**Antimicrobial Resistance Of Foodborne Zoonotic Bacteria Its Contributing Factors And Status In Ethiopia.**

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# Abstract: Food-borne diseases encompass a wide spectrum of illnesses and that are common in developing countries including Ethiopia. Their occurrence is mainly because of the prevailing poor food handling and sanitation practices, inadequate food safety laws, weak regulatory systems, lack of financial resources to invest in safer equipment and lack of education for food-handlers. In Ethiopia, the cases of food-borne illnesses are rarely investigated in detail and under reported. Therefore, the objective of this paper was to review food-borne Zoonotic microbial commonly bacteria and their status of resistance of drug, illness reported so far in Ethiopia and forward recommendations that addresses the weak sides. Based on literatures assessed, food-borne bacterial diseases reported in Ethiopia were mainly caused by Salmonella spp, Campylobacter, Listeria, E.coli and Mycobacterium, staphylococcus aurous and Listeriosis. These food-borne bacterial diseases were reported from different parts of Ethiopia though it does not seem to cover wider geographic areas. Similarly, antimicrobial resistance has been reported against sulfisoxazole, ampicillin, streptomycin, cephalothin, cotrimoxazole, trimethoprim, cephalothin, tetracycline, methicillin, vancomycinand, clindamicin. The main risk factor for the increase in the antibiotic resistance has been suggested to be an extensive use of antibiotics in human health, Veterinary Medicine and agriculture which lead to the emergence and dissemination of resistant bacteria and resistant genes in animals and humans. Therefore, coordinated surveillance and monitoring system for food-borne pathogens must be designed and community awareness for improvement of management and hygienic practices as well as professionals working in the area of food animals must get refreshment courses in order to deal with the changing pattern of food-borne pathogens epidemiology.

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**Key words**: - Zoonotic, Food born, Antibiotic resistant, Bacteria, Ethiopia.

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# Introduction

Foodborne diseases are among the most widespread global public health problems of recent times, and their implication for health and economy is increasingly recognized(WHO, 2004). According to reports, every year, a huge number of people suffer from foodborne diseases worldwide due to contaminated food and water consumption(Buzby and Roberts, 2009). A wide range of pathogens play a role in foodborne disease, most of which have a zoonotic origin and have carriers in healthy food animals from which they spread to an increasing variety of foods of animal origin and are considered as major vehicles of foodborne infections (F.M.S´anchez-Vargas, et al. 2011). Among the pathogens, Salmonella is considered the most prevalent foodborne pathogen worldwide (Carrasco, 2012) and has long been recognized as an important zoonotic microorganism of economic significance in animals and humans (Carrasco, 2012) , predominantly in the developing countries.

Consumption of raw or unsafe food, cross-contamination, improper food storage, poor personal hygiene practices, inadequate cooling and reheating of food items, and a prolonged time lapse between preparing and consuming food items were mentioned as contributing factors to an outbreak of salmonellosis in humans (K¨aferstein, 2003), (E. Carrasco, et al. 2012).

Food-borne diseases encompass a wide spectrum of illnesses and are a growing public health problem worldwide. They are the result of ingesting contaminated foodstuffs and range from diseases caused by a multitude of microorganisms to those caused by chemical hazards. The global burden of food-borne diseases and its impact on development and trade is currently unknown in both industrialized and developing countries. However, developing countries tend to suffer from the largest share of the burden of food-borne diseases (WHO, 2012) .

The World health organization (WHO) estimated that in developed countries, up to 30% of the population suffers from food-borne diseases each year, whereas in developing countries up to 2 million deaths are estimated per year (WHO., 2007). Food-borne diseases are common in developing countries including Ethiopia because of the prevailing poor food handling and sanitation practices, inadequate food safety laws, weak regulatory systems, lack of financial resources to invest in safer equipment and lack of education for food-handlers (WHO, 2004).

National Hygiene and Sanitation Strategy program (WHO, 2005) reported that about 60% of the disease burden is related to poor hygiene and sanitation in Ethiopia. Unsafe sources, contaminated raw food items, improper food storage, poor personal hygiene during food- preparation, inadequate cooling and reheating of food items and a prolonged time lapse between preparing and consuming food items were mentioned as contributing factors for outbreak of food borne diseases. Studies conducted in different parts of the country showed the poor sanitary conditions of catering establishments and presence of pathogenic organisms like campylobacter, Salmonella, staphylococcus aureus, Bacillus cereus and Escherichia coli (Knife, 2007) -(Abera, et al. 2006).

