

Frequency of Seropositive People for Brucellosis in Yazd

Jamshid Ayatollahi¹, Abolfazl Dehghanpour Farashah², Mahmood Vakili³, Seyed Hossein Shahcheraghi^{1,4*}

¹ Infectious Diseases Research Center, Shahid Sadoughi University of Medical Sciences, Yazd, IR Iran

² Medicine Faculty, Shahid Sadoughi University of Medical Sciences, Yazd, Iran

³ Department of Community Medicine, Medicine Faculty, Shahid Sadoughi University of Medical Sciences, Yazd, IR Iran

⁴ Department of Modern Sciences & Technologies, Faculty of Medicine, Mashhad University of Medical Sciences, Mashhad, IR Iran

* Corresponding Author: Seyed Hossein Shahcheraghi, Infectious Diseases Research Center, Shahid Sadoughi University of Medical Sciences, Yazd, IR Iran- Department of Modern Sciences and Technologies, Faculty of Medicine, Mashhad University of Medical Sciences, Mashhad, Iran. Tel: +989132531389, E-mail: shahcheraghih@gmail.com

Submitted: October 2, 2016; Revised: November 29, 2016; Accepted: November 29, 2016

Background: Brucellosis is one of the most prevalent infectious diseases in Iran, which is shared between humans and animals. Brucellosis is caused by *Brucella* species and transmitted via unpasteurized milk or dairy products, which has been reported at least in 80 countries. The present study aimed to evaluate the prevalence rate of seropositive cases of brucellosis in Yazd, Iran.

Materials and Methods: In this retrospective cross sectional study, seropositivity rate of brucellosis was examined for 12258 patients. The Wright test (1.80 or higher) was used for diagnosing brucellosis. The obtained results were statistically evaluated by chi-square which is a trend analysis method.

Results: The seropositivity rate of Wright test was reported to be 178 (1.5%), which was significantly higher in the summer (43.3%) and spring (29.7%) than other seasons ($P = .000$). It was also significantly higher in men (53.9%) ($P = .000$) than in women, and in people over 40 years (41%) ($P = .000$) than in other age groups.

Conclusion: Brucellosis seropositive studies provide very good information in order to help us in investigating the impact of brucellosis.

Keywords: Brucellosis, Prevalence, Infectious diseases

1. Background

Brucella species are agents of brucellosis disease that is a zoonotic infection. *Brucella melitensis* is the main organism causing disease in humans (1-3).

Brucellosis can cause chronic signs and symptoms that are including high fevers, joint pain, and fatigue (3). Brucellosis disease is involving many countries that do not have good public health and domestic animal health programs (4). Human brucellosis is one of zoonotic infectious diseases that is involving wide parts of world and is transmitted from farm animals such as cattle, sheep, and goat to human (5-7). The unpasteurized milk and dairy products are also other agents for transmission (8). In spite of eradication programs, the disease has stayed endemic in wide parts of the world. The Mediterranean Basin, especially in the Maghreb (Algeria, Morocco and Tunisia), Middle East, Africa, and western Asia are the most common regions that are involved (9-13). Brucellosis has constituted a major health and economic problem around the world, including Iran (14). This disease is a main health problem in Iran. During 2001-2005, the occurrence of brucellosis has been reported to be between 120-400 per 100,000 people (15).

The wide burden of human brucellosis in many parts from world is very important: the World Health Organization (WHO) reports that this disease is agent of more than 500,000 infections per year worldwide (16).

The clinical diagnosis is usually demonstrated by serological or bacteriological different experiments (17). The golden standard of diagnosis is culture. Blood, bone marrow, or other tissue and cultured on Castaneda's medium are sources of isolation of bacteria (17). However, active infection is demonstrated by at least two serological tests. Typically, the standard tube agglutination test (Wright Test) is performed, and then the 2-Mercaptoethanole (2ME) test approves the results (16). Molecular typing can be performed for trace-back

and trace-forward analysis, which may help to the detection of the infection source (17-18).

