

Brucellosis in Humans with the Approach of *Brucella* Species Contamination in Unpasteurized Milk and Dairy Products from Hamadan, Iran

Mohammad Mahdi Majzobi^{1,2} Pejman Karami³, Amir Khodavirdipour⁴, Mohammad Yousef Alikhani^{2,3*} 

1. Department of Infectious Diseases, Faculty of Medicine, Hamadan University of Medical Sciences, Hamadan, Iran
2. Brucellosis Research Center, Hamadan University of Medical Sciences, Hamadan, Iran
3. Microbiology Department, Faculty of Medicine, Hamadan University of Medical Sciences, Hamadan, Iran
4. Division of Human Genetics, Department of Anatomy, St. John's Hospital, Bangalore, India

ABSTRACT

Background and Aim: As the most important human food source, milk and dairy products may lead to infectious diseases due to non-compliance with health standards. Brucellosis is one of the critical zoonotic diseases that affect the human population. Humans are usually infected by *Brucella* spp. via contaminated milk and dairy products and direct contact with infected animals.

Materials and Methods: This study was conducted to determine the *Brucella* spp. contamination rate of milk and dairy products in the rural and urban areas in the city of Hamadan, west of Iran, in 2018-2019. In this descriptive-analytical study, 291 samples of nonboiling milk (227), fresh cheese (43), and cream (21) were collected from dairy products suppliers in the urban (No=103), rural areas (No=162), and industrial regions (No=26). We collected 72 samples from sheep and goats and 219 specimens from cattle. Samples were randomly selected from the target centers.

Results: The overall contamination rate of collected samples with *Brucella* spp. found to be 4.1%. The milk and dairy products contamination in urban areas was 0.9%, rural 6.6%, and industrial regions 0%. Furthermore, the contamination rate varied from 9.7% to 2.5% for small ruminants and large ruminants, respectively, which was significant ($P=0.01$).

Conclusion: Given the importance of dairy consumption in the human diet and higher contamination of milk and dairy products taken from cattle, sheep, and goats with *Brucella* species, it is recommended that control and prevention programs in sheep and goats must be taken more seriously.

Keywords: *Brucella*; Contamination; Dairy products; Hamadan

Received: 2022/01/15;

Accepted: 2022/03/01;

Published Online: 2022/05/25

Corresponding Information:

Dr. Mohammad Yousef Alikhani, Ph.D, Brucellosis Research Center, Hamadan University of Medical Sciences, Hamadan, Iran

Email: alikhani43@yahoo.com alikhani@umsha.ac.ir



Copyright © 2021, This is an original open-access article distributed under the terms of the Creative Commons Attribution-noncommercial 4.0 International License which permits copy and redistribution of the material just in noncommercial usages with proper citation.

Use your device to scan and read the article online



Majzobi M M, Karami P, Khodavirdipour A, Alikhani M Y. Brucellosis in Humans with the Approach of *Brucella* Species Contamination in Unpasteurized Milk and Dairy Products from Hamadan, Iran. Iran J Med Microbiol. 2022; 16 (4) :282-287

Download citation: [BibTeX](#) | [RIS](#) | [EndNote](#) | [Medlars](#) | [ProCite](#) | [Reference Manager](#) | [RefWorks](#)

Send citation to:  [Mendeley](#)  [Zotero](#)  [RefWorks](#)

1 Introduction

Brucellosis is an important zoonosis with global distribution which can happen in 3 stages: acute, subacute, or chronic (1, 2). The causes of brucellosis are small, gram-negative, non-motile, and facultative intracellular coccobacillus, which can infect many mammals, including cows, sheep, goats, pigs, rodents, marine mammals, and humans (3). Brucellosis can affect the reproductive system and lessen fertility or

even cause spontaneous abortion or infertility, especially in cattle (1, 4). The humans are infected by *Brucella* spp. via the gastrointestinal tract, respiratory system, and non-intact skin (5, 6). The Bacteria disseminate in the body through the blood circulation and lymphatic system (7). Brucellosis usually presents fever, sweating, weakness, musculoskeletal pain, lethargy, and weight loss. Also, it can cause local

infections such as meningitis, hepatitis, orchitis, and some other local involvements (8). Six species of *Brucella* have been identified as disease-causing agents, which are *Brucella abortus*, *Brucella canis*, *Brucella melitensis*, and *Brucella suis*, capable of causing disease in humans (2). Humans are usually infected by consuming contaminated milk and dairy products (9). Brucellosis may transmit through non-intact skin, even the placenta, and also it is an airborne disease (10, 11). Other raw or semi-cooked beef by-products such as liver, meat, heart, kidney, and blood, which are common foods in some countries, are considered to be infectious sources (12).