The epidemiology of food-borne diseases is changing now days. New pathogens have emerged and some have spread worldwide(Mekonen, et al. 2011). The threats of new food-borne diseases are occurring for a number of reasons, through the globalization of the food supply, the inadvertent introduction of pathogens into new geographic areas, through travelers, refugees and immigrants exposed to unfamiliar food-borne hazards while abroad, through changes in micro-organisms, through changes in the human population (the number of highly susceptible persons is expanding worldwide because of ageing, malnutrition, HIV infections and other underlying medical conditions) and changes in lifestyle. It is well documented that raw or under-processed seafood provides important epidemiological pathways for food-borne disease transmission (WHO, 2002).

N. B:- In Ethiopia, the cases of food-borne illnesses are rarely investigated in detail and under reported even if diagnosed in the form of outbreak or individual illness of human beings and animals. Moreover, research in the area of identifying the causative agent and food incriminated is also at its infant and calf or kid stage because of lack of well-developed laboratory system of human animal’s i.e. like one-health collaborations, consumables and reagents for isolation identification and lack of coordinated epidemiological surveillance systems of human animals. Therefore, the objective of this paper was to review zoonotic food-borne bacterial illness reported and antimicrobial resistance, so far in Ethiopia and forward recommendations that addresses the weak sides.

* 1. Objective**:**-

The objective of this review was:-To isolate and identify Zoonotic food borne diseases like Salmonella spps, staphylococcus aureus, Tuberculosis spps, Bacillus Cereus and E. coli O157:H7 from carcass, poorly hygienic prepared food, un-proper cooked food, raw meat and milk consumptions and environment of municipal abattoir, market sold food problems and their fate of drug resistances.

# Antimicrobial Resistance Of Foodborne Zoonotic Bacteria Its Contributing Factors And Status In Ethiopia.

## Zoonotic Disease Selection

In order to evaluate constraints to identification of solutions for zoonotic diseases that affect the developing world, we had first to select a set of diseases for examination. It was not possible to include in our all potential zoonotic diseases affecting the developing world. Therefore, a set of some diseases were selected that (Bean, et al. 1990 ) includes the most important zoonotic diseases of development, in addition to currently relevant diseases, includes those likely to become more important due to socio-economic and other changes in low and middle income countries like ours Ethiopia, and(Ashenafi, et al. 2006), reflects the diversity of zoonotic diseases, so that our general conclusions about technical gaps and research opportunities might apply to diseases not analyzed. Below we explain these selection criteria in more detail (Linscott, 2011) .

Zoonotic diseases affect the poor in two important ways (Molyneux, et al. 2011). Firstly, like all animal diseases, they have a socio-economic effect by reducing the productivity (World Health Organization, 2011) and income of poor households that depend on animals for their livelihoods, or by affecting income at a national level through impacts on food value chains, markets and trade (Shaw, A., 2009). Secondly, because these diseases affect humans, they reduce health, contributing to morbidity, mortality and, where the ability to work is affected, they reduce income and livelihoods, with possible consequences for health (Meslin, F. 2006). There is an additional effect of zoonotic diseases that relates particularly to households or local communities that are dependent on producing their own animal-based foods for consumption (Perry, B. & Grace, D., 2009 ). For these groups, animal diseases limit access to and consumption of important nutrients associated with these foods, particularly micronutrients, with particular implications for child health (Murphy, S. P & Allen, L. H, 2003). Rural farming communities, which comprise the majority of households living in poverty, are particularly affected in this way (Thornton, P. K, et al. 2002) . In our prioritization, we include this as an additional socio-economic effect.

It is these potential effects that make the evaluation of zoonotic diseases and their impacts complex. While there is strong evidence for independent socio-economic or health effects of zoonotic diseases, there has been little examination of their combined effects; this has been limited particularly by a lack of common metrics for agriculture and health outcomes (Shaw, A. 2009) . However, the potential additive nature of the agricultural and health effects of zoonosis is highlighted by a well-known cost-benefit analysis of brucellosis control in Ethiopia like that of the Central Asia which showed the cost of control to be economical relative to the combined effects of the disease on human health and livestock productivity (Roth, F. et al. 2003).

## Landscape For Zoonotic Diseases Of The Poor

Recent changes in low and middle income countries (LMICs) with respect to human and animal populations will affect the nature and importance of zoonosis (Cascio, A., et al. 2011). Population and economic growth in these countries is leading to an extension of agriculture and human populations into natural ecosystems, creating greater contact between people, livestock and wildlife, which will facilitate movement of zoonotic diseases (Wilcox, B. A & Guble, D. J. 2005) .

