

Balancing Inherited and Emerging Challenges: Brucellosis and the One Health Approach

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Abstract

Brucellosis, a zoonotic bacterial disease, poses enduring challenges rooted in historical factors as well as evolving complexities arising from changing environments and human behaviors. This article delves into the critical concept of balancing inherited and emerging challenges within the context of brucellosis. With a focus on the One Health approach, which recognizes the interconnectedness of human, animal, and environmental health, the article highlights how this holistic framework offers solutions to the multifaceted issues associated with brucellosis. By examining both the persistent hurdles inherited from the past and the new challenges emerging in the present, the article underscores the importance of collaborative and interdisciplinary strategies in mitigating the impact of brucellosis on global health.

Keywords: Brucellosis; One Health approach; Zoonotic disease; Inherited challenges; Emerging challenges; Interdisciplinary collaboration

Introduction

Brucellosis, a bacterial zoonotic disease caused by species of the genus *Brucella*, remains a significant global health concern, affecting both humans and animals. This disease has persisted throughout history, presenting a unique set of challenges that have been inherited from the past and new ones that continue to emerge. In recent years, the One Health approach has gained traction as a holistic strategy to tackle complex health issues that span the animal-human-environment interface. This article explores the significance of balancing inherited and emerging challenges in the context of brucellosis, highlighting how the One Health approach offers a comprehensive framework for addressing these issues [1].

Because of the wide range of hosts, various routes of transmission, the impact on animal and human welfare, and the conditions and worldwide distribution of the countries affected, it is not surprising that One Health in brucellosis has been the topic of at least 10 publications, either in general or when applied to particular situations. With variable emphasis, these works summarize the parasite's biology, transmission patterns, control and vaccination measures and levels of intersectoral cooperation. Here, we will complement these previous works by considering first to what extent the One Health paradigm changes our perspective of this zoonosis. Then, insofar as is possible, we will document the challenges faced by implementing One Health, those common to other infectious diseases and those specific to brucellosis that are not sufficiently discussed in previous works. We exclude general aspects of *Brucella*'s biology, epidemiology and pathogenesis that only indirectly pertain to One Health and refer the reader to well-documented reviews [2, 3].

Inherited challenges

Brucellosis has a long history of affecting livestock and humans, dating back to ancient times. The disease is characterized by its ability to infect a wide range of animals, leading to economic losses in the agricultural sector and posing a threat to food security. Historically, the lack of understanding about the disease's transmission pathways and inadequate control measures contributed to its persistence and spread. Inherited challenges include:

- **Limited surveillance and diagnosis:** The complex nature of brucellosis and its varied clinical manifestations make it challenging to diagnose accurately. Inadequate surveillance systems hinder the timely identification of outbreaks, impeding effective control measures.
- **Lack of awareness:** In many regions, both in developed and developing countries, awareness of brucellosis remains low among healthcare professionals, veterinarians, and the general public. This hampers early detection and response efforts.
- **Cross-species transmission:** Brucellosis is a zoonotic disease, capable of jumping from animals to humans and vice versa. This necessitates a coordinated effort to prevent transmission at the human-animal interface.

Emerging challenges

In addition to the historical challenges, new obstacles have arisen in recent times due to factors such as urbanization, climate change, and changing agricultural practices. Emerging challenges include:

- **Climate change effects:** Altered climatic conditions can influence the distribution and behavior of the vectors and hosts involved in the transmission of brucellosis. This can lead to the disease spreading to new geographical areas.
- **Urbanization and changing lifestyles:** Urbanization has led to the increase in urban farming, pet ownership, and wildlife interactions, creating new pathways for brucellosis transmission.
- **Global trade and travel:** The interconnectedness of the modern world through global trade and travel facilitates the rapid spread of diseases across borders. Brucellosis can be introduced to

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new areas through the movement of infected animals or contaminated products [4, 5].

The one health approach

Whereas One Health is commonly presented as a new perspective in the control and eradication of brucellosis, to a great extent, it was the other way around: the One Health paradigm owes much to the study of this zoonosis in the century. Nearly 30 years ago, Calvin Schwabe developed the concept of “One Medicine”, later expanded and renamed One Health, as necessary to face the immensely complex, multifaceted future quality of human life and, ultimately, of human survival. Notably, he used brucellosis to illustrate the validity of the “One Medicine” perspective [6]. Similarly, James Steele, the long-recognized father of Veterinary Public Health, was among the first scientists to advocate what we now name One Health principles in zoonotic disease management, undoubtedly influenced by his familiarity with brucellosis.