Brucellosis is a zoonosis disease that can spread between animals and humans worldwide, especially in the Mediterranean countries, the Middle East, the Arabian Peninsula, Central, and South America, Asia, and Africa. Although only 17 countries such as Scandinavian and northern European countries, Australia, New Zealand, Japan, and a couple of other countries have been declared free of brucellosis, even in these countries, some cases of the disease have been reported among travelers to endemic areas (13). The countries like Iran, Saudi Arabia, Syria, Jordan, and Oman have the highest incidence of human brucellosis, and the incidence of brucellosis in the Middle East is between 1 to 78 people per 100,000 populations (14). According to the Lancet journal statistical data in 2006, Iran, Turkey, Iraq, and Saudi Arabia, with an outbreak of 8 to 50 per 100,000 after Syria (over 100 per 100,000 population), Afghanistan, Georgia, Bosnia, and Albania (50 to 100 per 100,000) has the highest prevalence of human brucellosis (15). Otlu *et al.* in a study in Turkey showed that in some provinces of the country, 34.9% of the livestock with a history of abortion had positive brucellosis history. Brucellosis is endemic in Iran, Syria, and Iraq, especially in provinces neighboring Turkey, due to the illegal livestock exchange (16). The disease is widespread in all parts of Iran. Still, its prevalence is not the same in different regions, so the least incidence reported in the southern regions of Iran and the highest infection rates (31 to 41 cases per 100,000 people) occur in the provinces of Hamadan, Markazi, East Azarbaijan, and Zanjan (2). This study was designed and conducted to investigate the *Brucella* infection of milk and dairy products that have been used in different areas of Hamadan, west of Iran, in a local dispensary in unpasteurized form.

2. Materials and Methods

Sampling

This cross-sectional and descriptive-analytical study was performed on milk (227 samples), soft cheese (43 samples), and creams (21 samples) from traditional or

non-pasteurized dairy supply centers in Hamadan, west of Iran (urban and rural areas), and industrial regions. Milk samples were collected from local unpasteurized dairy distributors in urban areas and industrial sites that passed all hygienic processes. Regarding cheese samples, half of them were collected from dairy product dispensaries with sources in villages, countries, and half-regular pasteurized cheese. The cream samples were taken from stores or rural houses prepared in a traditional and non-pasteurized manner. This study was approved by the ethics committee of Hamadan University of Medical Sciences (No: IRUMSHA.REC.1393.930222646).

Diagnosis and Identification of *Brucella* spp.

To detect *Brucella* spp. in samples, 100-200 mL milk was collected and centrifuged at 3000 rpm for 20 minutes, and the pellet was plated on *Brucella* agar medium supplemented with different antibiotics and incubated in a 10% CO₂ incubator at 35°C for at least seven days. One hundred grams of fresh cheese and cream were taken into sterilized tubes, homogenized in *Brucella* broth medium, and centrifuged at 3000 rpm for 20 minutes. The supernatant was discarded; then, 10 mL of *Brucella* broth medium was added to the pellet and incubated at 35°C for 24 hours. After the preliminary incubation by a sterile loop, inoculate the sample on a medium supplemented with different antibiotics. The following concentrations of antibiotics were added per liter of media to eliminate undesirable microorganisms: cycloheximide (100 mg), bacitracin (25000 units), polymyxin B sulfate (5000 units), vancomycin (20 mg), nalidixic acid (5 mg) and nystatin (100 000 units). The plates were then incubated in a 10% CO₂ incubator in a humidified atmosphere at 35°C for at least seven days. On culture, colonies appear small, convex, smooth, translucent, nonhemolytic, and slightly yellow and opalescent after at least 48 hours of incubation, and suspected colonies were identified by gram staining, CO₂ requirement, and biochemical tests such as H₂S production, susceptibility to the aniline dyes thionine and basic fuchsin, urease, oxidase, and catalase (17, 18).

Data Analysis

The obtained data and values are entered into SPSS software 20 (SPSS Inc., Chicago, IL., USA), and the results were analyzed using descriptive statistics by performing Fischer's exact test.

