

Aflatoxins: A Silent Threat to Food Safety and Public Health

Khaleda Zia*

Department of Neuroscience, Noakhali Science and Technology University, Iran

Introduction

Aflatoxins are a group of highly toxic, naturally occurring mycotoxins produced by certain species of the *Aspergillus* fungus, primarily *Aspergillus flavus* and *Aspergillus parasiticus*. These fungi thrive in warm, humid environments and commonly infect crops such as maize, peanuts, cottonseed, tree nuts, and various spices. Aflatoxins are a serious concern for global food safety, particularly in developing countries, where storage and handling conditions may favor fungal contamination. Due to their carcinogenic, mutagenic, and immunosuppressive properties, aflatoxins pose a significant risk to both human and animal health. Their presence in the food supply has prompted strict regulatory measures in many countries, yet they continue to be a persistent public health challenge worldwide. Aflatoxins are a group of toxic secondary metabolites produced primarily by two species of fungi: *Aspergillus flavus* and *Aspergillus parasiticus*. These molds commonly grow on a variety of crops, particularly under warm and humid conditions, making aflatoxins a major concern in tropical and subtropical regions. Staples such as maize (corn), peanuts, cottonseed, tree nuts, and spices are especially vulnerable to contamination during growth, harvest, storage, and processing. The term "aflatoxin" was coined following the discovery of the toxin in the 1960s, after a mysterious outbreak of turkey deaths in England was traced to contaminated peanut meal. Since then, aflatoxins have been recognized as a serious threat to food safety, animal health, and public health worldwide. Among the different types of aflatoxins identified, aflatoxin B1 is the most prevalent and the most toxic, classified by the International Agency for Research on Cancer (IARC) as a Group 1 carcinogen due to its strong link to liver cancer in humans. Aflatoxin contamination is not only a health issue but also an economic burden. It affects agricultural productivity, food security, and international trade, as contaminated products may be rejected by importing countries with strict safety standards [1]. In regions where regulatory infrastructure is limited, the consumption of contaminated food can lead to both acute poisoning and long-term health consequences such as immunosuppression, stunted growth in children, and increased vulnerability to infectious diseases. Understanding the nature of aflatoxins, their sources, health impacts, and strategies for detection and control is essential for ensuring safe food systems and protecting human and animal health. As climate change alters global weather patterns, the challenge of managing aflatoxins may become even more pressing in the years to come [2].

Types of Aflatoxins

There are several types of aflatoxins, but four are most commonly found in contaminated food and feed:

Aflatoxin B1 (AFB1) – The most toxic and carcinogenic form, frequently found in grains and nuts.

Aflatoxin B2 (AFB2) – Less toxic than AFB1 but still harmful.

Aflatoxin G1 (AFG1) and G2 (AFG2) – Named for their blue or green fluorescence under UV light, typically found in different

substrates or conditions.

Another significant variant is Aflatoxin M1 (AFM1), a metabolite of AFB1, which can be found in the milk of animals that have consumed contaminated feed. This makes aflatoxins a concern not only in plant-based foods but also in dairy products [3].

Health Impacts of Aflatoxins

Acute Aflatoxicosis

Ingesting high doses of aflatoxins over a short period can lead to acute aflatoxicosis, a condition marked by liver damage, hemorrhage, edema, and potentially death. Outbreaks of acute poisoning, though rare, have occurred, especially in regions where food security issues force the consumption of visibly moldy or contaminated grains [4].

Chronic Exposure and Cancer Risk

More commonly, aflatoxins pose a danger through long-term exposure at lower levels. Chronic intake is associated with:

Hepatocellular carcinoma (liver cancer): Aflatoxin B1 is classified by the International Agency for Research on Cancer (IARC) as a **Group 1 carcinogen**, meaning it is known to cause cancer in humans [5].

Immunosuppression: Continuous exposure can weaken the immune system, increasing susceptibility to infections [6].

Growth retardation: In children, aflatoxin exposure has been linked to stunted growth and developmental delays, especially in low-income regions [7].

Global Distribution and Risk

Aflatoxin contamination is most prevalent in tropical and subtropical regions—such as Sub-Saharan Africa, Southeast Asia, and parts of Latin America—where high humidity and inadequate storage conditions promote fungal growth. However, climate change is shifting the geographical risk of aflatoxin contamination, potentially expanding it into temperate zones. Developed countries have stringent regulations and food inspection systems, significantly reducing the risk of contaminated food reaching consumers. However, imported goods from high-risk regions must still be carefully monitored to prevent

*Corresponding author: Khaleda Zia, Department of Neuroscience, Noakhali Science and Technology University, Email: zia376@gmail.com

Received: 02-Apr-2025, Manuscript No: cnoa-25-168236, **Editor Assigned:** 04-Apr-2025, pre QC No: cnoa-25-168236 (PQ), **Reviewed:** 18-Apr-2025, QC No: cnoa-25-168236, **Revised:** 23-Apr-2025, Manuscript No: cnoa-25-168236 (R), **Published:** 29-Apr-2025, DOI: 10.4172/cnoa.1000288

Citation: Khaleda Z (2025) Aflatoxins: A Silent Threat to Food Safety and Public Health. Clin Neuropsych, 8: 288.

