleen of a soldier who had passed away as a result of the infection. The incubation period for these bacteria normally ranges from five to sixty days, but it is typically between one and two months [1]. These bacteria are small, aerobic, gram-negative rods that belong to the genus *Brucella*. Both small ruminants and

bovines, which excrete the bacteria in milk and reproductive discharges, are primary sources of infection for people. Additionally, the most common ways for humans to become infected are through contact with contaminated animals and the eating of dairy products that have not been pasteurized [2].

The *Brucella* genus now consists of twelve species, six of which are classical and six of which are unusual. A recent study found that two separate isolates from humans in French Guiana represent a new species of *Brucella*. This new

species is proposed to be called *Brucella amazoniensis* sp. nov. For humans, the disease is mostly caused by *Brucella melitensis*, which is the species that is regarded to be the most harmful. *Brucella suis* is the species that comes in second place, while *Brucella abortus* is thought to be the mildest variety of brucellosis. Brucellosis has a significant impact on both human health and the animal farming industry. This is due to the fact that *Brucella* strains are responsible for severe clinical manifestations in humans, such as fever, sweating, and fatigue. Additionally, *Brucella* strains are responsible for enormous economic losses in animal farming due to issues such as abortion and a decrease in milk productivity [3].

As a result of the intracellular nature of the organisms, which means that bacteria continue to live and grow within the cells, treatment for brucellosis in animals is often futile. A *Brucella* infection normally spreads across the herd through ill cattle. Additionally, the disease can be acquired through the fomites or the sperm of bulls that are infected with the disease. Within an area where *Brucella* is endemic, the most efficient method of managing the disease is by the immunization of calves or heifers. It is important that newly brought cattle are not infected with *Brucella* and that they originate from disease-free regions [4]. Before new animals are allowed to join the group, they are required to undergo testing for *Brucella* infection and be placed in quarantine period. To eradicate brucellosis, diseased cattle can be quarantined, vaccinations can be administered, and test-and-slaughter procedures can be utilized. In addition, eradication programs emphasize the significance of conducting a variety of investigations and tracing individuals. The majority of disinfectants that are commonly available are effective against *Brucella* germs. Both strain 19 and strain RB51 of the *B. abortus* vaccine are utilized in the management of brucellosis in public settings and as a component of the vaccination strategy for eradication [5].

In conclusion, the review highlights the importance of maintaining research efforts and working together across disciplines in order to create successful ways for controlling and preventing brucellosis. This is especially

important for public health officials, healthcare providers, and veterinary professionals. A full overview of brucellosis and its influence on the health of people all around the world is provided by this.

Review:

Brucellosis is the name given to a series of zoonotic infections that are caused by members of the genus *Brucella* and are extremely contagious. Through direct or indirect contact with infected cattle or their discharges, historically associated Brucellosis is often spread to other cattle. This can occur either directly or indirectly. The bacteria that are present in large quantities in birth products and uterine discharge are responsible for the transmission of brucellosis in cattle. This process takes place when cattle consume contaminated feed and drinking water that is infected with the bacteria. It is also common practice for cattle to lick their fetuses and newborn calves, both of which are known to contain extremely high concentrations of germs and are the primary source of infection. Another method of transmission of the *Brucella* infection is through the consumption of pooled colostrum by newborn calves. The transmission of *Brucella* infection by sexual contact in cattle is extremely uncommon. However, it has been demonstrated that the illness can be passed from infected animals to healthy cattle through the process of artificial insemination [6]. In most cases, *Brucella* infections are contracted by humans through the consumption of milk or milk products that have not been pasteurized. A source of disease in humans can also be caused by the mucosa or abrasions of diseased cattle interacting with the fluid or tissues of embryos that have been aborted for medical reasons. Brucellosis is most commonly transmitted to humans through occupational contact with cattle or items derived from cattle. Individuals who work in slaughterhouses, farms, and laboratories, in addition to veterinarians, are recognized as being at risk for contracting *Brucella* [7].

The occurrence of *Brucella* infection is influenced by a number of parameters that are related with the management system, the host, and the environment. Among these include the age, gender, and breed of cattle, as well as the size and type of herd, as well as agroecology. One of the factors that has been identified as being intrinsically linked to *Brucella* infection is age. *Brucella* organisms have been shown to have a higher seroprevalence in adult cattle compared to young cattle, according to study findings. Cattle that are sexually mature and pregnant have a higher risk of contracting *Brucella* than cattle that are sexually immature. This is due to the fact that the *Brucella* organism causes a response in the reproductive system. This response is caused by the concentration of erythritol sugar that is produced inside the fetal tissues of cattle. This sugar stimulates the proliferation of *Brucella* organisms. The higher prevalence of *Brucella* in adults, on the other hand, has been linked to longer periods of contact with infected cattle. In addition, this may be of critical importance in the herd, even if the positive animals are not eliminated [8].

