

Serological diagnosis and molecular detection of *Brucella* species in Camels in West Kurdufan state, Sudan

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Abstract:

The one humped camels (*Camelus dromedarius*) possess an economic importance in the Sudan as well as, in several other countries all over the world .Brucellosis is a worldwide zoonotic disease that is recognized as a major cause of heavy economic losses to the livestock industry and poses serious human health hazard.The aim of this study was to detect *brucella* in the camels blood . A total of 500 blood samples (serum and whole blood) were collected from Alnehood, Elkhwai and Ghubaish localities in West Kurdufan state and tested by Rose Bengal plate test (RBPT), Serum Agglutination Test(SAT) and polymerase chain reaction (PCR). Nineteen samples (3.8%), seventeen samples (3.4%) were found seropositive by RBPT and (SAT) respectively however, none of the sample was found positive by PCR. Despite the molecular method used in this study was highly sensitive and specific none of the sample was found positive for *Brucella* by PCR whereas nineteen and seventeen samples were positive by using Rose Bengal and Serum Agglutination tests SAT test respectively. The obtained results suggest that control and eradication programs for *Brucella spp.* infection seem to be necessary in camels.

Keywords: |PCR, Brucellosis, Camels.

Introduction:

The one humped camel (*Camelus dromedarius*) is an important livestock species in Sudan, Sudan represent the second largest camel population in the world, estimated at nearly 4, 700,000 head of camels (M A R F – 2012), which constitute a major source of income for their owners and consequently the national economy. They are concentrated in three main regions: the Eastern and Western Regions Darfur and Kurdufan , the Butana plains and the Red Sea hills.

Brucellosis is one of the most important bacterial zoonoses with a global distribution (Teshale *et al.* ,2006;Young, 1995;Lopes *Ret al.*, 2010; Angara and Ali 2014). The disease represent an occupational hazard for veterinarians, farm workers, abattoir workers as well as laboratory workers (Madkour, 1992).It is an infectious disease, almost invariably transmitted by direct or indirect contact with infected animals or their products (Teshale *et al.*, 2006). The disease is caused by *Brucella* species are small, nonmotile,

aerobic, facultative intracellular, Gram-negative coccobacilli bacteria which belong to the genus *Brucella* which includes *Brucella melitensis* and *B. ovis* as well as many other species (Lopeset *et al.*, 2010).

The disease in dromedary camels can be caused by *B. abortus*, *B. melitensis* and *B. ovis* (Seifert, 1996). Different studies showed that *B. abortus* and *B. melitensis* are the most frequent isolates (Radwan *et al.*, 1992; Gameel *et al.*, 1993; Agab *et al.*, 1994; Abou-Eisha, 2000 and Hamdy and Amin, 2002).

Recently progress has been made in applying new molecular and genetic diagnostic methods to improve the diagnosis of brucellosis and nucleic acid amplification techniques might circumvent the diagnostic window being presented before production of specific antibodies (Bricker BJ, 2002; Ghorbani *et al.*, 2013; Gwida *et al.*, 2011).

Nucleic acid amplification methods, such as polymerase chain reaction (PCR), are rapid, sensitive, and highly specific and can counteract limitations of conventional detection methods (Elfaki *et al.*, 2005; Wareth *et al.*, 2015). PCR considered an additional means for detection of the presence of *Brucella* DNA in a sample, furthermore can provide a complementary identification and typing method based on specific genomic sequences. (OIE 2018)

Biotyping and molecular characterization provide valuable epidemiological information to know the sources of infection in outbreak scenarios and the strain diversity in endemic regions (Kattar *et al.*, 2008; Álvarez *et al.*, 2011).

Six species are recognized within the genus *Brucella* and classified according to the differences in host preference and in pathogenicity to *Brucella abortus*, *Brucella melitensis*, *Brucella suis*, *Brucella ovis*, *Brucella canis*, and *Brucella neotomae* (Altonet *et al.*, 1988; Corbel *et al.*, 1984).