3. Results

Out of 291 samples, 12 (4.1%) samples showed *Brucella* growth, and after identification and confirmation tests, 9 (75%) samples were found to be *B. melitensis*, and the remaining 3 (25%) were *B.*

abortus (Tables 1, 2, and 3). The Brucella contamination rates in urban, rural, and industrial regions were found to be 2(1.9%), 10 (6.2%), and 0.0%, respectively (Table 1). Fischer's exact tests did not show significant differences in urban and rural areas ($P=0.186$). Of the 103 samples collected from urban areas, two were positive for Brucella infection, one being *B. melitensis* and the other *B. abortus*. On the

other hand, out of 162 samples collected from rural areas, ten samples showed bacterial growth, which was found to be 8 cases of *B. melitensis* and 2 cases of *B. abortus*. The contamination rates samples were 4%, 2.3%, and 9.5% in milk, cheese, and cream, respectively. Fisher's exact test did not show any significant difference in the three samples ($P=0.332$) (Table 2).

Table 1. *Brucella spp.* dairy product contamination rate based on sampling sites

Area	Positive No(%)	Negative No(%)	Total No(%)
Urban	2(1.9)	101(98.1)	103(100)
Rural	10(6.2)	152(93.8)	162(100)
Commercial	0	26(100)	26(100)
Total	12(4.1)	279(95.9)	291(100)

Table 2. *Brucella spp.* contamination rate in the dairy product based on the type of samples

Sample	Positive No(%)	Negative No(%)	Total No(%)
Milk	9(4)	218(96)	227(100)
Cheese	1(2.3)	42(97.7)	43(100)
Cream	2(9.5)	19(90.5)	21(100)
Total: No(%)	12(4.1)	279(95.9)	291(100)

The contamination rate of dairy samples by type of livestock (sheep and cow) was shown in Table 3. Of the dairy samples obtained from cows and sheep, respectively, 2.3% and 9.7% were contaminated with

Brucella spp. Fisher's exact test showed a significant difference in the source of products ($P=0.012$), which means that the outbreak of brucellosis in sheep is more than the cow.

Table 3. *Brucella spp.* contamination rate in the dairy product based on the type of livestock

livestock	Positive No(%)	Negative N (%)	Total No(%)
Sheep	7(9.7)	65(90.3)	72(100)
Cow	5(2.3)	214(97.7)	219(100)
Total :No (%)	12(4.1)	279(95.6)	291(100)

4. Discussion

The use of unpasteurized dairy products such as milk, cheese, cream, and whey is the source of some infections and diseases in humans. These diseases are classified as foodborne diseases and are mainly caused by bacteria such as *Listeria monocytogenes*, *Salmonella spp.*, *Escherichia coli*, *Staphylococcus aureus*, *Bacillus cereus*, and *Campylobacter spp.* (17). In addition to being a zoonosis disease between humans and livestock, brucellosis is also transmitted through milk and dairy products (19, 20). In the

present study, 12 samples (4.1%) of dairy products, including milk, cheese, and cream infected by *Brucella spp.* In a study by Bateni *et al.* in Zanjan, out of 299 milk and cheese samples examined by culture method, 5 samples (1.67%) were infected by *Brucella* (21). In other research reported by Movasagh *et al.* in the Parsabad-Moghan region of Ardabil province, Iran, the raw cattle milk contamination rate was 37.5% (22). In another study carried out by Akbarmehr *et al.* conducted on 1000 samples of cheese from Sarab city

in Iran and its suburbs from 1999 to 2001, they found Brucella infection rate to be 2.2 %, which 0.7% and 1.5% of the cases were reported as *B. melitensis* and *B. abortus* respectively (23). Izadi *et al.* investigated the rate of Brucella infection in milk and dairy products using the Nested PCR technique in Tehran province, Iran. In 34 pasteurized milk samples, they reported 10 cases were PCR positive, from 28 pasteurized cheese samples, only 8 cases, from 23 traditional cheese 14 cases, and finally, from 33 samples of raw sheep milk, 19 cases were PCR positive (24). It seems that the differences between the results of the current study and previous ones are related to the methodology and the area of research (25, 26).

