

ORIGINAL RESEARCH ARTICLE

Antigenic Detection of *Mycobacterium bovis* in Fresh and Fermented Milk Sold in Gombe Metropolis, Nigeria

Abstract

Milk production has increased in most developing countries and *Mycobacterium bovis* has been found in fresh raw and fermented milk in various parts of Nigeria. This study was carried out to detect *M. bovis* in fresh and fermented milk sold in Gombe Metropolis of Gombe state, Nigeria. 180 samples comprising of 90 fresh and 90 fermented milk samples were collected from the three (3) different milk markets. Thirty (30) samples each of fresh and fermented milk were collected from the three milk markets within Gombe metropolis. The samples were cultured on Lowenstein – Jensen Pyruvate media, and the isolates were identified using acid-fast staining, biochemical test and SD-bioline.

Twenty-four (24) (26.67%) samples of both fresh and fermented milk showed a positive growth on LJ media, all the isolates of the fresh milk were positive when subjected to Ziehl-Neelsen but only seven (7) (7.78%) isolates from fermented milk samples were positive after Ziehl-Neelsen staining. However, 21 (23.33) and 6 (6.67%) isolates were positive by SD-bioline antigenic determination test for fresh and fermented milk samples. A total of 27 (15.0%) isolates were isolated from 180 samples of both fresh and fermented milk. Presence of *M. bovis* in fresh and fermented milk and other milk products poses a health hazard as it causes extra-pulmonary tuberculosis.

Keywords: SD-Bioline, Antigenic test, *Mycobacterium bovis*, Milk, Gombe.

Introduction

Bovine tuberculosis is a generally chronic respiratory disease, which is clinically difficult to diagnose although emaciation, loss of appetite, chronic cough and other signs of pneumonia could be symptoms developing at relatively late stages of the infection in cattle (Ayele et al., 2004). Bovine tuberculosis pathology is characterized by the formation of granulomatous lesions, which can within the course of the disease progress or exhibit extensive necrosis, calcify or liquefy and subsequently lead to cavity formations (Cassidy, 2006; Hope and Villarreal-Ramos, 2008). However, the bacteria can also develop a systemic infection, disseminate within its host and affect other organs (Coetzer and Tustin, 2004).

As all *Mycobacterium* spp., *M. bovis* has an unusual cell wall surface structure characterized by the dominant presence of mycolic acids and a wide array of lipids (Glickman et al., 2001). This waxy lipid envelope confers an extreme hydrophobicity, which renders the bacteria acid- and alcohol-fast, a feature that can be exploited to identify mycobacteria via the Ziehl-Neelsen staining technique (Steingart et al., 2003).

M. bovis can be identified on the basis of specific biochemical and metabolic properties. E.g., *M. bovis* requires pyruvate as a growth supplement, is negative for niacin accumulation and nitrate reduction, shows microaerophilic growth on Lebek medium and is generally resistant to pyrazinamide. In contrast, *M. tuberculosis* does not require pyruvate as a growth supplement, is positive for niacin accumulation and nitrate reduction, shows aerobic growth on Lebek medium, and is usually not mono-resistant to pyrazinamide (Kubica et al., 2006; Cole, 2002). However, the unequivocal validity of these characteristics is challenged by several studies (Kubica et al., 2006; Niemann et al., 2000). Different molecular markers and techniques have been discovered and developed in the past that allow the unambiguous identification and differentiation of *Mycobacterium* spp. and the members of the MTBCS (Huard et al., 2006; Pinsky and Banaei, 2008). This study was designed to detect the presence of *M. bovis* using culture, microscopy and SD-bioline antigenic determination test in fresh and fermented milk sold in Gombe metropolis. The study was designed to detect the presence of *M. bovis* in both fresh and fermented milk sold in the three major nono markets (Gombe main market, Tashan Shongo market and Tashan Dukku market) within Gombe metropolis.