However their overall characteristics are not as similar to those of any of the six recognized *Brucella* species (Jahanas *et al.*, 1997; Clavareau *et al.*, 1998; Cloeckert *et al.*, 2001).

Species identification and sub-typing of *Brucella* isolates are very important for epidemiologic surveillance (to know the species and/or biovar diversity) and investigation of outbreaks (to know the source of infection) in *Brucella*-endemic regions (Al Dahouk *et al.*, 2007; Marianelli *et al.*, 2007) The objective of this study was to determine the prevalence and potential risk factors of *Brucella* spp in the camels in West Kurdufan State by using serological and PCR methods and identification of *brucella* species in blood of camels

Material and methods:

Study Area:

The study was carried out in three localities of West Kurdufan State in Sudan namely, Alnehood, Elkhwai and Ghubaish localities.

West Kurdufan State located within latitudes 27°-29°N, and longitudes 14°-20°E. The state borders North Kordofan, South Kordofan, East Darfur, North Darfur and South Darfur. Its area is 14400 square kilometers extending from low rainfall savanna to high rainfall and hill catena and its vegetation varies greatly (Alshareef, 1994; IFAD, 2003;)

Study Population and design:

Apparently healthy camels (500 animals) with no history of vaccination against brucellosis were randomly selected in three localities. Multistage random sampling was designed

based on, locality, herd and animal. Selection between localities, herds and individual animals based on simple random sampling.

Sample Size:

The sample size of the study animals was determined by using the formula given for simple random sampling method. (Thrusfield, 2007).

The expected prevalence in the present study was estimated as 50%. This was based on a previous study with prevalence rates ranging from 1.4 to 89.5% (Musa and Shigidi., 2001).

Sample collection:

In the period between September 2018 and April 2019, approximately a total number of 500 blood samples were collected aseptically from apparently healthy camels (*Camelus dromedaries*) from Alnehood (245 animals), Elkhwai (43 animals) and Ghubaish (212 animals) in West kurdufan state, each sample divided to two tubes, the first one plain tube with serum clot activator for serological and second one EDTA tubes for molecular examination.

About 7 to 10 ml of blood was collected aseptically from the jugular vein of camle, the samples in plain tubes were kept in an upright position at 25 °C for about 2 hours, sera were separated by centrifuging at 6000 x g for 10 min. The separated serum was collected in a screw capped plastic vials and transported to the laboratory of the Veterinary Research Institute (VRI) in El-Obeid where they were stored at -20°C till used. Whole Blood samples were kept in the refrigerator (2–8 °C) and one day later Convenient amount of whole blood dropped in a screw capped plastic vials and transported to the central Veterinary laboratory for molecular examination.

A questionnaire was completed Information of each herd and each camel sampled was obtained by by interviewing the herdsman or owner to identify possible location, age, sex (male and female), whether reared individually or contact with other ruminant species (yes and no), contact with other camel herds (yes and no).

Serological test:

RBPT: (Rose Bengal Plate Test):-

This test was carried out at the laboratory of the Veterinary Research Institute (VRI), El-Obeid, Sudan. The test procedure was conducted as recommended by Alton *et al.*, (1975). Thirty µl of RBPT antigen were dispensed to each circle on the plate and 30 µl of the antigen was added after the antigen bottle was shaken to ensure homogenous suspension, the antigen and test serum were mixed thoroughly by wooden a spreader. The plate was shaken gently for 4 minutes and the degree of agglutination reactions were noted immediately after 4 minutes and recorded as 0 (no agglutinations) in negative reactions, + (weak fine agglutinations using magnifying glass), ++ (visible fine agglutination), +++ (clumping and some clearing) and ++++ (coarse clumping and clearing) in case of positive reactions.