At the same time, demand for animal-based foods, associated with growing incomes in LMICs, is stimulating intensification of livestock production and the emergence of more complex food chains linking production with consumers (Delgado, C. et al. 1999). New productions systems and food value chains may lead to a change in the importance of zoonotic diseases, as exemplified by a growing importance of food-borne diseases, relative to diseases associated with direct animal-human contact (Slingenbergh, J. et al. 2004 ). These changes will affect zoonotic risks to the poor in rural settings, but will have a particular effect on growing urban and pre-urban poor populations, with their increasing livestock production, where consumers sit at the end of increasingly long food chains (Schelling, E., et al. 2007) .

Another anticipated trend is the emergence of entirely new zoonotic diseases in LMICs (Jones et al, 2008). Studies of the emergence of new zoonotic diseases suggest that this is associated with the overlap of dense human populations with areas of high mammalian biodiversity (‘hot spots’), which are particularly associated with LMICs (Kleczkowski, A. et al 2012 ). While much research has focused on emerging zoonotic diseases as global threats, and their potential impact on global economies and high income countries, it is likely that poor populations in their countries of origin will be particularly affected due to a lower capacity to manage zoonotic diseases generally (Jones, K. E., et al, 2008) .

## Methods for Disease Prioritization

Disease prioritization was undertaken by a team comprising experts in both animal and human disease in LMICs, selected particularly for their experience in the development and use of diagnostics, medicines, vaccines and management practices. The team drew upon their own expertise and a set of recent publications on the distribution of animal, zoonotic and human diseases of the poor.

A long-list of 61 zoonotic diseases was selected, based on (Taylor, L. H., et el, 2001). The team was asked to consider these diseases and any others that they felt should be included, guided by the need to reflect currently important diseases and those that might arise through the trends described above. They were then asked to score these diseases in terms of a range of characteristics that reflected: socio-economic impact on poor populations, health impact on poor populations. The listed diseases were then ranked according to the cumulative scores given by team members. The team then examined the list to confirm the significance of these diseases relative to the criteria. Particular attention was paid to diseases with similar rankings around the cut-off point of 20, and a reserve list of 10 was made for further consideration. The entire list was then checked to ensure that it had a representation of zoonotic disease diversity that would well capture a broad range of potential interventions for analysis as described above (Perry B. D., et al, 2002).

According to WHO and Developed countries criteria’s were listed:- The list of selected diseases is presented in the Framework (Supplementary document 1). Several lists of priority zoonotic diseases have been made in recent years. Differences in selection criteria make direct comparison of these lists difficult, but we note that our top list of 20 includes:, 8 priority zoonotic diseases identified for action by the WHO/ FAO/ IOE Interagency Meeting on Planning the Prevention and Control of Neglected Zoonotic Diseases (2011); 10 of the top 15 zoonotic diseases rated by the International Livestock Research Institute (ILRI) on the basis of their importance in pro-poor development (Sekar, N. et al. 2011). 11 priority zoonotic diseases identified by the Roadmap to Combat Zoonosis in India Initiative (WHO, 2009);10 of the 11 zoonotic diseases targeted by the WHO-UNDP-World Bank Special Program’s Disease Reference Group on Zoonotic Diseases and Other Marginalized Infections of Poverty (World Bank., 2010) .

Finally, we note that in table 1. below the inclusion of veterinary and medical experts in our team broadened the selection of diseases, with veterinary specialists ensuring inclusion of diseases with socio-economic impact, and medical specialists ensuring inclusion of some diseases with little economic impact but potentially high health impact.

**Table 1**. Highlights the key characteristics across the list of 20 zoonosis analyzed

|  |  |  |  |
| --- | --- | --- | --- |
| **Characteristics Viruses Bacteria Parasites** | **Viruses** | **Bacteria** | **Parasite** |
| % Representation in list of 20 zoonosis | 35% | 30% | 35%(15% protozoa & 20% helminths) |
| % Representation in total list of 868 known zoonoses (Taylor et al, 2001- 13% Fungi) | 19% | 31% (bacteria or rickettsia) | 37% (5% protozoa & 32% helminths) |
| Biological classification & evolutionary characteristics | All are RNA viruses- mixture of single-stranded +ve/-ve and segmented/non-segmentedHigh nucleotide substitution rate and reduced error-proofing capabilities- increased plasticity & ability to infect new hosts(Taylor et al, 2001; Woolhouse et al, 2005; Cleaveland et al, 2001) | Wide range of bacterial species responsible for zoonoses (Meslin et al, 2005) | Mixture of protozoan and helminthic zoonoses |
| Disease patterns | Feature prominently among emerging zoonoses (e.g. ebola, lassa fever, RVF)(Jones et al, 2008) | More stable, endemic zoonoses transmission dynamics (Bovine Tb & brucellosis)Drug resistant bacteria responsible for proportion of emerging zoonoses (food-chain related)- Jones et al, 2008 | Protozoan zoonoses more likely to be linked emerging infections (Taylor et al, 2001)- e.g. cryptosporidiosis |
| Transmission & life cycle characteristics | Predominant mixture of vector-borne and direct transmission pathways | Food chain - increasing use of industrialised livestock systems to feed slum populations in developing countrieswithpoor managementpractices (salmonellaandcampylobacter spp.) consequentlyenvironment contamination important | Representative across vector borne, human exposure through environmental contamination and food-borne zoonosesComplexlifecycles involving intermediate hosts (e.g. snail- fascioliasis, schistosomiasis)Environment contamination importance |
| Reservoir hosts | Wildlife non-pathogen reservoir component important (JE virus, H5/H7 influenza subtypes, lassa fever, ebola) | Livestock central to bacterial zoonoses: oftenlivelihoodrelated (changing dynamics between human-livestock and livestock-livestock) populations (e.g. bovine tb/brucellosis) | Production and companion animals important |

