



A Note on Brucellosis Vaccine

Soheil Ebrahimpour^{1*}

Brucellosis is a global disease which annually endorses 500,000 human beings and also this infection present more and more among animals, such as cattle, sheep and goats are cases that the infection can be seen more than others. Fever, seating, malaise, losing weight, endocarditis, arthritis and spondylitis are symptoms and signs of disease in human (1,2). One of the main sources of infection for domestic animals and human can be suggested wild animals. Therefore, avoidance of this disease in animal reservoirs stands on top of methods for eradication of this infection in humans. Abortion is popular clinical sign of brucellosis which occur in contaminated live stocks, and also a reduction of milk production in infected cattle is the other symptoms. Hence, increase in milk production rate is accompanied with decrease disease respect (3). This subject matter clarity that abortion and reduction of milk production in cows are very similar to something that occurs in contaminated goats with *Brucella* bacteria (4). Annual estimation of economic harm due to brucellosis in live stocks is more than millions USD. We should pay heed to this point that it's just a bit harmful effect of this disease (5). Some protection programs set for this infection such as pasteurization and occupational exposure monitoring for omission of this disease in live stocks, sanitation, test and slaughter and vaccination are the main essential programs. Producers and butchers are educated according to sanitation programs due to a reduction of contamination. In addition, vaccination is one of controlling method that is also economical and has vast usage. Some essential features of vaccines must be such as: dose not interfere with serological tests, long term prevention come through via one dose vaccination, prevention of abortion, biological consistency and low price. Some functions of the immune system like activity and strength must be reinforced, particularly for the production of good and ideal vaccine against brucellosis. A dose of live attenuated vaccine has

maximum efficacy against intracellular pathogens among other brucellosis vaccines (6). Of course, this fact must be mentioned that, responses estimation, which is due to vaccination and natural body reaction against bacteria is very hard and difficult. Hence, vaccine production procedure is very important and needs more attention. Intramuscular or subcutaneous form is most popular and illustrations methods for vaccination in live stocks. Although other methods like oral and intra conjunctivae are also common (7). Different kinds of vaccines are produced against brucellosis. S19 as a, Live smooth attenuated vaccine is proposed against brucellosis for adult cattle. This vaccine is an important choice in the area with high prevalent of brucellosis and has high apply (8). Another vaccine is rough strain *Brucella abortus* (RB51) that has high function for brucellosis control in cattle (9). In regions with low prevalent of brucellosis usage of this vaccine has more advantageous rather than S19 vaccine. Rev-1 vaccine is more common and is the best one which use for infection control in sheep and goats. Indeed some organizations like WHO suggested this vaccine as appropriate one (10). Early in the 20th century, heat-killed *B. abortus* starin 45/20 vaccine proposed against brucellosis (11). The sub unit vaccine because of some features like non-infectious and virulent recommended as worthwhile substitution than costume vaccines (12). Thus, proper vaccine is one that create the best immunity against every kind of *Brucella*. Today regardless all efforts of researchers done in this filed they could not achieve to one appropriate and effective vaccine for human, and this point should be mentioned that for extirpation of this infection production of some vaccine with the most protective effects and the less side-effect in necessitated.

Ethical issues

This research was approved by the Ethics Committee

Received: 11 Sep 2014, Revised: 7 Oct 2014, Accepted: 22 Dec 2014, Available online: 15 Jan 2014

¹ Infectious Diseases and Tropical Medicine Research Center, Babol University of Medical Sciences, Babol, Iran

*Corresponding Author: Soheil Ebrahimpour, Infectious Diseases and Tropical Medicine Research Center, Babol University of Medical Sciences, Babol, Iran

Tel: +98 9111149309, Email: drsoheil1503@yahoo.com

of Babol University of Medical Sciences, Iran.

Conflict of interests

We declare that we have no conflict of interests.

Acknowledgments

I would like to represent my gratitude to Marzieh Nourollahzadeh for her advice as a translator of this note.

References

1. Ebrahimipour S, Youssefi MR, Karimi N, Kaighobadi M, Tabaripour R. The prevalence of human Brucellosis in Mazandaran province, Iran. *Afr J Microbiol Res* 2012; 6: 4090-4.
2. Hasanjani Roushan M, Ebrahimipour S. Human brucellosis: An overview. *Caspian J Intern Med* 2015; 6: 46-7.
3. Anka MS, Hassan L, Adzhar A, Khairani-Bejo S, Mohamad RB, Zainal MA. Bovine brucellosis trends in Malaysia between 2000 and 2008. *BMC Vet Res* 2013; 9: 230.
4. Megersa B, Biffa D, Abunna F, Regassa A, Godfroid J, Skjerve E. Seroprevalence of brucellosis and its contribution to abortion in cattle, camel, and goat kept under pastoral management in Borana, Ethiopia. *Trop Anim Health Prod* 2011; 43: 651-6.
5. SantosI RL, MartinsI TM, BorgesI AM, PaixãoII TA. Economic losses due to bovine brucellosis in Brazil. *Pesq Vet Bras* 2013; 33: 759-64.
6. Ficht TA, Kahl-McDonagh MM, Arenas-Gamboa AM, Rice-Ficht AC. Brucellosis: the case for live, attenuated vaccines. *Vaccine* 2009; 27: D40-D43.
7. Avila-Calderon ED, Lopez-Merino A, Sriranganathan N, Boyle SM, Contreras-Rodriguez A. A history of the development of Brucella vaccines. *Biomed Res Int* 2013; 2013: 743509.
8. Miranda KL, Poester FP, Minharro S, Dorneles EM, Stynen AP, Lage AP. Evaluation of Brucella abortus S19 vaccines commercialized in Brazil: immunogenicity, residual virulence and MLVA15 genotyping. *Vaccine* 2013; 31: 3014-8.
9. Tittarelli M, Bonfini B, De MF, Giovannini A, Di VM, Nannini D, et al. Brucella abortus strain RB51 vaccine: immune response after calthood vaccination and field investigation in Italian cattle population. *Clin Dev Immunol* 2008; 2008: 584624.
10. Behroozikhah A, Alamian S, Pourahmadi A, Moghadampour M. Evaluation on stability process of Brucella melitensis - Rev. 1 vaccine in Iran. *Archives of Razi Institute* 2009; 64: 85-90.
11. Schurig GG, Sriranganathan N, Corbel MJ. Brucellosis vaccines: past, present and future. *Vet Microbiol* 2002; 90: 479-96.
12. Yang X, Skyberg JA, Cao L, Clapp B, Thornburg T, Pascual DW. Progress in vaccine development. *Front Biol (Beijing)* 2013; 8: 60-77.

Citation: Ebrahimipour S. **A Note On Brucellosis Vaccine.** *Crescent J Med & Biol Sci* 2015; 2(1): 32-3.