Molecular Test

All (500) whole blood samples were tested by PCR for detection of brucellosis. For DNA extraction method (Unver., *et al* 2006). Multiblex PCR used for the detection of *B. abortus*, the following set of primers was used with an expected product size of 494bp: forward 5'GACGAACGGAATTTTCCAATCCC-3' and reverse:

5'-TGCCGATCACTTAAGGGCCTTCAT-3'. For the detection of *B. melitensis* the following set of primers was used with an expected product size of 733bp: forward

5'-AAATCGCGTCCTTGCTGGTCTG-3' and reverse 5'-
TGCCGATCACTTAAGGGCCTTCAT-3'

According to Khamesipour *et al.*, (2014).

Statistical analysis

Statistical analysis was performed using 'Statistical package for the social sciences' (SPSS), version 26.0 software for windows (SPSS Inc., Chicago, IL, USA).by using the Chi square test.

Result:

Out of 500 camel blood samples examined In this study,19(3.8%) ,17 (3.4%)were Positive by using RBPT, (SAT) respectively .Whereas none of them was found positive by PCR.

This study carried out in three localities in the West kurdufan State- sudan namely , Alnehood, Elkhwai and Ghubaish localities.The seroprevalence of the disease was higher in Elkhwai (16.2%,N=7), Alnehood (3.4%,n=9),Ghubaish (1.5%,n=3). There was statistical significance between three localities (p.value=0.000).

Out of 19 positive samples(4% n=14) were females and(3.6 % ,n=5) were males .Depend on the age factor camels divided to three age groups :young group were considered under 5 years ,medium(5-10year) and old age group(over 10 year) old,the higher percentage of positive samples found in medium age group camles(4.1%,n=15) ,and lower percentage found in old age group (2.6%,n=1),whereas young group was(3.2 % ,n=3). There was no statistical significance between age groups (p.value=0.843).

Out Of the 500 camels sampled(32.6 % , n=163) kept with other ruminants(sheep and goats) ,whereas (67.4 % , n=337) kept without other ruminants. Camels with other ruminants showed seroprevalence (5.6%,n=9) % higher than that in camels kept alone (3 % ,n=10). There was statistical significance between the two categories (p.value.0.011) , and (30.4 % ,n=152) out of total camels tested were in contact with other camel herds, while the remain of camel herdsrepresent (69.6 % ,n=348)of camels tested .The positive samples in the first group (in contact) was(7.3%,n=11) and in the second group (not in contact) was(2.3 % ,n=8). These finding showed statistical significance between the two categories (p.value.0.000) .

In the present study three of risk factors showed $P < 0.05$ in analysis by Chi-square (contact with other camels herds $P = 0.000$, localities $P = 0.000$ and contact with other ruminant species $P = 0.011$),furthermore the three variables were analyzed by using the logistic model and revealed statistical significant with the occurrence of the disease ($p < 0.05$) .