Segregating the list into viruses, bacteria and parasites as it would be indicated on figure 1. And 2 below, gave a clear set of categories across the list, and mirrored the classification of main biological groups of zoonosis from Taylor et al.- wherever the literature on the characteristics of the wider zoonosis list shared characteristics with our list, references have been indicated.

Figure 1. Main Source of Zoonotic Infections for human (Taylor et al, 2001).

Figure 2. Relative importance of different hosts/factors in the epidemiology of selected zoonosis (Taylor et al, 2001).

## Socioeconomics of Zoonosis

The World Bank estimates that zoonotic diseases have cost over $20 billion to global economies in direct costs over the past decade, with a further $200 billion in indirect costs (Knobel, D.L. et al, 2005) . Quantifying impacts of zoonosis requires assessing the disease costs across multiple sectors, including human health, livestock production, as well as tourism and other sectors.

The complex relationship between zoonotic disease and poverty is illustrated in Figure 3. This illustrates that, as diseases of livestock, zoonosis affect production and reduce market access. Interventions against these diseases, whether they are aimed at reducing losses or reducing human health effects, may be expensive to producers. All of these may contribute to maintaining producer communities in poverty. Moving to the right of this diagram, animal diseases may also affect health, by reducing the nutritional benefits of animal products, whose micronutrients are particularly important in child development, and by causing disease in humans, with its consequences of morbidity and mortality, reduced labor and income, and the costs of treating these diseases(Kock, R., Alders, R., Wallen, R. 2012 ). Both agricultural effects and health effects therefore may contribute to the persistence of poverty in poor populations associated with animal production. These effects are considered in more detail below. The burden of disease in humans includes morbidity and mortality, (commonly measured as Disability Adjusted Life Years (DALYs)), as well as monetary losses due to income reduction and the costs of treatment and prevention. Determining accurate human health costs, particularly in poor settings, is complicated by the frequent under-reporting and misdiagnosis of zoonotic diseases (Coker, R. et al, 2011).

Figure 3. Impacts of animal disease on human health (Wallen, R. 2012)

## Factors Influencing Zoonotic Disease Management In The Developing World

Social, economic, cultural and biological factors must be understood before effective control technologies and practices can be developed and implemented (Coker, R. et al, 2011) . Factors contributing to zoonotic disease emergence can be broadly human-related, pathogen-related, or climate/environment-related (adapted). Human-related factors include: living conditions, such as lack of infrastructure (housing, sanitation and water provision(Ehrenberg, J. P. & Ault, S. K, 2005) and occupation, where there is greater direct dependency on wild and domestic animals for food, transport and draft. These occupations increase exposure to pathogens through direct contact. Exposure is also affected by poor capacity for adequate food preparation, transport and preservation, due in part to poor access to energy.

Pathogen-related factors include: ecosystem change and biodiversity loss, favoring expansion of disease hosts or vectors, pressure for virulence/resistance selection, and genomic homogeneity in domestic animals (Breithaupt, H. 2003). Intensification of production systems and genetic homogeneity has improved supply of animal-based foods but also created more favorable environments for pathogen emergence (Slingenbergh, J. et al. 2004), including new channels for RNA virus recombination and re-assortment with ready amplification in domestic animal populations)- (FAO, 2007);(Springbett, A. K., et al, 2003) .

Climate/environment-related factors include: changing rainfall patterns and global warming. These affect host–vector life cycles through various means, including drought and/or flooding, which force animal and human populations closer together as they search for food, facilitating cross infection through breeches in the species barrier (Mills, J. N, Cage, K. L, & Khan, A. S, 2010 ); (Singh, B. B. et al, 2011).