There has been earlier discussion regarding the impact that sexual orientation has on the incidence of *Brucella* infection in cattle. It is more likely for female cattle to be infected with *Brucella* than it is for male cattle. It may be related to the biology of the *Brucella* organism and its tropism to the tissues of the fetus, despite the fact that this is one of the more difficult things to explain. Due to the fact that males who are infected with *Brucella* have symptoms such as epididymitis and orchitis, the incidence of the disease in males may be lower than in females. As a consequence, males may be eliminated from the population more rapidly. Nevertheless, the absence of symptoms such as metritis or abortion in diseased females who are not pregnant may also indicate that there is a higher prevalence in females that are affected by the condition. For cattle that are not pregnant, brucellosis can develop into a chronic condition. After the initial immune reaction in cattle that are symptomless carriers, the antibodies vanish from the circulation, and it can be difficult to identify them using traditional serological procedures [9]. This has significant implications

for epidemiology because of the fact that it is difficult to identify the antibodies.

There is a lack of consensus among investigators about the question of whether or not certain breeds are more likely to be infected with *Brucella*. Some findings indicated that there was no association between breeds, while others indicated that there was a larger seroprevalence of *Brucella* infection in indigenous cattle than in cross-breed animals [10]. As a result, it has been discovered that the seroprevalence of *Brucella* infection is higher in cross-breed cattle than in local-breed (indigenous) cattle.

An additional risk factor for *Brucella* infection is the size of the herd, with the risk being highest in herds that are particularly large. This may be explained by the increased likelihood of finding at least one seropositive cattle, the increase in the spread of brucellosis through interaction between members of the herd, the utilization of common grazing spaces, or the inadequacy of cleaning and disinfection methods on large farms. There may be a connection between the low frequency of *Brucella* infection in small herds and the management of the herd and/or the farms. Consequently, tiny herds frequently graze in close proximity to other pastures, which enables interactions with other herds to be managed or managed through community means. It is possible to easily manage a small herd during delivery, and it is common practice to separate calves from the herd periodically while they are in the process of giving birth. Under the circumstances of an abortion, this is of the utmost significance in order to avoid the contamination of the pasture. When it comes to small herds, the most prevalent method of making substitutes is to relocate animals, and commercial trade is not very common. In light of this, the decreased rate of movement of cattle results in a decreased likelihood of disease transmission. In contrast, the movement of cattle in big herds is common, and this movement occurs for both the purpose of replacement and for trade. As a result, the risk of *Brucella* infection is increased [11].

Herding many species within a herd has been identified as a risk factor for brucellosis, despite the fact that there is no evidence to suggest that

certain species are more susceptible to *Brucella* infection than others. As a consequence of this, the explanation for the greater prevalence of brucellosis when different species mix is not entirely obvious; nonetheless, it may be connected to a higher risk of being infected with brucellosis due to the fact that there are multiple sources of the disease. Infection with *Brucella* is quite unlikely to be transmitted from small ruminants to cattle. Despite this, the fact that *B. melitensis* biovar 3 has been isolated from cattle milk [12] shows that some cases of bovine brucellosis may have originated from small ruminants. This is because the threat to cattle on farms that also contain small ruminants suggests that small ruminants may have been the source of the disease.

It is not surprising that the concept of "One Health" in relation to brucellosis has been the subject of at least ten publications, either in general or when applied to specific situations. This is due to the fact that there is a wide variety of hosts, a variety of transmission routes, the impact on animal and human welfare, and the conditions and worldwide distribution of the countries that are affected. The biological characteristics of the parasite, its transmission patterns, control and immunization strategies, and the levels of intersectoral collaboration are summarized in these studies, with varying degrees of focus. In this section, we will supplement the studies that have been done previously by first giving some thought to the degree to which the One Health paradigm alters our perspective on this zoonosis [12].

The prevalence of *Brucella* infection in people is linked to the prevalence of the disease in cattle that are located in close proximity. Brucellosis is a disease that is quite frequent among humans and animals in impoverished nations. Each year, there are a number of instances of brucellosis that are reported. Fever, sweating, anorexia, malaise, weight loss, sadness, headache, and joint pain are some of the symptoms that can be experienced by persons diagnosed with brucellosis. It is possible to cause confusion between this sickness and other infections, such as influenza and malaria [13].