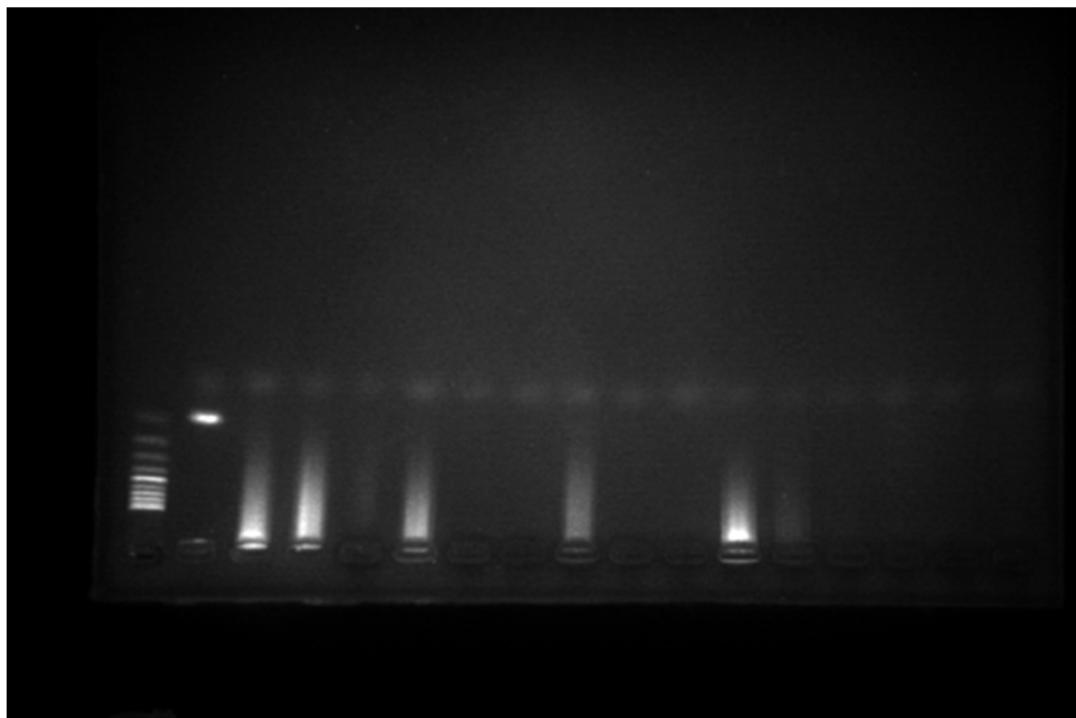


Figure 1. Ethidium bromide-stained agarose gel electrophoresis of PCR products (100 bp) for the detection of *Brucella* spp. in camel samples after PCR amplification. Lane 1: 100 bp DNA ladder (Fermentas, Germany); lane 2: positive control; lanes 3 to 16: negative sample; lane 17: Negative control.

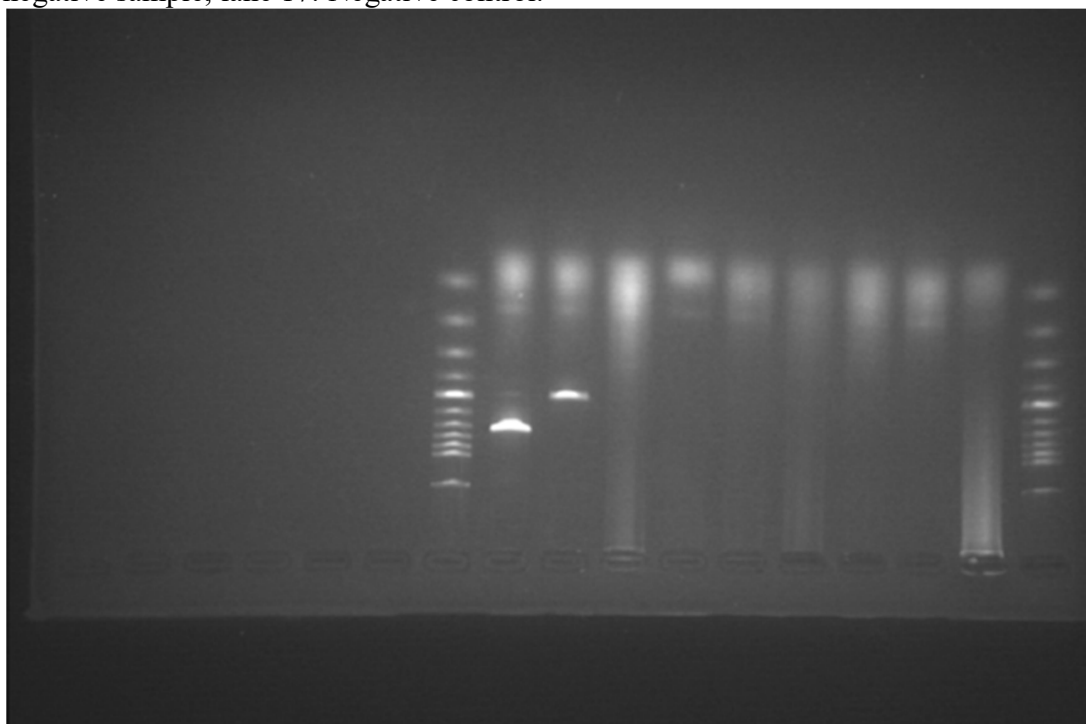


Figure 2. Ethidium bromide-stained agarose gel electrophoresis of PCR products (100 bp) for the detection of *Brucella* spp. in camel samples after PCR amplification. Lane 1: 100 bp DNA ladder (Fermentas, Germany); lane 2: positive control; lanes 3 to 16: negative sample; lane 17: Negative control.