* 1. Reports of Food-Borne Bacterial Pathogens in Ethiopia:

Food consumers in developing countries including Ethiopia suffer from food-borne bacterial illnesses, especially from those of Salmonella spp., Shigella spp., staphylococcus aureus and Bacillus cereus. Food-borne diseases result from ingestion of a wide variety of foods contaminated with pathogenic microorganisms, microbial toxins, or chemicals (Bean, 1990 ), found that over 90 percent of confirmed food-borne human illness cases and deaths reported to the Centers for Disease Control and Prevention (CDC) are attributed to bacteria but now a day there is no clean information that has been reported. Bacteria are commonly found in soil, water, plants and animals (including humans). People can also be exposed to some bacteria through inhalation, contaminated drinking water and contact with infected pets, farm animals and humans. Here, “food sources” is broadly defined to include all sources of exposure to pathogens in the food chain, between exposures at the farm or production level to exposure at the food consumption level.

*Salmonellosis*:- is considered as one of the most widespread food borne zoonosis associated with food of animal origin in industrialized as well as developing countries even though the incidence seems to vary between countries (Acha PN. and Szyfres B., 2001) and (CLIS, 2012) reports that, Salmonella covers 88% of the food borne infections. In many registers non-typhoidal Salmonella species are documented as one of the leading causes of bacterial diseases. Food borne Salmonella typically causes acute gastroenteritis and may cause a more Septicemic disease usually in very young, the elderly and immune compromised subject (Teklu, A. 2008) .

Unhygienic food handling results in food contaminated by pathogens. One possible source of food contaminations could be dissemination of the pathogens to foods and/or utensils of catering centers through small animals such as cockroaches that live closely with humans in urban environments (Ashenafi, M, E. Tachbele, W. Erku & Gebire-Michael, 2006). According to Linscott (Linscott, A. J. 2011 ) more than 250 different food-borne illnesses are caused by various pathogens or by toxins and World Health Organization (World Health Organization, 2011) stated that food-borne illnesses result from consumption of food containing pathogens such as bacteria, viruses, parasites or the food contaminated by poisonous chemicals or bio-toxins. In Ethiopia, as in other developing countries, there are no well-organized epidemiological surveillance systems and few studies available so far are summarized below.

*Listeriosis*: In Addis Ababa, as Dr. Molla (Molla, B. 2004) reported 5.1% prevalence of Listeria from retail meat and milk products. The listeria spps were detected in 69.8%, 47.5%, 43.5%, 18.6%, 15.4% and 1.6% of the pork, minced beef, ice cream, fish, chicken and cottage cheese samples respectively. The prevalence of Listeria monocytogenes were 5.1% from the samples they were used. In addition to Listeria monocytogenes, other Listeria species identified were Listeria (L). innocua (65%), L. seeligeri (8.7%), L. welshimeri (6.8, L. murrayi (L. ivanovii and L. grayi (each 0.9%).

*Tuberculosis*: Bovine tuberculosis is an endemic disease of cattle in Ethiopia. It has been reported from different regions of the country on the basis of the tuberculin test (Ameni, G. 1999), (Asseged, B. et al., 2000). Abattoir inspection. However, the prevalence of the disease has not been well established because of inadequate disease surveillance and lack of better diagnostic facilities. The very few studies in Ethiopia have indicated that not all cattle infected with Mycobacterium bovis have visible tuberculosis lesions at slaughter (Asseged, B. et al., 2004), (Teklu, A. et al., 2008). This may limit the sensitivity of this detection technique at abattoirs, although detection of tuberculosis lesions through abattoir inspection is so far the common procedure in Ethiopia. Bovine Tuberculosis (BTB) is one of the endemic infectious diseases that have long been recorded in Ethiopia and the infection has been detected in cattle in Ethiopia and rarely in other species of domestic animals. The fact that eating raw or undercooked meat is one way of contracting BTB (Etter, E. et al., 2006 ) has great implications for importance of BTB as a zoonotic disease in Ethiopia, since raw meat consumption is local cultural habit and because BTB is highly prevalent in the cattle population and control measures are not implemented.

According to the studies of (Shitaye, J. E., et al, 2006 ) indicated the prevalence rate of BTB with a range of 3.4% (in small holder production system) to 50% (in intensive dairy productions) and a range of 3.5% to 5.2% in slaughterhouses in various places of the country. BTB in cattle remains to be a great concern due to the susceptibility of humans to the disease. The infections mainly take place by drinking raw milk and occur in the extra-pulmonary form, in the cervical lymphadenitis form in particular (Shitaye, J. E, et al., 2006).

