Selected results of surveys on brucellosis in small ruminants and cattle in traditional farming systems in regions of The Gambia and Guinea, the associated public health risk and perception of farmers & stakeholders

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# Consumer Safety and Public Health Project at International Trypanotolerance Center, ITC The Gambia, 2000–2010 Support: FU Berlin (iniated) and GIZ DFID, PROCORDEL, Belgium Gov Mdangane Raolack Nioro Banjulo Banjulo Bounding Mdangane Safribio Atlantic Dioubulou Bounding Safribio Ceean Bignona Safribio

# Consumer Safety and Public Health Project

# **Overall objectives and actitivities:**

Public health risk, including zoonoses, derived from consumption of animal products

Milk hygiene & Meat hygiene

Zoonosis: Bovine tuberculosis & cysticercosis

Rift Valley Fever

Brucellosis (2001-2006)

Related activities: Capacity building

Training/awareness campaigns
Installation of Milk Processing Units

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# Surveys on brucellosis in The Gambia and Guinea

# Situation prior to the project:

- → Elevated abortion rates observed by farmers in animals of usually unknown ethiology Brucellosis?
  - Little known on perception of farmes on zoonoses
- → Little awareness & lack of diagnostic capacity of VH & PH services

  Problems in man: "Flu-like" or "malaria like" leading symptoms

  ⇒ therefore not considered/detected in local health centres!
  - → Milk mainly consumed fresh or fermented

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# Surveys on brucellosis in The Gambia and Guinea

# **Objectives**

- To assess the current status of the brucellosis due to *Brucella spp.* in cattle & small ruminants in selected regions of The Gambia and Guinea, by serological screening
- To investigate potential infections in humans at risk of contact with positive animals
- To understand the importance & perception of farmers and risk groups towards brucellosis

# Steps

- 1. On-farm screening
  - 1. Cattle (2001-2003)
  - 2. Small ruminants (2004-2005)
- 2. PRA Disease importance ranking (farmer /risk groups, 2003-4)
- 3. Investigations in man (2003-2005)
- 4. Interventions (milk processing, 2004 onwards)

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# Brucellosis - on farm screening



**Cattle (herds):** 2001-2003

Step 1: Questionnaire

(background data on brucellosis)

Step 2: 17-20 herds/region

Sampling: up to 45 cattle per herd (> 6 month, expected P: 10%)

& bulk milk sample)





Step 1: Questionnaire

(background data on brucellosis)

Step 2: 14-15 villages/region

Up to 59 SR (>6 mth.) per village

(expected P: 5%)

& bulk milk samples if applicable

# Brucellosis - serological screening in man and tests applied

Humans: Volunteers in each selected region and samples from

local hospitals\* The Gambia: CRD

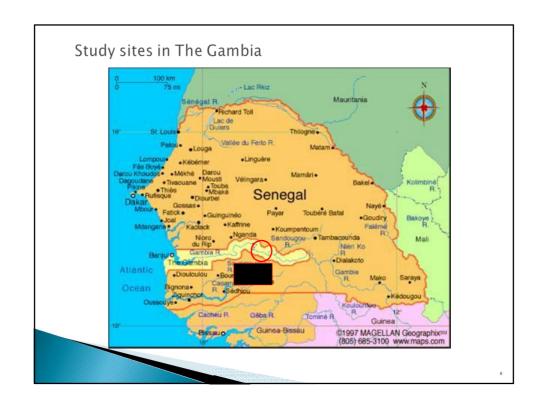
Guinea: Dubreka and Kindia

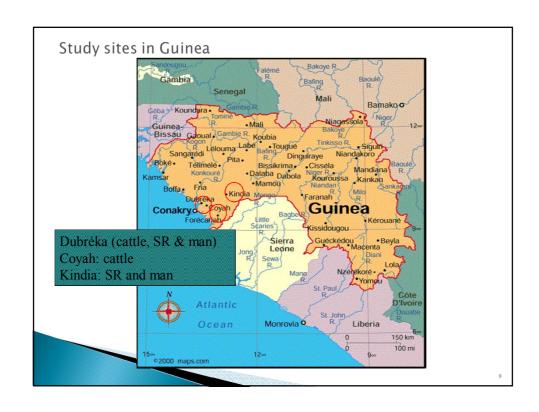
Tests applied: Rose Bengal Plate Test (serum)

Complement Fixation Test (serum)

Milk ELISA (bulk milk already fermented)
Milk Ring test (MRT) (bulk milk)

\* Case definition used





# Bovine brucellosis - results cattle

Results	The Gambia	Guinea	
	CRD	Dubreka	Coyah
Herds sampled	20	17	18
Cattle sampled	465	749	810
Individual animal prevalence (%)	1.1ª	12.7b	5.9a
Herd prevalence based on serum (%)	15.0a	94.1ª	83.3ª
Herd prevalence based on bulk milk (%)	15	80	Not applied.
Percentage of herds with "Within herd prevalence" ≥ 10%	1	10	5