) for detection of *B. abortus* and *B. melitensis* in camel samples after PCR amplification. Lane 1 and 11 : 100 bp DNA ladder (Fermentas, Germany); lanes 2 and 3 positive control (lane 2: *B. melitensis* in camel; lane 3: *B. abortus* in camel); lane 4: Negative control; lanes 5 to 10 negative samples

Discussion:

In this study the result show 19 samples out of 500 camels sera were positive for brucellosis whereas no positive samples detected by PCR from blood of 500 camels . This result in accordance of finding of Ullah *et al.*, (2015) which detect 0.00% positive sample from seropositive camels blood by using PCR ,this may attributed to present of antibodies in healthy camels or oscillating of immunoglobulin titers (Gwida *et al.*, 2011). It is noteworthy to mention that all serologically positive camels were clinically normal at the time of sampling.

Also our findings in agree with (Abdelgawad *et al.*, 2017) who found five camels where positive for serological tests (BAPAT ,RBPT and CFT) but negative for PCR. different result were obtained by (Abdallah & Baleela, 2017) who detected 41 out of 100 camels were positive for *Brucella* spp by PCR.

Kaushik., *et al* 2006 found Only 18 samples were positive by PCR compared to 62 by RBPT and 41 by i-ELISA and attributed the Wide variation in samples detected to many factors. PCR detects DNA, which may be in low quantity in blood samples even though antibody titer is quite high.

In this study and based on the results of RBPT, the prevalence of Brucellosis of examined camels was 3.8 %. This was in accordance with those recorded by Ghanemet *et al.*, (2009); Graber (1968) and Jawad (1984).

The prevalence of brucellosis in camels kept with other ruminants (cattle, sheep and goats) was in significant statistics ($P=0.011$). Camels reared with other ruminants showed seroprevalence of (6.7% ,n=12) higher than that in camels kept alone which was (2.2 % ,n=7). This findings agreed with that reported by Teshome *et al.*, (2003); Al-Majali *et al.*, (2008); Mohammed *et al.*, (2011) and Mohamed *et al.* , (2015).

The present result is in accordance with that recorded by Radwan *et al.*, (1995). Frequent isolation of *Brucella melitensis* from camels further suggests the role of small ruminants in the occurrence of camel brucellosis. Also Abbas *et al.*, (2002) and Al-Majali *et al.*, (2008) suggested the role of small ruminants for dissemination of infection with *Brucella*.

Camels within herds contact other camels in pasture and point of water showed prevalence of the disease (9.2%) higher than individual in herds not in contact (1.2%) with statistically significant difference $P=0.000$. Spread of the disease is due to movement of infected animals to disease free herds get the infection from infected herd at water points where a number of herds come together .

Conclusion:

The appearance of *Brucella* antibodies in blood of camels indicated the present of disease within the camels herds in West Kurdufan state despite there was no molecular detection for *Brucella* ,so More studies need to be carried in camel brucellosis in addition to control program.