Among the undertaken abattoir studies, prevalence rates of 5.2% (Ameni, G & Wudie, A. 2003), 4.5% and 3.5% (Shitaye, J. E, et al., 2006) have been reported in different abattoirs in the country. The infection rate in cattle has been found to differ greatly from place to place, especially in slaughter houses recorded as having a low prevalence of the infection. Number of cattle that has been sampled for tuberculosis analysis.

**Table 2**. Summary of Prevalence rates of bovine tuberculosis detected by abattoir meat inspection in cattle in different city abattoirs from (1973-2006)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **City abattoirs** | **Examined** | **Positive** | **%**  | **Reference** |
| Addis Ababa | 81 944  | 123  | 0.15  |  (Hailemariam, S., 1975) |
| Addis Ababa | 1 350  | 20  | 1.48  |  (Asseged, B,2004) |
| Addis Ababa | 984  | 34  | 3.46 |  (Shitaye, J. E., et al,2006) |
| Debre-Zeit | 3 934  | 7  | 0.18  |  (Hailemariam, S., 1975) |
| Dire-Dawa | 7 453  | 4  | 0.05 |  (Hailemariam, S., 1975) |
| Gonder | 12 525  | 3  | 0.02  |  (Hailemariam, S., 1975) |
| Hossana | 751  | 34  | 4.53  |  (Tekilu, A.,2004) |
| Kombolcha | 57 965  | 265  | 0.46  |  (MoA, 1973.) |
| Makele | 39 875  | 730  | 1.83  |  (Hailemariam, S., 1975) |
| Nazareth | 1 125  | 58  | 5.16  |  (Ameni, G. and A. Wudie, 2003.) |
| Wolaita-Sodo | 402  | 32  | 7.96  |  (Regassa, A., 1999) |
| Wondo-Genet | 38 303  | 207  | 0.54  |  (Hailemariam, S., 1975) |
| Total | 246 611  | 1 517  | 0.62 |  |

*Escherichia coli*: Cattle are the major reservoirs of E. coli O157: H7 followed by sheep and goats. The pathogen is carried in the intestinal tract and excreted in faeces (Chapman P., et al., 2001),(Battisti, P. et al, 2006). Consumption of raw or undercooked foods, especially undercooked minced beef has been found to be the most Common means of transmission (Chapman P., et al, 2001) . Little is known about the prevalence of this sero-group and associated genes in humans, animals or in foods of animal origin in Ethiopia (Hiko, A., Daniel, A. & Girma, Z., 2008). In Modjo town export abattoir studied the occurrence and proportion of Escherichia coli O157: H7 in faeces, skin swabs and carcasses before and after washing, from sheep and goats.

Their study revealed Escherichia coli O157: H7 from faeces 4.7%, skin swabs 8.7%, carcasses before washing 8.1% and after washing 8.7% and on water samples 4.2%. In their report, the proportion of carcasses contaminated with E. coli O157: H7 was strongly associated with those recovered from faecal and skin samples. Even though the numbers of samples examined in this study were limited to one abattoir. Sheep and goats can be potential sources of E. coli O157: H7 for human infection in the country. Control measures to reduce the public health risks arising from E. coli O157: H7 in reservoir animals need to be addressed at abattoir levels by reducing skin and faecal sources and carcass contaminations at different stages of slaughter operations.

In another study conducted in Debre Zeit and Modjo area by Hiko, Daniel & Girma (HikoA., Daniel, A., Girma, Z., 2008) 4.2% E. coli O157: H7 was isolated from meat samples collected from raw meat samples of bovines, sheep and goat. Among meat samples examined, the highest prevalence (8%) was recorded in beef, followed by lamb and mutton (2.5%) and goat meat (2%). The results of their study also revealed the presence of E. coli O157:H7 in retail raw meats reaching consumers, indicating possible risks of infection to people through the consumption of raw/under-cooked meat or cross-contamination of other food products.

In Jimma, (Haimanot, T. et al, 2010) reported 26.6% E. coli in raw beef (meat) collected from common retail shops, restaurants and abattoir. They indicated that the widespread habit of raw beef consumption is potential cause for food borne illnesses.

* 1. Antimicrobial Resistance In Food-Borne Pathogens:-

Over the years, bacterial pathogens have developed resistance to various antibiotics. The main risk factor for the increase in the antibiotic resistance is an extensive use of antibiotics in human health and agriculture (Lukasova, J. & Sustackova, A. 2003), which lead to the emergence and dissemination of resistant bacteria and resistant genes in animals and humans. The veterinary use of antibiotics includes therapy, prophylaxis and growth promotion. Some antibiotic are used both in veterinary and human medicine. The antimicrobial agents used in animal care are important, not only in increasing the resistance in animal pathogens, but also in bacteria transmitted from animals to humans (Aarestrup, F. M., Wegener, H. C. & Collignon, P. 2008).