The prevention and control of brucellosis is of the utmost importance, and in order to accomplish this goal, it is essential to have a comprehensive grasp of the route of transmission of the disease. There are multiple routes via which brucellosis can be transmitted to human beings. The primary mode of transmission of brucellosis is through direct contact with infected animals or their bodily fluids, which can include vaginal discharges, aborted materials, and sperm. Individuals that work closely with livestock, such as farmers, veterinarians, and livestock handlers, are at a greater risk of catching the disease due to the fact that they have regular encounters with animals [14].

Additionally, brucellosis can be transferred through the eating of raw or unpasteurized dairy products derived from animals that are infected with the disease. These products include cheese and milk. The fact that human infection can be caused by the eating of these contaminated food products highlights the significance of implementing food safety practices in order to stop the spread of the disease [15].

It is possible for the airborne transmission of *Brucella* germs to become a cause for worry in some occupational contexts, such as slaughterhouses and facilities that process meat. The workers in these surroundings have the potential to ingest airborne agents, which could lead to an infection if they are exposed to them. This underscores the importance of developing adequate safety procedures in the workplace and making use of protective equipment that is appropriate [16].

Human brucellosis is a considerable risk factor for occupational exposure, particularly for persons working in professions such as butchering, laboratory work, and hunting, who come into close contact with infected animals or the products of those animals. The implementation of occupational health precautions is absolutely necessary in order to reduce the impact of this risk [17].

It is not unusual for human brucellosis infections to be acquired in a laboratory setting. In a hospital facility in Ankara, for instance, twelve

out of forty-eight healthcare workers tested positive for *Brucella* species. This resulted in an infection risk of eight percent per worker per year. Despite the fact that transmission from person to person is extremely uncommon, it is essential to be aware of other possible avenues of brucellosis transmission. Blood transfusions and bone marrow transplants are two examples of these procedures, which highlight the significance of antibody detection technologies, particularly in regions where the disease is pervasive [17].

Additionally, brucellosis can be transferred through the inhalation of aerosols, through contact with infected skin, and through the colonization of the udder through the use of milking equipment that is affected by contamination. The fact that brucellosis is considered to be a potential class B bioweapon is something that should be discussed. In addition, the handling of milk, milk products, and meat in an unsanitary manner has been a contributing factor in the propagation of human brucellosis, underscoring the zoonotic nature of the disease. In conclusion, workplace exposure is a major cause for concern when it comes to the transmission of brucellosis. It is imperative that professionals working in particular sectors be aware and take the necessary precautions in order to lessen the likelihood of contracting an infection. Additionally, public health actions should be taken to address the potential transmission sources [18].

There is a possibility of indirect transmission if the individual comes into contact with contaminated settings or objects. Infection can occur in individuals who come into contact with surfaces or objects that are contaminated with *Brucella*. In order to lessen the likelihood of an indirect transfer occurring, it is necessary to implement appropriate sanitation and hygiene procedures [18].

Conclusion:

Brucellosis has a range of negative impacts on the immune system, blood clotting, standard blood tests, liver function, and kidney function. In addition, measuring CRP levels and doing D-

dimer assays can serve as useful indications for both diagnosing and monitoring cases of human brucellosis. The primary consequences connected with brucellosis were the involvement of the bones, joints, and external genitalia. This study highlights the significance of doing follow-up assessments with brucellosis patients post-treatment. This allows for a more comprehensive evaluation of the long-term effects of the disease and facilitates the implementation of appropriate infection control measures. Urgent measures are required to establish stringent intervention methods and enhance diagnostic skills for brucellosis. Vaccination is an effective strategy for managing the transmission of brucellosis, especially in animals. Multiple vaccines have been created for animals, however, their effectiveness varies. Currently, there is no existing vaccine for humans. At present, there are no authorized vaccinations for brucellosis in humans. The lack of readily available immunizations impedes endeavors to control the disease in humans. Therefore, the most effective method to avoid human infection is by managing animal brucellosis. Vaccinating young female cattle is the most appropriate method for managing *Brucella* infection. *Brucella abortus* can be eliminated by isolating infected cattle, administering immunizing medications, and using test-and-slaughter protocols. Hence, it is crucial to adopt relevant management strategies and enhance public knowledge on the spread of brucellosis. Additionally, further investigation should be carried out on brucellosis in populations at high risk.