Materials and Methods

Sample Collection

One hundred and eighty (180) samples were collected for this study. Ninety (90) samples each of fresh and fermented milk samples were collected and thirty (30) samples of both fresh and fermented milk samples were collected from each of the nono market within Gombe metropolis. The samples were collected in sterile corked plastic bottles and transported to the laboratory in an iced container.

Detection of *M. bovis* in Milk Samples

Preparation of Lowenstein – Jensen medium

Lowenstein-Jensen media was prepared according to the manufacturer's instruction. 37.2g of the Lowenstein – Jensen media was weighed and dissolved in 600mL of distilled water. The media was swirled very well to dissolve the powder; after which 7.2g of sodium pyruvate was measured

and added to the medium with continuous shaking until the medium became completely homogenized. The medium was then sterilized by autoclaving at 121⁰C for 15minutes and then removed and allowed to cool.

Fresh eggs were then carefully cleansed with soap and water before they were placed in 70% ethanol for 15minutes. The eggs were then removed and allowed to dry and then emptied inside a sterile blender and blended. It was then allowed to settle before filtering through sterile cotton gauze. The filtered egg was gently mixed with the media to homogeneity. The medium was then dispensed in 6 - 8mL volumes into sterile McCartney bottles, the bottles were placed on the racks to achieve appropriate slope and they were inspissates at 80⁰C for 45minutes. The bottles were cooled and labeled to identify the batch and the date of preparation. The bottles were then kept in an upright position in the refrigerator (WHO, 1998).

Procedure for Decontamination

Fifteen ml (15mL) of the fermented milk sample was measured and put into a falcon tubes and equal amount of 4% NaOH was added to the sample. The falcon tubes containing the samples were then closed tightly and shaken to digest the sample and then allowed to stand for 15minutes at room temperature with occasional shaking. This was then centrifuged at 3000rpm for 15 minutes. After centrifugation, the supernatant was removed; 15mL of sterile saline was then added to the sediment in the falcon tubes and then centrifuged further for another 15minutes at 3000 rpm. Thereafter, the supernatant was decanted and then the sediment was inoculated onto a Lowenstein – Jensen culture media (WHO, 1998).

Isolation of *M. bovis*

For the isolation of *M. bovis*, a method reported by of Benet *al.*, was adopted. The samples were decontaminated using 4% NaOH, and then neutralized with sterile normal saline, centrifuged at 3000rpm for 30minutes. The deposits after centrifugation and decantation of supernatant were inoculated onto the already prepared Lowenstein – Jensen medium and incubated at 37⁰C for 7 - 8 weeks (Ben Kahlaet *al.*, 2011).

Identification of *M. bovis*

Ziehl-Neelsen Staining Procedure

A smear of colonies from growth on LJ medium was prepared allowed to dry and then heat fixed. The smear was then flooded with carbolfuchsin stain and heated for 5 minutes and then rinsed with de- ionized water. Acid alcohol was then flooded on the smear for 15 seconds until

the smear is sufficiently decolorized i.e. pale pink. The slide was then rinsed with de-ionized water and Löffler's Methylene Blue stain was added as counter stain for 60 seconds. After which it was rinsed with clean water and allowed to dry. The smear was then examined microscopically using x10 oil immersion (Delisle and Tomalty, 2002; Cheesbrough, 2006).

Biochemical Analysis

The colonies were subjected to certain biochemical test such as niacin accumulation test and nitrate reduction test as described by Palomino *et al.*, (2007) to differentiate *M. bovis* from *M. tuberculosis*. Isolates that were niacin and nitrate negative were identified as *M. bovis* (Cheesbrough, 2006).

Nitrate Reduction Test

The isolates were into a buffer solution containing nitrate and incubated at 37°C for 2 hours. Then sulphanimide and n-naphthylenediaminedihydrochloride solution was added. Positive reaction was indicated by the presence of pink to red color within 30 – 60 seconds (Arora and Arora, 2007).