A study on 1028 brucellosis patients in Turkey showed that 63.6% had a history of raw dairy products and/or raw milk consumption. In Turkish studies, the level of reported human Brucella contaminations resulting from infected dairy products varies from 62.6% to 94.6%. Infected raw milk consumption was also accountable for 69% of brucellosis cases in Kuwait, 57.1% in Iran, and 63% in Oman. Recently in Qatar, an outbreak of *B. melitensis* and *B. abortus* infections has been accompanied by camel milk drinking. Eating unpasteurized raw milk and cheese has also been reported as an important source of human brucellosis in other Middle Eastern areas such as Saudi Arabia (27). Khalili *et al.* in Kerman city, Iran, reported that the rate of Brucella contamination in the delivery tank to one of the dairy factories by polymerase chain reaction (PCR) method was 3.8%, which is more than our findings (28). Movasagh *et al.* took 50 random samples of cow's milk and, by using the ELISA method (Milk ring test), reported that 10% of samples were positive for *B. abortus* (29). In a study by Silva *et al.* in Amazon areas on samples of cow's milk and cheese from buffalo milk, the Brucella infection rate was reported at 21% (14 samples out of 66), one of which was caused by the vaccine strain and in all of the other cases *B. abortus* isolated (30). In Egypt, the study of Gamal Wareth showed that from 215 bovine milk and milk products using indirect enzyme-linked immunosorbent assay (iELISA), anti-Brucella antibodies were detected in 34 samples (16%).

In contrast, the real-time PCR (RT-PCR) technique amplified Brucella-specific DNA from 17 milk samples

(7.9%), which 16 of the RT-PCR-positive samples containing *B. melitensis* DNA; 1 RT-PCR-positive sample was identified as having *B. abortus* DNA (31). In another study in Turkey, fresh cheese from sheep milk, which was for sale in the central market of Cannakale, was investigated by Alper *et al.* by culture method, the rate of infection was found to be 0 % (32). Considering the high level of contamination in dairy products, it seems that using boiled milk to prepare cheese might be an effective way to combat the disease (33, 34).

5. Conclusion

This study showed that unpasteurized milk and dairy products are highly contaminated with Brucella spp. Therefore consumption of raw milk and unpasteurized dairy products is considered a serious public health hazard. The old belief about the usefulness of raw milk over pasteurized milk should be considered in light of current scientific information.

In general, education about the nature of the infection and how it is spread through raw milk and dairy products is essential to prevent infection or the spread of the disease.

Acknowledgment

The authors would like to acknowledge the Vice-chancellor of Research and Technology, Brucellosis Research Center of Hamadan University of Medical Sciences, Hamadan, Iran, and microbiology laboratory staff.

Funding

The Vice-chancellor of Research and Technology, Hamadan University of Medical Sciences, Hamadan, Iran, supported the study financially (Grant Number: 930222646).

Conflict of Interest

The authors declare that they have no conflict of interests.

Reference

1. Cutler S, Whatmore A, Commander N. Brucellosis-new aspects of an old disease. *J Appl Microbiol.* 2005;98(6):1270-81. [DOI:10.1111/j.1365-2672.2005.02622.x] [PMID]
2. Golshani M, Buozari S. A review of Brucellosis in Iran: Epidemiology, Risk Factors, Diagnosis, Control, and Prevention. *Iran Biomed J.* 2017;21(6):349-59.
3. Kamkar A, Noudoost B, Bidhendi GN, Bidhendi ME, Nejad AM. Monitoring of heavy metals in raw milk of vet husbandries in industrial regions