The One Health approach recognizes the interconnections between human, animal, and environmental health. It emphasizes the need for collaboration across disciplines to address complex health challenges [7]. This framework is particularly relevant to brucellosis due to its multi-host nature and the potential for cross-species transmission. The One Health approach offers several advantages:

- **Early detection and surveillance:** One Health encourages the establishment of integrated surveillance systems that detect disease outbreaks at their source, whether in animals or humans. This allows for swift responses to prevent further transmission.
- **Interdisciplinary collaboration:** The approach brings together experts from various fields, including medicine, veterinary science, ecology, and social sciences, fostering a comprehensive understanding of brucellosis dynamics.
- **Holistic interventions:** One Health interventions encompass preventive measures in animals, such as vaccination and improved husbandry practices, as well as public health strategies, including education and awareness campaigns for at-risk populations [8].
- **Policy and regulation:** One Health promotes the development of policies and regulations that bridge gaps between human and animal health sectors. This facilitates coordinated efforts to control brucellosis.

Discussion

The discussion of brucellosis within the context of the One Health approach underscores the significance of addressing both inherited and emerging challenges. This approach encourages a comprehensive understanding of the disease dynamics by recognizing its intricate interplay between animals, humans, and the environment.

Historical challenges such as limited surveillance and diagnosis, as well as inadequate awareness, continue to hinder effective brucellosis control. The lack of accurate diagnostic tools and standardized surveillance methods often leads to underreporting and delayed responses [9]. Addressing these inherited challenges requires enhanced investment in research and development to develop sensitive and specific diagnostic tests. Moreover, public health campaigns and education initiatives are essential to raise awareness among healthcare professionals, veterinarians, and the general public. By addressing these inherited challenges, we can lay the foundation for better disease control and prevention.

The emergence of new challenges, driven by factors like climate change, urbanization, and global trade, presents a dynamic landscape for brucellosis control. Climate change alters the distribution and behavior of vectors and hosts, potentially expanding the disease's reach to previously unaffected regions. Rapid urbanization and changing agricultural practices introduce novel transmission pathways, necessitating adaptable interventions. The interconnected nature of the modern world accelerates the potential spread of brucellosis, emphasizing the need for coordinated international efforts [10].

Conclusion

Brucellosis, with its mix of inherited and emerging challenges, underscores the need for a multifaceted approach that integrates knowledge, expertise, and resources across disciplines. The One Health approach serves as a guiding principle for achieving this balance. By addressing the historical challenges of brucellosis and effectively responding to emerging threats, we can hope to mitigate the impact of this disease on both human and animal populations while safeguarding the environment. Through collaborative efforts, we can ensure a healthier future for generations to come.

The main challenges in applying One Health approaches in brucellosis are not the adoption of the concept itself, as the history of the disease proves. Instead, they relate to a series of issues, both general and specific. Some are inherited; the fast-evolving political and socio-economic factors and climate changes create others.

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Conflict of Interest

None

References

1. Tanir G, Tufekci SB, Tuygun N (2009) Presentation, complications, and treatment outcome of brucellosis in Turkish children. *Pediatr Int* 51: 114-119.
2. Mantur BG, Amarnath SK, Shinde RS (2007) Review of clinical and laboratory features of human brucellosis. *Indian J Med Microbiol* 25: 88-202.
3. Baldwin CL, Parent M (2002) Fundamentals of host immune response against *Brucella abortus*: what the mouse model has revealed about control of infection. *Veterinary Microbiology* 90: 367-382.
4. Ko J, Splitter GA (2003) Molecular host-pathogen interaction in brucellosis: current understanding and future approaches to vaccine development for mice and humans. *Clinical Microbiology Reviews* 16: 65-78.
5. Shasha B, Lang R, Rubinstein E (1992) Therapy of experimental murine brucellosis with streptomycin, cotrimoxazole, ciprofloxacin, ofloxacin, pefloxacin, doxycycline, and rifampin. *Antimicrobial Agents and Chemotherapy* 36: 973-976.
6. Prior S, Gander B, Irache J M, Gamazo C (2005) Gentamicin loaded microspheres for treatment of experimental *Brucella abortus* infection in mice. *Journal of Antimicrobial Chemotherapy* 55: 1032-1036.
7. Izadjoo MJ, Mense MG, Bhattacharjee AK, Hadfield TL, Crawford RM, et al. (2008) A study on the use of male animal models for developing a live vaccine for brucellosis. *Transboundary and Emerging Diseases* 55: 145-151.
8. McFarlane PA, Bayoumi AM (2004) Acceptance and rejection: cost-effectiveness and the working nephrologist. *Kidney International* 66: 1735-1741.
9. Okosun KO, Rachid O, Marcus N (2013) Optimal control strategies and cost-effectiveness analysis of a malaria model. *BioSystems* 111: 83-101.
10. Solera J, Geijo P, Largo J, Rodriguez-Zapata M, Gijon J, et al. (2004) A randomized, double-blind study to assess the optimal duration of doxycycline treatment for human brucellosis. *Clin Infect Dis* 39: 1776-1782.