Niacin Accumulation Test

Three to four (3 – 4) culture slant of Löwenstein-Jensen slant was flooded with 1 ml of distilled water. The medium was stabbed with the tip of the pipette to allow access of the water to the underlying medium. The tube was tilted to allow the water to covers the surface of the slant. The tube was left to stand for 20 to 30 minutes. The tube was rotated so that the slant faces downward. Carefully, 0.6 ml of extract was transferred to the screw cap test tube and then added 0.25 ml of o-toluidine and 0.25 ml of 10% cyanogen bromide. The tube was observed formation of a pink color which indicate positive test within 5 minutes (Cheesbrough, 2006).

SD-Bioline Test for the Confirmation of *M. bovis*

SD–Bioline Rapid test was performed according to the manufacturer's guidelines. Three to four colonies of mycobacterial strains grown in Löwenstein-Jensen media were emulsified in 100µL of extraction buffer, and then 50µL of the extraction buffer was placed in sample well on the test strip. The results were visually assessed based on color development after incubation at room temperature for 15 min. The presence of two-color bands in the control and test window was regarded as positive result while presence of only control band indicates a negative result (WHO, 2006; Hyeon-Seop *et al.*, 2015).

Table 2: The Result of Ziehl-Neelsen Staining

Locations	Fresh Milk			Fermented Milk	
	No of Samples	No of Positive by ZN	% of positive by ZN	No of Positive by ZN	% of positive by ZN
GMM	30	10	33.33	3	10.0
TDM	30	7	23.33	2	6.67
TSM	30	7	23.33	2	6.67
Total	90	24	26.67	7	7.78

p-value= .993 p-value = .993

Key: ZN = Ziehl-Neelsen, Gombe Main Market (GMM), Tashan Dukku Market (TDM), Tashan Shongo Market (TSM).

The results of the SD-bioline antigenic test is described in Table 3. The results depicted that both GMM, TDM, and TSM isolates showed a positive reaction after SD-bioline antigenic test for fermented milk samples with 2(6.66%). The fresh milk samples revealed positive reaction on SD-bioline antigenic test with 8(26.67%), 7(23.33%), and 6(20.00%) for GMM, TDM, and TSM samples respectively. However, the results revealed an overall prevalence of *Mycobacterium bovis* with 21(23.33%), and 6(6.66%) for fresh and fermented milk respectively.

Table 3: The Result of SD- Bioline Antigenic Test

Locations	Fresh Milk			Fermented Milk	
	No of Samples	No of SD-Bioline Positive	% of SD-Bioline Positive	No of SD-Bioline Positive	% of SD-Bioline Positive
GMM	30	8	26.67	2	6.66
TDM	30	7	23.33	2	6.66
TSM	30	6	20.00	2	6.66
Total	90	21	23.33	6	6.67

p-value= .978 p-value = .999

Key: Gombe Main Market (GMM), Tashan Dukku Market (TDM), Tashan Shongo Market (TSM)

The results of the distribution of *M. bovis* isolated from fresh and fermented milk is presented in Table 4. The results described fresh milk having the higher prevalence with 21(23.33%) compared to fermented milk with 6(6.67%).

Table 4: The Result of the Distribution of *M. bovis* between Fresh and Fermented Milk Samples

Tests carried out	No of Samples	Fresh		Fermented	
		Positive samples	% of Positive samples	Positive samples	% of Positive samples
Culture	90	24	26.67	24	26.67
ZN	90	24	26.67	7	7.78
SD-Bioline	90	21	23.33	6	6.67