- of Isfahan Province of Iran. *Asian J Chem.* 2010;22(10):7927.
4. Zanganeh N, Siahpoushi E, Kheiripour N, Kazemi S, Goodarzi MT, Alikhani MY. Brucellosis Causes Alteration in Trace Elements and Oxidative Stress Factors. *Biol Trace Elem Res.* 2018;182(2):204-8. [[DOI:10.1007/s12011-017-1102-3](https://doi.org/10.1007/s12011-017-1102-3)] [PMID]
 5. Heshmati A, Mozaffari Nejad ASM, Ghyasvand T. The Occurrence and Risk Assessment of Aflatoxin M in Yoghurt Samples from Hamadan, Iran. *Open Public Health J.* 2020;13(1). [[DOI:10.2174/1874944502013010512](https://doi.org/10.2174/1874944502013010512)]
 6. Mozaffari Nejad AS, Heshmati A, Ghiasvand T. The Occurrence and Risk Assessment of Aflatoxin M1 in Cheeses Samples from Hamadan, Iran. *Iran J Pharm Res.* 2020;19(4):44-50.
 7. Lapaque N, Moriyon I, Moreno E, Gorvel J-P. Brucella lipopolysaccharide acts as a virulence factor. *Curr Opin Microbiol.* 2005;8(1):60-6. [[DOI:10.1016/j.mib.2004.12.003](https://doi.org/10.1016/j.mib.2004.12.003)] [PMID]
 8. Ceran N, Turkoglu R, Erdem I, Inan A, Engin D, Tireli H, et al. Neurobrucellosis: clinical, diagnostic, therapeutic features and outcome. Unusual clinical presentations in an endemic region. *Braz J Infect Dis.* 2011;15(1):52-9. <https://doi.org/10.1590/S1413-86702011000100010> [[DOI:10.1016/S1413-8670\(11\)70140-4](https://doi.org/10.1016/S1413-8670(11)70140-4)] [PMID]
 9. Opawoye AD. Brucellosis in Saudi Arabia: past, present and future. *Ann Saudi Med.* 2000;20(5-6):492; author reply 3. [[DOI:10.5144/0256-4947.2000.492](https://doi.org/10.5144/0256-4947.2000.492)] [PMID]
 10. Nejad ASM, Heshmati A, Ghiasvand T. The Occurrence and Risk Assessment of Exposure to Aflatoxin M1 in Ultra-High Temperature and Pasteurized Milk in Hamadan Province of Iran. *Osong Public Health Res Perspect.* 2019;10(4):228-33. [[DOI:10.24171/j.phrp.2019.10.4.05](https://doi.org/10.24171/j.phrp.2019.10.4.05)] [PMID] [PMCID]
 11. Kamkar A, Fallah AA, Mozaffari Nejad AS. The review of aflatoxin M1 contamination in milk and dairy products produced in Iran. *Toxin Rev.* 2014;33(4):160-8. [[DOI:10.3109/15569543.2014.922580](https://doi.org/10.3109/15569543.2014.922580)]
 12. Naseri Z, Alikhani MY, Hashemi SH, Kamarehei F, Arabestani MR. Prevalence of the most common virulence-associated genes among Brucella Melitensis isolates from human blood cultures in Hamadan Province, West of Iran. *Iran J Med Sci.* 2016;41(5):422.
 13. Hashemi SH, Asadi FT, Alikhani MY, Moghimbeigi A, Naseri Z. Comparison of serology, culture and polymerase chain reaction (PCR) for diagnosis of human brucellosis. *Int J Infect Dis.* 2016;45:476. [[DOI:10.1016/j.ijid.2016.02.1004](https://doi.org/10.1016/j.ijid.2016.02.1004)]
 14. Refai M. Incidence and control of brucellosis in the Near East region. *Vet Microbiol.* 2002;90(1-4):81-110. [[DOI:10.1016/S0378-1135\(02\)00248-1](https://doi.org/10.1016/S0378-1135(02)00248-1)]
 15. Pappas G, Papadimitriou P, Akritidis N, Christou L, Tsianos EV. The new global map of human brucellosis. *Lancet Infect Dis.* 2006;6(2):91-9. [[DOI:10.1016/S1473-3099\(06\)70382-6](https://doi.org/10.1016/S1473-3099(06)70382-6)]
 16. Otlu S, Sahin M, Atabay H, Unver A. Serological investigations of brucellosis in cattle, farmers and veterinarians in the Kars district of Turkey. *Acta Vet Brno.* 2008;77(1):117-21. [[DOI:10.2754/avb200877010117](https://doi.org/10.2754/avb200877010117)]
 17. Asadi FT, Hashemi SH, Alikhani MY, Moghimbeigi A, Naseri Z. Clinical and diagnostic aspects of brucellosis and antimicrobial susceptibility of Brucella isolates in Hamedan, Iran. *Jpn J Infect Dis.* 2016:JJID. 2016.133.
 18. Bahmani N, Mirnejad R, Arabestani MR, Mohajerie P, Hashemi SH, Karami M, et al. Comparison of PCR-RFLP and PFGE for determining the clonality of Brucella isolates from human and livestock specimens. *Saudi J Biol Sci.* 2019;26(2):256-62. [[DOI:10.1016/j.sjbs.2017.08.017](https://doi.org/10.1016/j.sjbs.2017.08.017)] [PMID] [PMCID]
 19. Abdali F, Hosseinzadeh S, Berizi E, Pourmontaseri M. Prevalence of Brucella species in unpasteurized dairy products consumed in Shiraz province using PCR assay. *Mol Biol Res Commun.* 2020;9(3):117-21.
 20. Garcell HG, Garcia EG, Pueyo PV, Martin IR, Arias AV, Alfonso Serrano RN. Outbreaks of brucellosis related to the consumption of unpasteurized camel milk. *J Infect Public Health.* 2016;9(4):523-7. [[DOI:10.1016/j.jiph.2015.12.006](https://doi.org/10.1016/j.jiph.2015.12.006)] [PMID]
 21. Bateni J, Samadzadeh R. A survey on the contamination of traditional cheese and milk survey in zanzan city with brucella and E. coli. *J Adv Med Biomed Res.* 2002;9(35):58-65.
 22. Movassagh M, D Azar P. Contamination rate of cow's raw milk with Brucella abortus in Parsabad region by Milk Ring Test. *Food Hyg.* 2012;1(4):71-5.
 23. Akbarmehr J. A survey on the contamination of fresh white cheese produced in Sarab city and rural area with Brucella spp. 2003.