The frequently exposed microbes during the use of antibiotics for these purposes are the gut flora and, hence, there is a possible development of resistance in the pathogenic and commensal bacteria. The commensal bacteria constitute a reservoir of resistant genes for possible transfer to pathogenic bacteria. Their level of resistance is considered as a good indicator of the selection pressure of antibiotic use and for resistance problem to be expected in pathogens (Bonomo, R. A., & Rossolini, G. M., 2008).

Drug resistance in food-borne bacterial enteric pathogens is an almost inevitable consequence of the use of antimicrobial drugs in food-producing animals and specifically in the developing countries including Ethiopia by use of medicines in humans (Mather et al, 2011). Antimicrobial resistance is one of the biggest challenges facing global public health. Although antimicrobial drugs have saved many lives and eased the suffering of many millions, poverty, ignorance, poor sanitation, hunger and malnutrition, inadequate access to drugs, poor and inadequate health care systems, civil conflicts and bad governance (Mather et al, 2011). The body of literature is overwhelming that supports the theory that resistant bacteria arising in animal populations can transfer to and colonize humans, and that genetic material from bacteria present in farm animals can transfer to bacteria normally present in humans (Mather et al, 2011).

In Table 3. there is increasing evidence that the use of antimicrobials in animal health contributes to increasing levels of antimicrobial resistance in pathogens in humans. This can be through the development of resistance in animals followed by spread of the resistant pathogen to humans or by spread of genetic material through horizontal transfer. Naturally, it is difficult to detect such events, but the problem of resistance in human and animal health is clear and there is a growing list of examples where the probable origin of resistance in pathogens in humans can be attributed to antimicrobial treatment in animals. Antibiotic use on farms only contributes to a limited range of resistance problems in humans. However, evidence is building that for some infections the development of antibiotic resistance on farms is a significant part of the problem which makes it more difficult to treat affected patients, with potentially fatal delays in identifying an effective antibiotic when needed (Nunan and Young 2012).

**Table 3**. Summary of the bacterial species and their drug resistance according to status of Ethiopia (Addis, Z. et al.,2011).

|  |  |  |  |
| --- | --- | --- | --- |
| **Bacterial Spps** | **Resisted Drugs**  | **In %** | **Reference** |
| S. typhimurium var | Copenhagen | 100 | (Molla, B.,et al.2003) |
| S. anatum | Copenhagen | 62.5 | (Molla, B.,et al.2003) |
| S. typhimurium | Copenhagen | 33.3 | (Molla, B.,et al.2003) |
| S. braenderup | Copenhagen | 34.3 | (Molla, B.,et al.2003) |
| Salmonella from milk | ampicillin, | 100 | (Addis, Z. et al.,2011) |
| Salmonella from milk | streptomycin | 66.7 | (Addis, Z. et al.,2011) |
| Salmonella from milk | nitrofurantoine | 58.3 | (Addis, Z. et al.,2011) |
| Shigella dysentery | co-trimoxazole | No, | ( Haimanot, T.,et al., 2012) |
| Shigella dysentery | tetracycline | No, | (Haimanot, T.,et al., 2012) |
| S. aureus | oxacillin | 90 | (Haimanot, T.,et al., 2012) |
| S. aureus | ampicillin | 85 | (Haimanot, T.,et al., 2012) |
| S. aureus | erythromycin | 65 | (Haimanot, T.,et al., 2012) |
| S. aureus | amoxicillin | 60 | (Haimanot, T.,et al., 2012) |
| S. aureus | streptomycin | 35 | (Haimanot, T.,et al., 2012) |
| S. aureus | vancomycin | 20 | (Haimanot, T.,et al., 2012) |
| L. monocytogenes | clindamycin | 100 | ( Firehiwot, A., 2012) |
| L. monocytogenes | chloramphenicol | 53.9 | (Firehiwot, A., 2012) |
| L. monocytogenes | tetracycline | 31.8 | (Firehiwot, A., 2012) |
| L. monocytogenes | penicillin | 23.1 | (Firehiwot, A., 2012) |

* 1. Sources of Infection:-

Food can be contaminated by physical, chemical and microbiological agents. The microbial agents responsible for food borne diseases are bacteria, viruses, parasites and fungi. However the sources of food contamination are diverse. It may be contaminated by polluted water, flies, animals and pets, unclean utensils and pots, dust, chef, shop and dirt environmental sources of food items. Unhygienic food handlers can also inoculate the food with infected excreta, pus, respiratory drippings’ or other infectious discharges (Dugassa, G. 2007). Studies conducted in different parts of the country showed the poor sanitary conditions of catering establishments and presence of pathogenic organisms like campylobacter, Salmonella, staphylococcus aureus, Bacillus cereus, Tuberculosis and Escherichia coli (Kinfe, Z. 2007).