Chi-square value: 8.797 df: 2 p = .0123

Discussion

Study on the incidence of *M. bovis* in fresh and fermented milk revealed the presence of the organisms in the samples analyzed. The study also depicted that all the samples collected from different study areas (Gombe main market, Tashan Dukku market and Tashan Shongo markets) were found to be contaminated with *Mycobacterium bovis*. The study revealed that there is no significant difference between the location of sample collection for both fresh and fermented milk with $p = .978$, and $.999$ for fresh and fermented milk respectively. However, higher prevalence of *M. bovis* was found in fresh milk samples than fermented milk. From the present study, 21(23.33%) of the fresh milk samples collected and analysed were found to be contaminated with *M. bovis* while only 6(6.67%) samples out of 90 fermented samples collected analysed in the study were found to be contaminated with *M. bovis*. This further revealed that there is a significant different in *M. bovis* contamination between fresh and fermented milk sold in Gombe metropolis with $p = .0123$, at $p \leq 0.05$. However, the results of this study for fermented milk samples 6(6.67%) is lower than the those reported by Ogundejiet al.(2015)who detected 8(16%) of positive milk samples for *M. bovis* in their study conducted on Molecular detection of *M. bovis* in cattle milk in Enugu State, Nigeria. The result is also higher in fresh milk than those reported by Ogundeji et al. (2015).

A study conducted by Ofukwu et al. (2008) reported the presence of *M. bovis* 2(2.2%) of 90 “nono” samples analyzed in Makurdi, Benue State of Nigeria which is lower than the result obtained in this study for both fresh and fermented milk. In another study, Abubakar, (2007) reported prevalence rate of 14(12.6%) of *M. bovis* from 111 cow milk samples in Federal capital territory and Kaduna State of Nigeria; this result is higher than the result of the present study in fermented milk and lower than those obtain in fresh milk.

However, 6(6.67%) reported in this study in fermented milk is in line with the result reported by Cadmus et al. (2004) who detected 6(11.3%) *M. bovis* from 53 milk samples screened in Ibadan, Oyo state of Nigeria. The result in fermented milk is also significantly lower than findings of Ofukwu et al. (2008) who reported 4(18.2%) of *M. bovis* from 22 cow milk in Makurdi, Nigeria.

Milk contamination by microorganisms generally occurs from three main sources; from within the udder, from the exteriors of the udder and also from the surfaces of milk handling and storage equipment's (Bramley and Mckinnon, 1990). Moreover, Murphy and Boor, (2000), reported that the health and hygiene of the cow, the environment in which the cow is housed and milked, and the procedures used in cleaning and sanitizing the milking and storage equipment, all influence microbial numbers in milk. Temperature and length of storage time are important because they can support the growth of microorganisms in milk (Murphy and Boor, 2000).

Large number of the inhabitants of the study area uses milk as a source of food and they usually buy the milk from milk vendors who are running from one street to another and sometimes they go to nono market to buy. Hence, detection of *M. bovis* from cow milk poses a serious threat to the individuals that consumed the milk. This is because when cow milk is produced in small quantity it is not always sold to dairy industries for pasteurization, rather sold at retail and may be consumed raw and it also be used for the production of fermented dairy products.

Conclusion

This study detects the presence *M. bovis* in both fresh and fermented cow milk sold in the nono markets within Gombe metropolis. The study revealed fermented milk is safer for consumption than fresh milk since it has a lower prevalence of *M. bovis*. The results also reveal that there is chance of transmitting *M. bovis* from animals to human through consumption of poorly treated and unhygienic cow milk. The occurrence of zoonotic diseases such as those caused by *Mycobacterium* species in milk could be acquired by humans through consumption of milk contaminated by these organisms leading to pulmonary and extra-pulmonary tuberculosis. However, cow milk gets easily contaminated during milking if the udder is not properly clean. *M. bovis* can be transferred from the udder of the cow into the container during milking which if the milk is not properly pasteurized it can lead to zoonotic infection.

Recommendation

Clinicians and veterinarians should be aware of the occurrence of *M. bovis* in the stable diet of residents (Milk) in the study area for proper diagnosis and treatment as the case may be. Also, accurate measured should be taken during milking and also during processing of the milk to form

fermented milk. Public health awareness should be conducted especially to the peoples milking and processing the milk as well as those vendors selling the cow milk.

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