Copyright: © 2025 Khaleda Z. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

public health issues [8].

Detection and Analysis

Effective aflatoxin control begins with detection. Several methods are used to detect and quantify aflatoxin levels in food and feed:

Enzyme-linked immunosorbent assay (ELISA): A rapid and cost-effective method used for screening.

High-performance liquid chromatography (HPLC): Offers precise quantification but is more resource-intensive [9].

Thin-layer chromatography (TLC): A traditional technique still used in some laboratories.

Rapid Test Kits: Widely used for field testing and quality control in the food industry.

Analytical methods are guided by international standards set by organizations such as the Codex Alimentarius Commission and various national regulatory agencies.

Regulatory Standards

Many countries have established maximum allowable limits for aflatoxins in food and animal feed. For example:

The European Union has among the strictest limits: 2 µg/kg for AFB1 in food and 0.05 µg/kg for AFM1 in milk.

The United States Food and Drug Administration (FDA) allows up to 20 µg/kg of total aflatoxins in food, and 0.5 µg/kg for AFM1 in milk.

Codex Alimentarius, a global food safety standard-setter, recommends limits that are harmonized to facilitate international trade while protecting health.

Despite these standards, enforcement and compliance remain a challenge, particularly in regions lacking resources for testing and regulation.

Prevention and Control Strategies

Preventing aflatoxin contamination involves an integrated approach across the food production and supply chain:

Pre-Harvest Strategies

Use of **resistant crop varieties**

Proper timing of planting and harvesting

Biological control methods, such as applying non-toxigenic strains of *Aspergillus flavus* to outcompete toxin-producing strains

Post-Harvest Measures

Thorough drying of crops to safe moisture levels (usually below 13%)

Use of airtight, insect-proof storage facilities

Regular inspection and sorting to remove moldy or damaged grains

Use of preservatives or antifungal agents where appropriate

Decontamination Techniques

Chemical treatments (e.g., ammoniation) may reduce aflatoxin content in animal feed

Physical methods such as roasting or UV light exposure have limited efficacy and can affect food quality

Public Awareness and Education

Educating farmers, traders, and consumers about the risks of aflatoxins and safe food handling practices is essential, especially in high-risk regions [10].

Conclusion

Aflatoxins represent a significant yet often under-recognized threat to global food security and public health. Their toxic effects—ranging from acute poisoning to chronic diseases like cancer—underscore the importance of stringent monitoring, regulation, and preventive action. While developed countries have largely mitigated the risk through regulation and technology, aflatoxins remain a persistent issue in many parts of the world where climatic conditions and economic challenges hinder effective control. Combating aflatoxin contamination requires coordinated global efforts involving agriculture, health, food safety authorities, and international organizations. Advances in biotechnology, improved agricultural practices, and increased public awareness can help reduce exposure and ensure a safer food supply for all.

References

1. Silink M (2008) Turning points in the fight against diabetes. *Diabetes Voice* 52: 2.
2. Thomas MC, Walker MK, Emberson JR, Thomson AG, Lawlor DA, et al. (2005) Prevalence of undiagnosed Type 2 diabetes and impaired fasting glucose in older British men and women. *Diabet Med* 22: 789–793.
3. Fiske J (2004) Diabetes mellitus and oral care. *Dent Update* 31: 190–198.
4. Scully C, Epstein J, Wiesenfeld D (2005) *The Oxford handbook of dental patient care*. Oxford: Oxford University Press.
5. Basu A, Close CF, Jenkins D, Krentz AJ, Natrass M, et al. (1993) Persisting mortality in diabetic ketoacidosis. *Diabet Med* 10: 282–284.
6. Pramming S, Thorsteinsson B, Bendtsen I, Binder C (1991) Symptomatic hypoglycaemia in 411 type 1 diabetic patients. *Diabet Med* 8: 217–222.
7. Shah S, Mason C, Brierley J (2008) Underlying problems. *Br Dent J* 204: 656.
8. Lustman PJ, Griffith LS, Freedland KE, Kissel SS, Clouse RE (1998) Cognitive behaviour therapy for depression in Type 2 diabetes mellitus: a randomised controlled trial. *Ann Intern Med* 129: 613–621.
9. Ismail K, Winkley K, Rabe-Hesketh S (2004) A systematic review and meta-analysis of randomised controlled trials of psychological interventions to improve glycaemic control in patients with type 2 diabetes. *Lancet* 363: 1589–1597.
10. Simon GE, Katon WJ, Lin EHB, Rutter C, Manning WG, et al. (2007) Cost-effectiveness of systemic depression treatment among people with diabetes mellitus. *Arch Gen Psychiatry* 64: 65–72.