2. Objective

The purpose of our study was to investigate the prevalence rate of seropositive cases of brucellosis in Yazd, the central part of Iran. The frequency of brucellosis in Iran and the prolonged treatment of the disease and lack of response to therapy in some cases were the main reasons for undertaking the present study.

3. Materials and Methods

In this retrospective cross sectional study, seropositivity rate of brucellosis was investigated for 12258 patients who referred to the hospital laboratories of Shahid Sadooghi, Shahid Rahneemoon, and Afshar, and Central laboratory from February to December of the year 2014. These patients were those who had contact with domestic animals and their products including shepherds, farmers, and butchers. From a total of 12258 cases, 4495 cases (36.7%) were men and 7757 cases (63.3%) were women. The average age range of patients that their Wright test was positive (according to the national guideline) was 37.5 ± 19.6 . The existence of brucellosis antibody was examined in serum samples obtained from patients by Standard Tube Agglutination Test method (STA, Wright's Agglutination Test). The samples were diluted up to 1:1280 dilution in microplates, and then the brucella antigen was added to the wells. The microplates were incubated in oven at 37°C. The wells, in which agglutination was observed, were accepted as positive. The inclusion criteria for samples to be included in the study were positive Wright test (≥ 1.80 in Iranian population) and 2-mercaptoethanol test (≥ 1.20) or isolation of brucella from sterile body fluids. Patient exclusion criteria were pregnancy and nursing, known or suspected

hypersensitivity to tetracyclines or aminoglycosides, or other contradictions (15).

3.1. Statistical Analysis

Statistical analysis was done using the Statistical Package for the Social Sciences ver. 16.0 (SPSS Inc., Chicago, IL, USA). $P < .05$ was accepted as significant. The present research protocol was approved by the research ethics committee of Yazd Shahid Sadoughi University of Medical Sciences with the ethic code as ir.ssu.rec.1395.157.

4. Results

From a total of 12258 cases, 4495 cases (36.7%) were men, and 7757 cases (63.3%) were women. All cases were tested for brucellosis, Wright test was positive for 178 (1.5%) cases and negative for 11616 (94.8%) cases.

The percentage of seropositivity of Wright test was significantly higher in men (53.9%) ($P = .000$) than in women (Table 1). This rate was also significantly higher in people over 40 years (41%) ($P = .000$) than in other age groups (Table 2).

Table 1. Result of Wright test based on sex.

Sex	Result of Wright test No. (%)		P-value
	Negative	Positive	
Men	4281 (36.9)	96 (53.9)	.000
Women	7799 (63.1)	82 (46.1)	
Total	12080 (100)	178 (100)	

Table 2. Result of Wright test based on age range.

Age Range	Result of Wright test No. (%)		P-value
	Negative	Positive	
Under 15 years	1024 (8.7)	26 (14.6)	.000
15- 39 years	4373 (37.3)	67 (37.7)	
Above 40 years	6695 (46.2)	73 (41)	
Total	12092 (100)	166 (100)	

In this study, the average age range of those whose Wright test was positive, was 37.5 ± 19.6 years.

The seropositivity percentage of Wright test was significantly higher in the summer (43.3%) and spring (29.7%) than in other seasons ($P = .000$) (Table 3).

Table 3. Result of Wright test based on season.

Season	Results of Wright test No. (%)		P-value
	Negative	Positive	
Spring	3237 (26.5)	53 (29.7)	.000
Summer	3441 (28.8)	77 (43.3)	
Autumn	2870 (23.7)	30 (16.9)	
Winter	2532 (21)	18 (10.1)	
Total	12080 (100)	178 (100)	

5. Discussion

Brucella is considered primarily as an animal pathogen. Brucellosis affects a wide range of domestic and wild mammals. Human brucellosis is one of the world wide

zoonotic diseases that are transmitted from farm animals such as cattle, sheep, and goat to human (5-7). The unpasteurized milk and dairy products are also important agents for transmission of disease. Brucellosis is still one of the infectious diseases which are widespread in the Middle East (19). This study investigated the prevalence rate of seropositive cases of brucellosis in the central area of Iran.