References:

- Abbas, B.** and Agab, H. (2002). A review of camel brucellosis. *Preventive Veterinary Medicine* 55: 47-56.
- Abdallah ZAA** and Baleela RM(2013). "Detection and Molecular identification of *Brucella* species infection in camels in Darfur, Sudan". *Sudan Journal of Science* 9.2: 19-25.
- Abdelgawadet al.**(2017). Serological and Molecular Detection of *Brucella* Species in Camel. *BENHA VETERINARY MEDICAL JOURNAL*, VOL. 33, NO. 1: 314-319,
- Abou-Eisha A.M.**(2000). Brucellosis in camels and its relation to public health. *Asuit Veterinary Medical Journal* 44 (87), 54-64.
- Agab H.,** Abbas B , El Jack Ahmed H. and Maoun I. E. (1994). First report on the isolation of *Brucella abortus* biovar 3 from camel (*Camelus dromedarius*) in the Sudan. *Rev. Elev. Med. Vet. Pays. Trop.* 47(4): 361–363.
- AL DAHOUK S.,** FLÈCHE P.L., NÖCKLER K, JACQUES I, GRAYON M, SCHOLZ H.C, TOMASO H, VERGNAUD G, NEUBAUER H.(2007). Evaluation of *Brucella* MLVA typing for human brucellosis. *J. Microbiol. Methods.* 69, 137-145.
- Al-Majali A.M,** Al-Qudah, K. M, Al-Tarazi Y.H. and AL-Rawshdeh O.F.(2008). Risk Factors Associated with Camel Brucellosis in Jordan. *Tropical Animal Health and Production* 40:193 200.
- Alton G. G,** Jeans-Lois M. and Pietz D. E. (1975). Laboratory Techniques in Brucellosis. 2nd ed. Geneva: WHO. PP 23-124.
- ALTON G.G,** JONES L.M, ANGUS R, VERGER J.(1988) OTHERS Techniques for the brucellosis laboratory. *Institut National de la recherche Agronomique* (INRA).
- Alshareef A.M.** (1994). West Kordofan State in lines. Administration of Ranges and Forages, Alfola, West Kordofan State, Sudan.
- ALVAREZ J,** SAEZ J. L, GARCIA N , SERRAT C , PEREZ-SANCHO M, GONZALEZ S, ORTEGA M. J, GOU J, CARBAJO L, GARRIDO F, GOYACHEA J , DOMINGUEZ L. (2011) Management of an outbreak of brucellosis due to *B. melitensis* in dairy cattle in Spain. *Res. Vet. Sci.* 90, 208-211.
- Angara, T.E. A.** and A. A. Ali .(2014). Socioeconomic Aspects of Brucellosis in Kuku Dairy Scheme, Khartoum State, Sudan. *Indian Journal of Applied Research*, 4(8), 685 - 687.
- Bricker B. J.** (2002): PCR as a diagnostic tool for brucellosis. *Vet Microbiol* 90:435-446.
- Clavareau C.,** Wellemans, V., Walravens, K., Tryland, M., Verger, J.M., Grayon, M., Cloeckaert, A., Letesson, J.J. and Godfroid, J. (1998). Phenotypic and molecular characterization of a *Brucella* strain isolated from a minke whale (*Balaenoptera acutorostrata*). *Microbiology* 144:3267–3273.
- Cloeckaert, A.,** Verger, J.M., Grayon, M., Paquet, J.Y. Garin-Bastuji, B., Foster, G. and Godfroid, J. (2001). Classification of *Brucella* spp. isolated from marine mammals by DNA polymorphism at the omp2 locus. *Microbes Infect.* 3: 729–738.
- Corbel, M.J.** and Brinley-Morgan, W.J. (1984). Genus *Brucella* Meyer and Shaw (1920), 173AL, in: Krieg N.R., Holt J.G. (Eds.), *Bergey's manual of systematic bacteriology*, Vol. 1, The Williams & Wilkins Co., Baltimore, pp. 377–388 .
- Elfaki M.G.,** Al-Hokail, A., Nakeeb, S.M. and Al-Rabiah, F.A. (2005) Evaluation of culture, tube agglutination, and PCR methods for the diagnosis of brucellosis in humans. *Int. Med. J. Exp. Clin. Res.*, 11(11): 69-74.