**Seropositivity** and **abortion history** for cattle: **Odds ratio: 8.0** (4.9,1.7) **Seropositivity increased** with **herd size** and **age** of cattle.

a:b: Differences between districts (<0.05)

# Brucellosis in SR - results

Results brucellosis	The Gambia		Guinea	
	Lower Saloum (CRD)	Niamina Dankunku (CRD)	Dubreka	Kindia
Herds sampled	15	14	15	15
Sheeps sampled	306	303	110	178
Individual animal prevalence in % CI)	0	0	2.8 (±3.0)	2.2 (±2.1)
Village herd prevalence (%)	0	0	23.1 (±21.3)	13.3 (±17,1)
Goats sampled	302	387	159	106
Individual animal prevalence in %(CI)	0.3 (±2.0)	01	1.9 (±2.0)	11.3 (±6.0)
Village herd prevalence (%)	6.7 (±3.8)	0	14.3 (±17.7)	35.7 (±24.2)

**Odds Ratio** for factor seropositivity and abortions for sheep: 7.6 (1.1; 36.6) and for goats:10.8 (0.90; 75.2)

# Brucellosis results in man

Results for brucellosis in man	The Gambia			Guii	nea	
	Lower Saloum	RD Niamina Dankunku	Dubreka Hospital*	Dubreka farmers/ herders	Kindia hospital*	Kindia farmers/ herders
Samples	34	30	100	38	100	44
RBT+ve	0	0	15.0	18.4	29.0	22.7
CFT+ve	0	0	12.0	13.1	10.0	18.2

\* Patients with "malaria like" symptoms

# Perception on zoonoses (brucellosis) of farmers and risk groups

#### The problem

- Previous studies focused mainly on the animal health aspect
- Perception of livestock owners and risk groups on zoonoses have been rarely investigated in the past

# **Period and location:**

2003 The Gambia (CRD) Guinea (Dubreka & Coyah)



**Methology:** PRA (owners, herders and milk vendors)

Special tools applied: Disease importance ranking

Questionnaires (owners, butchers, veterinary and PH authorities)

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# Perception on zoonoses (brucellosis) of farmers and risk groups

#### Top three diseases or symptoms as ranked by farmers

#### Cattle:

The Gambia: Diarrhoea (unspecific), Trypanosomoses, H.S.

Guinea: Diarrhoea (unspecific), Lumpy Skin, Foot problems (unspecific)

#### **Small ruminants:**

The Gambia: Diarrhoea (unspecific), PPR, Pastorellosis, Guinea: PPR, Abortion, Foot problems (unspecific)

#### **Observations on chronic infections:**

Hygroma: only ranked high (no. 2) in Guinea

# Perception on zoonoses (brucellosis) of farmers and risk groups

# <u>Farmers' ways of dealing with milk from cows with a history of abortion or observed hygroma</u>

Consuming as milk: 77% (The Gambia) 73% (Guinea) Proportion of heat treatment: 9% (The Gambia) 0% (Guinea)\*

#### **Observations by veterinary health authorities on most important zoonoses:**

The Gambia: RVF, rabies, C. bovis

Guinea: brucellosis, anthrax and rabies

#### Observation on zoonoses & brucellosis by public health authorities

Rabies was highest ranked (even in the high prevalence areas for brucellosis)

**Patients** with "brucellosis or flu -like" infections are only tested for malaria if laboratory facilities are available. No differential diagnosis, e.g. brucellosis

Knowledge of personnel on brucellosis was poor, laboratory tests were not performed or usually not known in any of the locations visited.

\* Strong cultural resistance against heat treatment of milk

#### Recommendation for control

Method	Chance to implement
MELIIUU	Chance to implement

The Gambia: Test and Slaughter low Vaccination very low

Test and Slaughter low

The Gambia Control of animal movement low and Guinea Hygienic measures on farm mod

Hygienic measures on farmmoderateIncrease of PH awarenessgoodEducation of farmersgoodPromotion milk processinggood

Reenforcement of collaboration between VH and PH services

#### Governments /donors approached for further funding possibilities:

No funds for control, not among priority zoonoses

(Government, GIZ, USAID, DFID despite or even because

of emerging funds for AI)

FAO – TCP supported introduction of milk processing units

# Surveys on brucellosis in The Gambia and Guinea

# **Conclussions:**

Results for brucellosis vary by country/region

PH risk related to brucellosis clearly documented

**Risk** + **Hazard** for **man** (due to consumer preferences, unpasteurised milk)

Low perception of farmers and stakeholders on zoonoses (brucellosis)

**Little interest** from **Goverment/donors** to support control – neglected **Zoonoses** 

Successfull introduction of milk porcessing units

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