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Prevalence of *Cysticercus bovis* in Cattle Slaughtered at Bishoftu Municipal Abattoir; Public Health Significance and Community Perception about Zoonotic Importance of Taeniosis in Bishoftu

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Abstract

A cross-sectional survey on bovine cysticercosis was carried out from October 2013 to April 2014 on 371 zebu cattle slaughtered at Bishoftu municipal abattoir to estimate the prevalence. Moreover, 140 residents in Bishoftu were sampled for a questionnaire surveys to assess the community perception and public health significance of the disease. Similarly, inventory of pharmaceutical shops and collection of retrospective laboratory data about human Taeniosis was made in the same town. The prevalence of *Cysticercus bovis* was found to be 7.8%. There was no significant association between the prevalence of *Cysticercus bovis* and sex and age of the cattle (p > 0.05). Of 62 total cysts collected 20 (32.26%) were found to be viable while the rest 42 (67.74%) found to be non-viable cysts. The anatomical distributions of the cysticerci were 37.1%, 27.42%, 22.58%, 6.45%, 4.84% and 1.61% in masseter muscle, tongue, triceps muscle, heart, diaphragm and esophagus, respectively. The overall prevalence of Taeniosis was found to be 80% in the town. The questionnaire survey clearly indicated that age category, occupation and habit of meat consumption were significantly associated with Taeniosis in humans (p < 0.05). 80% of the respondents were aware about Taeniosis and source of infection. The retrospective laboratory data in four years (2010 to 2013) revealed that out of 84,035 patients stool examined, 121 were positive for Taeniosis. Besides, an inventory of pharmaceutical shops during the four years revealed that a total of 98,818 taenicidal drug doses worthing a total of 384,198.97 ETB were used. This study assured that *Cysticercus bovis*/Taeniosis was the problem of both humans and cattle in this study area. Therefore, it needs due attention to safeguard the public.

Keywords: Abattoir, Cattle, Community perception, Cysticercus bovis, Prevalence, Public health/zoonosis, Taeniosis

1. Introduction

It is well documented that a number of food born parasitic infections prevail worldwide (Dorny *et al.*, 2009). These parasitic diseases are highly prevalent in Sub–Saharan Africa and incur severe economic losses

by reducing productivity. Among highly prevalent diseases, *Taenia saginata/* Taeniosis/bovine cysticercosis is one of the major parasitic diseases; which does not only lead to economic losses, but also adversely affect the public health (Fralova, 1982; Harrison and Swell, 1991).

The adult tapeworm, T. saginata occurs in the small intestine of the definitive host, man and the metacestode (Cysticercus boyis) is found in mostly striated muscles of cattle that serve as main intermediate host (Soulsby, 1982). Humans become infected by ingesting infected meat that has been inadequately cooked or frozen (Scandrett et al., 2009). Most incidents arise in cattle as a result of direct exposure to proglottids and/or eggs shed from humans, but there have been some report of large scale outbreaks resulting from sewage-contaminated feed or forage (Wayne et al., 2002). In cattle, heavy infection by T. saginata cysticercosis may cause myocarditis or heart failure (Gracey and Collins, 1992). Ingested eggs in cattle develop in to cysticerci, which can often be detected during meat inspection at routinely inspected localization sites of the parasite, including heart, skeletal muscles and diaphragm (Gracey et al., 1999). The presence of cysticerci in muscles is not associated with clinical signs; however, the adult tape worm in man produced diarrhea, hunger pain, abdominal discomfort, loss of weight, constipation and nausea (Urghuart *et al.*, 1996).

In addition to human and animal health, economic loss is due to condemnation of heavily infected meat, restrictions of exports, treatment costs in human for Taeniosis (Scandrett *et al.*, 2009). Downgrading of carcasses which are subjected to refrigeration and cost of refrigeration and extra handling are also areas which indicate the economic effect of bovine cysticercosis/Taeniasis (Dorny *et al.*, 2009).

The epidemiology of the disease is associated with the cattle rearing system, age of cattle, meat inspection practice and habit of consumption of raw and undercooked meat. Low awareness and poor hygiene and sanitary infrastructures may facilitate transmission of the disease between animals and humans (WHO, 2006).

Globally, there are 77 million human Taenia carriers, out of which about 40% live in Africa. Meanwhile, its prevalence is high in developing country particularly in sub-Saharan Africa (Fralova, 1985; WHO, 1995). In East African countries, prevalence rates of 30-80% have been recorded (Tembo, 2001). In developing countries, the incidence of human infection with *T. saginata* is also usually high, with the prevalence over 20 %; whereas in developed countries, the prevalence of cysticercosis is very much lower, usually less than 1 % (Bowman, 1995; Urqhuart *et al.*, 1996).