- Gameel M. A.**, Mohamed, O. S., Mustafa, A. A. and Azwai, M. S. (1993). Prevalence of camel brucellosis in Libya. *Trop Anim Health Prod.* 25:91-93.
- Ghanem Y.M.**, El-Khodery, S.A., Saad, A.A., Abdelkader, A.H., Heybe, A. and Musse, Y.A.(2009). Seroprevalence of Camel Brucellosis (CAMELUS DROMEDARIUS) in Somaliland. *Tropical Animal Health and Production* 41:1779-1786.
- Ghorbani A**, Rabbani Khorasgani M, Zarkesh-Esfahani H, Sharifi yazdi H, Dehghan Kashani A, Emami H.(2013) Comparison of serology, culture, and PCR for detection of brucellosis in slaughtered camels in Iran. *Comp Clin Pathol*, 22:913-917.
- Graber M.** (1968). Central African Region of Veterinary and Zootechnical Research. Annual report of the Farcha Laboratory, Fort Lamy, Chad. I. *Research and Products. Vet. Bull.*, 38, 52–65.
- Gwida MM**, El-Gohary AH, Melzer F, Tomaso H, Rösler U, Wernery U, Wernery R, Elschner MC, Khan I, Eickhoff M, Schöner D, Neubauer H: (2011). Comparison of diagnostic tests for the detection of Brucella spp. in camel sera. *BMC Research Notes*, 4:525.
- Hamdy M. E. R.** and Amin, A. S. (2002). Detection of Brucella in the milk of infected cattle, sheep, goats and camels by PCR. *Veterinary Journal*. 163 (3), 299-305.
- IFAD.**(2003). Evaluating the Agricultural Season in North Kordofan State. Final Report, Records of Ministry of Agriculture and Livestock. North Kordofan State, Sudan, pp 46.
- Jahans K.L.**, Foster, G. and Broughton, E.S.(1997). The characterization of Brucella strains isolated from marine mammals. *Vet. Microbiol.* 57: 373–382.
- Jawad A.H.** (1984). – Brucellosis in camel in Iraq. *Bull. endem. Dis.*, 24–25, 45–50.
- KATTAR M.M.**, JAAFAR R.F., ARAJ G.F., LE FLÈCHE P., MATAR G.M., RACHED R.A., KHALIFE S., VERGNAUD G.(2008) Evaluation of a multilocus variable-number tandem-repeat analysis scheme for typing human Brucella isolates in a region of brucellosis endemicity. *J. Clin. Microbiol.*, , 46, 3935-3940.
- Khamesipour F.**, Rahimi, E., Shakerian, A., Momtaz H.(2014). Molecular study of the prevalence of brucella abortus and brucella melitensis in the blood and lymph node samples of slaughtered camels by polymerase chain reaction (PCR) in Iran. *Acta Veterinaria*, 64(2), pp.245–256.
- Kaushik P.**, Singh, D.K., Tiwari, A.K. and Kataria, R.S. (2006) Rapid detection of *Brucella* species in cattle by PCR. *J. Appl. Anim. Res.*, 30 : 25-28.
- L.B., Lopes R.** Nicolino and J.P.A. Haddad. (2010): Brucellosis - Risk Factors and Prevalence: A Review. *The Open Veterinary Science Journal*, 4, 72-84.
- Madkour M. M.**(1992): Brucellosis. *Medicine International, the medicine group (Journals)* 4482-4485.
- MARIANELLI C.**, GRAZIANI C., SANTANGELO C., XIBILIA M.T., IMBRIANI A., AMATO R., NERI D., CUCCIA M., RINNONE S., DI MARCO V., CIUCHINI F.(2007) Molecular epidemiological and antibiotic susceptibility characterization of Brucella isolates from humans in Sicily, Italy. *J. Clin. Microbiol.* 45, 2923-2928.
- Ministry of Animal Resources** (MARF and Fisheries, Annual Report 2012).
- Mohamed, EGS;** AAM Elfadil ,EM El-Sanousi .(2015) Epidemiological Study of Brucellosis in Camels (Camelus dromedarius) in Khartoum State, Sudan. *International Journal of Veterinary Science* 4(1),39-43,