Reference

- [1] Gul ST, Khan A. Epidemiology and epizootology of brucellosis: a review. *Pak Vet J.* 2007;27:145–151.
- [2] Ashagrie T, Deneke Y, Tolosa T. Seroprevalence of caprine brucellosis and associated risk factors in South Omo Zone of Southern Ethiopia. *Afr J Microbiol Res.* 2011;5:1682–1685.
- [3] Borba MR, Stevenson MA, Goncalves VS, et al. Prevalence and risk-mapping of bovine brucellosis in Maranhao State,

- Brazil. *Prev Vet Med.* 2013;110:169–176. doi: 10.1016/j.prevetmed.2012.11.013
- [4] Megersa B, Biffa D, Abunna F, Regassa A, Godfroid J, Skjerve E. Seroprevalence of brucellosis and its contribution to abortion in cattle, camel, and goat kept under pastoral management in Borana, Ethiopia. *Trop Anim Health Prod.* 2011;43:651–656. doi: 10.1007/s11250-010-9748-2
- [5] Munoz PM, Boadella M, Arnal M, et al. Spatial distribution and risk factors of Brucellosis in Iberian wild ungulates. *BMC Infect Dis.* 2010;10:46. doi: 10.1186/1471-2334-10-46
- [6] Talukder BC, Samad MA, Rahman AK. Comparative evaluation of commercial serodiagnostic tests for the seroprevalence study of brucellosis in stray dogs in Bangladesh. *Bangladesh J Vet Med.* 2012;9:79–83. doi: 10.3329/bjvm.v9i1.11217
- [7] Coelho AM, Díez JG, Coelho AC. Brucelosis en pequeños rumiantes: efecto de la aplicación de un programa especial de vacunación en masa con REV-1. *REDVET. Rev Electron de Vet.* 2013;14:1–16.
- [8] Mai HM, Irons PC, Kabir J, Thompson PN. A large seroprevalence survey of brucellosis in cattle herds under diverse production systems in northern Nigeria. *BMC Vet Res.* 2012;8(144):1–14. doi: 10.1186/1746-6148-8-144
- [9] Nahar A, Ahmed MU. Sero-prevalence study of brucellosis in cattle and contact human in Mymensingh district. *Bangladesh J Vet Med.* 2009;7:269–274. doi: 10.3329/bjvm.v7i1.5071
- [10] Yohannes M, Mersha T, Degefu H, Tolosa T, Woyesa M. Bovine brucellosis: serological survey in Guto-Gida District, East Wollega Zone, Ethiopia. *Global Veterinary.* 2012;8:139–143.
- [11] Reviriego FJ, Moreno MA, Dominguez L. Risk factors for brucellosis seroprevalence of sheep and goat flocks in Spain. *Prev Vet Med.* 2000;44:167–173. doi: 10.1016/S0167-5877(00)00108-2
- [12] Center for Food Security & Public Health. Bovine Brucellosis: *Brucella Abortus.* Ames, Iowa: College of Veterinary Medicine, Iowa State University; 2009.
- [13] Claudia AC, Díez JG, Coelho AM. Risk factors for *Brucella* spp. in domestic and wild animals. INTECH, World's largest Science, Technology and Medicine Open Access book publisher; 2015:1–18.
- [14] Jackson R, Pite L, Kennard R, et al. Survey of the seroprevalence of brucellosis in ruminants in Kosovo. *Vet Rec.* 2004;154:747–751. doi: 10.1136/vr.154.24.747
- [15] Smits HL. Brucellosis in pastoral and confined livestock: prevention and vaccination. *Rev Sci Tech.* 2013;32(1):219–228. doi: 10.20506/rst.32.1.2200
- [16] Sammartino LE, Gil A, Elzer P. Capacity building for surveillance and control of bovine and caprine brucellosis. *FAO Animal Production and Health Proceedings - AO/WHO/OIE Expert and Technical Consultation.* Rome; 2006:55.
- [17] Kataria AK, Gahlot AK. Evaluation of oxidative stress in *Brucella* infected cows. *J Stress Physiol Biochem.* 2010;6:2.
- [18] Islam MA, Khatun MM, Were SR, Sriranganathan N, Boyle SM. A review of *Brucella* seroprevalence among humans and animals in Bangladesh with special emphasis on epidemiology, risk factors and control opportunities. *Vet Microbiol.* 2013;166:317–326. doi: 10.1016/j.vetmic.2013.06.014