In Ethiopia, several authors have reported its prevalence in a wide range of 2.5 % to 89.41 % and 3.11 % to 27.6 %, in humans and cattle, respectively (Tembo, 2001; Dawit, 2004; Hailu, 2005 and Abunna et al., 2008). It is believed that the cultural habit of eating raw meat in the form of "Kourt"-meat cubes and "Kitfo"-minced meat in Ethiopia, has favored the spread of this disease (Tembo, 2001; Dawit, 2004 and Fufa, 2006). Even though different authors reported its prevalence in different areas in different times, recent updated report is very important in order to ensure the surveillance as well as the public health and economic importance of the disease.

Therefore, the objectives of this study were:

- To determine the prevalence of *Cysticercus* bovis in cattle slaughtered at Bishoftu municipal abattoir;
- To assess the public health and economic importance of Taeniosis/*Taenia saginata*;
- To assess community knowledge about the zoonotic importance of the parasite

2. Materials and Methods

2.1. Study design and Study population

The study was a cross-sectional type in which active abattoir survey, questionnaire to assess human Taeniosis and drug shop inventory were conducted. Additionally, retrospective laboratory data of human Taeniosis was collected from Bishoftu health centers. Study populations for active abattoir survey were cattle presented to the abattoir for slaughtering and routine meat inspection conditions. From those animals that daily came to the municipal abattoir, study animals were randomly selected and routinely inspected for cysticercosis. Animals slaughtered during this study were all of local breed.

2.2. Sampling method and Sample size determination

Sampling was conducted using random sampling method. The sample size of active abattoir survey was determined using the expected prevalence of bovine cysticercosis in Bishoftu 13.85% reported Getachew (1990), with 95% confidence interval at a desired absolute precision of 5% according to the formula given by Thrusfield (2005). Therefore, the required sample size was 184, but 371 cattle were sampled,

with the intention to increase the level of accuracy of determining the prevalence.

2.3. Study Methodology

2.3.1. Active Abattoir Survey

Active abattoir survey was conducted during detail meat inspection on randomly selected 371 cattle slaughtered at Bishoftu municipal abattoir. Before slaughtering, ante mortem inspection was carried out and the tag number of each animal was recorded. Ante mortem examination on individual animals was done for the assessment of body condition, age, sex, breed and their place of origin. During post mortem inspection, palpation of the organs followed by incision was made to examine for the presence of C. bovis, according to the guideline by Ethiopian Meat Inspection Regulation Notice Number 428 of 1972 and the Meat Control Act of Kenya (MOA, 1972).For masseter muscle, deep linear incision were made parallel to the mandible; the heart was incised from base to apex to open the pericardium and incision also made in he cardiac muscle for detail examination. Deep, adjacent and parallelincisions were made above the point elbow in the shoulder muscle (triceps brachii). One extensive incision into the fleshy part of diaphragm; and one deep longitudinal ventral incision of tongue were done. Examination of the kidney, liver, esophagus and the lung was also conducted accordingly. In positive cases, the site, the density and nature of the cyst were recorded and transported to the Parasitology laboratory in Addis Ababa University, College of Veterinary Medicine and Agriculture for confirmation of cyst viability. The cysts were incubated at 37°C using 40% ox bile solution diluted in normal saline for 1-2hrs (Gracey et al. 1999). After this, the scolex was examined under microscope by pressing between two glass slides. The cysts were regarded as viable if the scolex evaginates during the incubation period at the same time the scolex was checked whether it is *T. saginata* metacestode or other based on the size of cysticercus, absence of hook on the rostelleum of the evaginated cyst (WHO, 1995).

2.3.2. Questionnaire surveys on Taeniosis

Identification of respondents for questionnaire survey was based on random selection of volunteers from Bishoftu (after five kebeles were randomly selected). The selection was based on different age, sex, and working conditions. Accordingly, 140 individuals were selected and interviewed. The potential risk

factors of Taeniosis such as habit of raw meat consumption, age, sex, religion, occupation, educational levels, presence and usage of laterine facilities especially toilet and knowledge of possible sources and prevention methods of Taeniosis were assessed. Specific questions regarding medical history related to traditional and modern taenicidal drugs use, clinical symptoms of Taeniosis and possible options were included in the questionnaire to assess community perception and to estimate the risk factors association with Taeniosis.

2.3.3. Inventory of pharmaceutical shops

Regarding the drug inventory, relevant information was gathered from volunteer pharmaceutical shops in Bishoftu town. Different human drug stores located in Bishoftu town were inventoried for the amount and cost of drugs sold for the treatment of human Taeniosis. During the study, inventory was conducted on three randomly selected private pharmaceutical shops and one public health center (Keta) existing in Bishoftu town. Accordingly, annual adult dose of taenicidal drug sales (based on prescription and patient complaints) in the years 2010 to 2013 were gathered to analyze the socio-economic impacts of Taeniosis in the area.