- Mohammed O.**, Megersa, B., Abebe, R., Abera, M., Regassa, A., Abdurrahman, Y. and Mekuria S. (2011). Seroprevalence of Brucellosis in Camels in and around DireDawa City, Eastern Ethiopia. *Journal of Animal and Veterinary Advances* 10(9) 1177-1183.
- Musa M.T** and Shigidi, M.T.A. (2001). Brucellosis in Camels in Intensive Animal Breeding Areas of Sudan. Implication in Abortion and Early Life Infections. *Revue d'élevage et Médecine Vétérinaire des pays Tropicaux*, 54, 11-15.
- OIE** terrestrial manual .(2018) infection with *Brucella abortus* , *B. melitensis* and *B. suis* chapter 3.1.4 ,335 -397.
- Radwan A. I.**, Bekairi, S. J. and Prasad, P. V. S. (1992). Serological and bacteriological study of brucellosis in camels in central Saudi Arabia. *Rev. Sci. tech. Off. Int. Epiz.* 11(3): 837-844.
- Radwan A.I.**, Bekairi S.I., Mukayel A.A., Albokmy A.M., Prasad P.V.S., Azar F.N. & Coloyan E.R. (1995). – Control of *Brucella melitensis* infection in a large camel herd in Saudi Arabia using antibiotherapy and vaccination with Rev 1 vaccine. *Bull. Off. int. Epiz.*, 14 (3), 719–732.
- Seifert S. H.** (1996). Tropical Animal Health, 2nd Edition. Dordrecht: Dordrecht Kluwer: Academic Publishers, pp. 358-362.
- Singh M.**, Ingh, D.K.S., Shivaramu, K.V., Biswas, R., Rawat, S., Boral, R., Singh, S. and Cheema, P.S. (2010) Serum as clinical specimen in PCR for diagnosis of ovine brucellosis. *Indian J. Anim. Sci.*, 80(1): 17-18.
- Teshale, S.;** Muhie Y., Dagine A. and Kidanemariam A. (2006). Seroprevalence of small ruminant brucellosis in selected districts of Afar and Somali pastoral area of Eastern Ethiopia: the impact of husbandry practice. *Revue med. Vet.*, 157(11), 557-563.
- Teshome H.**, Molla, B. and Tibbo, M. (2003). A seroprevalence Study of Camel Brucellosis in Three Camel Rearing Regions of Ethiopia, *Tropical Animal Health and Production*: 35,381-390.
- Thrusfield, M.** (2007). Veterinary Epidemiology. United Kingdom, Black Well Science Ltd, Ed. (3), Chap. 15, pp. 220-221.
- Ullah S.**, Jamil T, Mushtaq MH, Saleem MH. (2015). Prevalence of brucellosis among camels in district muzaffargarh pakistan. *J. Inf. Mol. Biol.* 3(2):52-56
- Unver A.**, Erdogan, H.M., Atabay, H.I., Sahin, M. and Celebi, O. (2006) Isolation, identification, and molecular characterization of *Brucella melitensis* from aborted sheep fetuses in Kars, Turkey. *Rev. Med. Vet.*, 157(1): 42-46.
- Young, E. J.** (1995). An overview of human brucellosis. *Clini. Infect. Dis.*, 21, 283-289
- Wareth G.**, Melzer, F., Tomaso, H., Roesler, U. and Neubauer, H. (2015) Detection of *Brucella abortus* DNA in aborted goats and sheep in Egypt by real-time PCR. *BMC Res. Notes.*, Volume 8, Article number: 212 (2015).
- Zerva L.**, Bourantas, K., Mitka, S., Kansouzidou, A. and Legakis, N.J. (2001) Serum is the preferred clinical specimen for diagnosis by PCR. *J. Clin. Microbiol.*, 51 : 1661-1664.