24. Izadi A, Moslemi E, Tabatabaei Panah A, Kheiri Manjili H. Brucella spp. detection in dairy products using nested and hemi nested PCR techniques. *Ann Biol Res.* 2014;5(1):124-31.
25. Manivannan K, Mahmoud SM, Ramasamy M, Shehata AAE, Ahmed H, Solaimuthu C, et al. Molecular detection of brucellosis in dromedary camels of Qatar by real-time PCR technique. *Comp Immunol Microbiol Infect Dis.* 2021;78:101690. [\[DOI:10.1016/j.cimid.2021.101690\]](https://doi.org/10.1016/j.cimid.2021.101690) [\[PMID\]](#)
26. Shakuntala I, Milton AAP, Sanjukta RK, Kakoty K, Karam A, Dutta A, et al. Isolation and serogeno-epidemiological studies on Brucella infection in dairy cattle in Meghalaya, India. *Comp Immunol Microbiol Infect Dis.* 2021;78:101694. [\[DOI:10.1016/j.cimid.2021.101694\]](https://doi.org/10.1016/j.cimid.2021.101694) [\[PMID\]](#)
27. Dadar M, Shahali Y, Whatmore AM. Human brucellosis caused by raw dairy products: A review on the occurrence, major risk factors and prevention. *Int J Food Microbiol.* 2019;292:39-47. [\[DOI:10.1016/j.ijfoodmicro.2018.12.009\]](https://doi.org/10.1016/j.ijfoodmicro.2018.12.009) [\[PMID\]](#)
28. Khalili M, Aflatoonian MR, Aliabadi FS, Abshenas J. Brucella contamination in raw milk by polymerase chain reaction. *Tehran Univ Medical J.* 2016;74(7):517-21.
29. Movassagh MH. Detection of Cow's Raw Milk Contamination by Brucella Abortus in Ilkhchi Region by ELISA Method. *J Food Sci Technol Nutr.* 2013;10(1):97-101.
30. Silva J, Moraes CMD, Silva CL, Sales GA, Keid LB, Matos P, et al. Brucella abortus detected in cheese from the Amazon region: differentiation of a vaccine strain (B19) from the field strain in the states of Pará, Amapá and Rondônia, Brazil. *Pesqui Vet Bras.* 2016;36(8):705-10. [\[DOI:10.1590/S0100-736X2016000800005\]](https://doi.org/10.1590/S0100-736X2016000800005)
31. Wareth G, Melzer F, Elschner MC, Neubauer H, Roesler U. Detection of Brucella melitensis in bovine milk and milk products from apparently healthy animals in Egypt by real-time PCR. *J Infect Dev Ctries.* 2014;8(10):1339-43. [\[DOI:10.3855/jidc.4847\]](https://doi.org/10.3855/jidc.4847) [\[PMID\]](#)
32. Alper S, Nesrin C. Bacterial contamination in fresh white cheeses sold in bazaars Canakkale, Turkey. *Intl Food Res J.* 2013;20(3).
33. Celebi O, Celebi D, Eda Balkan C. Effects of boiling dairy products on human brucellosis. *Eurasian J Med.* 2013;45(2):73-6. [\[DOI:10.5152/eajm.2013.17\]](https://doi.org/10.5152/eajm.2013.17) [\[PMID\]](#) [\[PMCID\]](#)
34. Wang Y, Robertson ID, Cheng S, Wang Y, Hou L, Wang G, et al. Evaluation of a milk ELISA as an alternative to a serum ELISA in the determination of the prevalence and incidence of brucellosis in dairy herds in Hubei Province, China. *Prev Vet Med.* 2020;182:105086. [\[DOI:10.1016/j.prevetmed.2020.105086\]](https://doi.org/10.1016/j.prevetmed.2020.105086) [\[PMID\]](#)