In Ethiopia, data on sanitation conditions and ensuing effects on health are very limited. Few studies conducted in Addis Ababa, Awassa, Jimma, Mekele, Gonder, Bishoftu, Modjo and Batu (Zeway) indicate the prevailing poor sanitary conditions in mass catering establishments. Lack of cleanliness, inadequate sanitary facilities and improper waste management were common features of catering establishments in these locales. These establishments commonly did not have adequate facilities for washing utensils nor for clients to wash their hands (Kumie, A. et al, 2002), (T/Mariam, S. et al, 2000).

In Ethiopia, the widespread habit of raw beef consumption is a potential cause for food borne illnesses besides, raw meat is available in open-air local retail shops without appropriate temperature control and this is purchased by households and also minced meat (Kitfo), Lablab and others which facilitate more appropriate for bacterial well growth is served at restaurants as raw, slightly-cooked or well- cooked. Meat processing at retail level is likely to contribute for the higher levels of contamination in minced beef as compared to carcasses (Tegegne, M & Ashenafi, M. 1998 ).

* 1. Control and Prevention of Food-borne Pathogens in Ethiopia:

Fermentation technology is one of the oldest known methods of food preservation. Fermentation processes promote the development of essential and safe micro flora, which play a vital role in preventing the outgrowth of spoilage bacteria and food borne pathogens (Gibbs, P. A., 1987). Lactic acid bacteria (LAB) are important in much fermentation and the antagonistic effects of LAB are attributed to some of their biochemical features. They can utilize carbohydrates and produce organic acids as lactic acid or acetic acid. The majority of foods borne contaminants, either pathogenic or nonpathogenic, are sensitive to these acids and the resulting low pH. They also produce antibacterial substances such as bactericides, hydrogen peroxide, diacetyl and CO which may also play part in the antagonism of LAB on other microorganisms. LAB also produces different types of compounds that offer fermented foods their characteristic flavor, color, aroma and test (Rodriguez, E. et al, 2005).

Prevention and control of food-borne diseases, regardless of the specific cause, are based on the same principles. These principles are; avoidance of food contamination, destruction or prevention of contaminants, prevention of further spread or multiplication of contaminants, Appropriate handling and well cooking methods. Specific modes of intervention vary from area to area depending on environmental, economic, political, technology and socio cultural factors. The preventive and control strategies may be approached based on the major site in the cycle of transmission or acquisition where they are implemented. These involve the following activities performed at the source of infection, environment and host (Negga, B. et al, 2005) .

The contamination of food is influenced by multiple factors and may occur anywhere in the food production process (Newell, D. J., et al, 2010) . However, most of the food-borne illnesses can be traced back to infected food handlers. Therefore, it is important that strict personal hygiene measures should be adopted during food preparation. To prevent food-borne infections in children, educational measures are needed for parents and care-takers. The interventions should focus on avoiding exposure to infectious agents and on preventing cross-contamination (Marcus, R. 2008 ).

# Conclusions And Recommendations

Currently there are limited opportunities for drug interventions in the control of zoonotic infections although there are clear possibilities for drug use that would improve both prevention and treatment. The limitations (potency, toxicity and resistance) associated with the available drugs is a key reason why this intervention is not exploited more effectively. There has also been an absence of strategy to demonstrate the potential of more rigorous drug trials in animal populations, to explore therapeutic switching of drugs registered for other indications, and to implement studies to identify appropriate drug combinations or novel formulations. Therefore, there are select, but significant, opportunities to improve interventions through drug use, as well as clear strategies that could be deployed to limit antimicrobial resistance. The following Recommendations are forwarded by me:-Coordinated surveillance and monitoring system for food-borne pathogens must be in place to design effective and efficient control and prevention protocols for food-borne diseases in general. In most parts of Ethiopia, animals are kept near dwellings and maintained under very poor management and hygienic status, thus increasing the risk of acquiring infection for animals and humans as well. Therefore, creating awareness among the people, to meet the standard hygienic requirement and to improve husbandry practices is of paramount importance. The human-animal mutual life is common in rural areas and small scale poultry farming is too in urban areas of our country and then as much as possible separation of those animals from that of human living house is mandatory and villagers training concerning of human-animal linked diseases are the one what our forgotten works and we have to preceding on it as it will mine work. Professionals working in the area of food animals must be given trainings and refreshment courses in order to deal with the changing pattern of food-borne pathogens epidemiology, and clean handling of food and cooking place with together of hygienic wearing during food preparation is the most zoonotic disease minimization techniques.

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