In a study conducted in Turkey, 889 cases were men, and 2024 cases were women. At the end of the survey, it was reported that from a total of 525 (18%) patients sera, high level (1.40 dilution) of specific antibodies was identified in 380 (18.8 %) women and 145 (16.3 %) men. There was no significant difference between the positivity distribution, and general positivity percentages between men and women (19), but in the present study, the seropositivity rate of Wright test was significantly higher in men (53.9%) than in women.

In another study conducted in Iran, the frequency distribution of age, sex, seasons, and clinical signs were studied. From a total of 12816 patients examined for serological tube tests, Wright test was positive in 559 cases (4.4%). The seropositivity rate of Wright test was higher in men (57.1%), summer (24.5%), and the age group of 20-40 years (20). Therefore, these findings are similar to the present study because of higher prevalence rate of brucellosis seropositivity in men (53.9%) and summer season (43.3%).

In another study conducted in Iran, from a total of 318 cases, Wright test was positive in 42 (13.2%) cases, among whom 20 (47.6%) cases were women, and 22 (52.4%) cases were men. By conducting Wright test ($1.80 \leq$), 42 cases (13.2%), and by conducting 2ME test ($1.80 \leq$), 34 cases (7.10%) were demonstrated to be positive. The seropositivity rate of Wright test was higher in the age group of 20-29 years (26.2%) (21). The findings of this study was also similar to our study because of the higher prevalence rate of seropositivity in men.

6. Conclusion

Seropositivity investigation for brucellosis provides useful information to aid us in understanding its epidemiological patterns, assessing its impact, paving the way to define the most suitable approaches for confining the disease within acceptable limits.

Conflict of Interests

The authors declare there is no conflict of interest regarding the publication of this paper.

Acknowledgements

The authors would like to thank Infectious Diseases Research Center of Yazd Shahid Sadoughi University of Medical Sciences for their kind assistance in doing this study.

Authors' Contribution

Dr. Ayatollahi designed the study, Shahcheraghi wrote the manuscript, Dehghanpour Farashah performed the experiments and Dr. Vakili analyzed data.

Funding/Support

The authors declare that there is no financial support from the project.

References

1. Teklue T, Tolosa T, Tuli G, Beyene B, Hailu B. Sero-prevalence and risk factors study of brucellosis in small ruminants in southern zone of Tigray region, northern Ethiopia. Trop Anim Health Prod. 2013; 45 (8): 1809-15.

2. Günal O, Barut S, Ayan M, Kılıç S, Duygu F. Investigation of *Coxiella burnetii* and *Brucella* seropositivities in patients presenting with acute fever. *Mikrobiyol Bul.* 2013; 47 (2): 265-72.
3. Ayatollahi J. Epidemiological, clinical, diagnostic and therapeutic survey of 686 cases of brucellosis. *Ann Saudi Med.* 2004; 24 (5): 398-9.
4. Sathyanarayanan V, Razak A, Saravu K, Ananthakrishna SB, Mukhyprana Prabhu M, Vandana KE. Clinical profile of brucellosis from a tertiary care center in southern India. *Asian Pac J Trop Med.* 2011; 4 (5): 397-400.
5. Vancelik S, Guraksin A, Ayyildiz A. Seroprevalence of human brucellosis in rural endemic areas in eastern Turkey. *Trop Doct.* 2008; 38 (1): 42-3.
6. Demiroğlu YZ, Turunç T, Alishkan H, Colakoğlu S, Arslan H. Brucellosis: retrospective evaluation of the clinical, laboratory and epidemiological features of 151 cases. *Mikrobiyol Bul.* 2007; 41 (4): 517-27.
7. Ajay Kumar VJ, Nanu E. Sero-positivity of brucellosis in human beings. *Indian J Public Health.* 2005; 49 (1): 22-4.
8. Li S, Liu Y, Wang Y, Ma Q, Huang Y, Zhou J, et al. Study on the epidemiologic characteristic of *Brucella melitensis* isolated in Guizhou province in 2010-2012. *Zhonghua Liu Xing Bing Xue Za Zhi.* 2014; 35 (10): 1138-41.
9. Alonso S, Dohoo I, Lindahl J, Verdugo C, Akuku I, Grace D. Prevalence of tuberculosis, brucellosis and trypanosomiasis in cattle in Tanzania: a systematic review and meta-analysis. *Anim Health Res Rev.* 2016; 17(1): 16-27.
10. Xiang L, Zhou W, Tang F, Zhu Y, Tan Z, Liu X, et al. An outbreak of brucellosis in a village in Jiangsu province. *Zhonghua Liu Xing Bing Xue Za Zhi.* 2014; 35 (10):1135-7.
11. Zhang J, Sun GQ, Sun XD, Hou Q, Li M, Huang B, et al. Prediction and control of brucellosis transmission of dairy cattle in Zhejiang province, China. *PLoS One.* 2014; 9 (11): e108592.
12. Yang L, Kou Z, Bi Z, Zhang L, Zheng L, Zhao Z. Spatial and temporal characteristics of human brucellosis, from 2004 to 2012 in Shandong province. *Zhonghua Liu Xing Bing Xue Za Zhi.* 2014; 35 (8): 925-9.
13. Yoon H, Moon OK, Lee SH, Lee WC, Her M, Jeong W, et al. Epidemiology of brucellosis among cattle in Korea from 2001 to 2011. *J Vet Sci.* 2014; 15 (4): 537-43.
14. Mollalo A, Alimohammadi A, Khoshabi M. Spatial and spatio-temporal analysis of human brucellosis in Iran. *Trans R Soc Trop Med Hyg.* 2014; 108 (11): 721-8.
15. Kassiri H, Amani H, Lotfi M. Epidemiological, laboratory, diagnostic and public health aspects of human brucellosis in western Iran. *Asian Pac J Trop Biomed.* 2013; 3(8): 589-94.
16. Hunter M, Donnelly C, Smart D, Smyth B, Menzies F, Hedderwick S. Brucellosis in people with occupational cattle exposure in northern Ireland: Clinical features of 53 cases. *J Infect.* 2015; 70 (1): 101-3.
17. Kaden R, Ågren J, Bäverud V, Hallgren G, Ferrari S, Börjesson J, et al. Brucellosis outbreak in a Swedish kennel in 2013: Determination of genetic markers for source tracing. *Vet Microbiol.* 2014; 174 (3-4): 523-30.
18. Yağcı Yücel S, Yaman M, Kurt C, Babür C, Celebi B, Kılıç S, et al. Seroprevalance of brucellosis, listeriosis and toxoplasmosis in cattle in Adana province of Turkey. *Turkiye Parazitol Derg.* 2014; 38 (2): 91-6.
19. Arvas G, Akkoyunlu Y, Bertas M, Kaya B, Aslan T. The prevalence of brucellosis in adults in northeastern region of Turkey. *Jundishapur J Microbiol.* 2013; 6 (3): 262-4.
20. Yousefi- Mashouf R, Yaghoobi M. Sero-epidmiological study of brucellosis in patients referred to medical centers in Hamadan city. *Sci J Ilam Medical Univ* 2002; 9 (32): 29 -36.
21. Poorhajibagher M, Pagheh A, Nasrollahi M, Mesgarian F, Badiee F, Ajami A. The evaluation of seroprevalence of brucellosis in patients referring to health care center of Gonbad Kavoo, 2009-11. *J Mazandaran Univ Med Sci.* 2012; 22 (90): 82-86.

How to cite this article: Ayatollahi J, Dehghanpour Farashah A, Vakili M, Shahcheraghi S-H. Frequency of seropositive people for brucellosis In Yazd. *Infection, Epidemiology and Medicine.* 2017; 3(1): 16-18.