2.3.4. Retrospective Data

The retrospective data of human Taeniosis in the years 2010 to 2013 were collected and recorded. Accordingly, the record of Taeniosis positive patients were identified and summarized with the total number of stool examined patients from Bishoftu general hospital and Bishoftu health center.

2.4. Data Management and Analysis

Abattoir and questionnaire data were collected and were stored in to a computer on a Microsoft excel spreadsheet and analyzed using SPSS version 20 software program. The association between the risk factors and the outcome variables was assessed using chi-square (X^2) test. The abattoir data were summarized and prevalence was calculated for the area. Anatomical distribution of C. bovis and cyst viability were tabulated. Pharmaceutical inventory data and retrospective laboratory data were arranged, calculated (using calculator), tabulated and summarized.

3. Results

3.1. Abattoir Results

Out of 371 cattle inspected, 29 animals had got varying number of *Cysticercus bovis* with overall prevalence of 7.8%. The total of 350 males and 21

females were inspected and out of these, 27 (7.7%) and 2 (9.5%) respectively were positive for C. bovis. Similarly, out of 40 5years and 331 > 5 years old cattle, 6 (15%) and 23 (6.9%) were positive for C. bovis (Table 1). There is no significant association between C. bovis prevalence and both sex and age, since p > 0.05.

Table 1: Prevalence of Cysticercus bovis based on sex and age of the cattle

Risk factors	No examined	No infected	Prevalence (%)	X^2	p-value
Sex					
Male	350	27	7.7	0.090	0.764
Female	21	2	9.5		
Total	371	29	7.8		
Age					
5 years	40	6	15	3.211	0.073
> 5 years	331	23	6.9		
Total	371	29	7.8		

The total number of cysts identified was 62; among which 20 (32.26%) were live cysts while the rest 42 (67.74%) were dead cysts after performing viability test; and it was the tongue(7) which harbored the highest number of viable cysts followed by masseter muscle(6), triceps muscle(4), heart(2) and

diaphragm(1) (Table 2). But decreasing order of total number of cysts in respective organs is 23(37.1%), 17(27.42%), 14(22.58%), 4(6.45%), 3(4.84%) and 1(1.61%) in masseter muscle, tongue, triceps, heart, diaphragm and esophagus, respectively.

Table 2: Anatomical distribution and viability of cysts in different organs

Organ	Total	Viable	Proportion (%)
Tongue	17(27.42%)	7	41.18
Masseter	23(37.1%)	6	26.09
Triceps	14(22.58%)	4	28.57
Heart	4(6.45%)	2	50
Diaphragm	3(4.84%)	1	33.33
Esophagus	1(1.61%)	0	0
Total	62	20	32.26

3.2. Questionnaire Survey Results

Out of 140 respondents in Bishoftu, 80%, 80% and 78.6% were familiar with Taeniosis, source of infection and prevention methods, respectively (Table 3). More than half of them (57.1%) had been advised

in the past not to eat raw beef. This awareness is regardless of age and sex difference (p > 0.05), but there is significant association in educational level, those with no education having least knowledge (p < 0.05).

Table 3: Respondents about source of infection and prevention of Taeniosis in Bishoftu

Question	Total	Awareness (yes)	%
Taeniosis	140	112	80
Source	140	112	80
Prevention	140	110	78.6

Out of 140 respondents, 68.6% had been suffered from Taeniosis at least once. There is no significant association between Taeniosis occurrence and religion, educational level, between sex and

knowledge with Taeniosis since p > 0.05, but there is significant association between meat consumption habit, age category and occupation since p < 0.05 (Table 4).

Table 4: Proportion of human Taeniosis and association with risk factors in Bishoftu

Risk factors	Respondents	Suffered	Prevalence (%)	X^2	p-value
Age category					
20	38	18	47.4	13.508	0.001
21-40	75	54	72		
> 40	27	24	88.9		
Total	140	96	68.6		
Sex					
Male	96	68	70.8		
Female	44	28	63.6	0.725	0.394
Total	140	96	68.6		
Occupation					
Students	44	18	40.9	23.395	0.000
Civil servants	19	16	84.2		
Farmers	16	14	87.5		
Merchants	8	6	75		
Laborers	53	42	79.2		
Total	140	96	68.6		
Religion					
Christians	119	81	68.1		
Muslims	15	12	80	1.883	0.390
Others	6	3	50		
Total	140	96	68.6		
Level of edu.					
No education	11	11	100		
Informal	9	7	77.8		
Elementary	40	26	65	6.106	0.107
High sch. &	80	52	65		
Above					
Total	140	96	68.6		
Meat					
consumption					
Raw beef, kitfo	97	75	77.3	11.215	0.001
and <i>kitfolebleb</i>					
Properly	43	21	48.8		
cooked meat					
Total	140	96	68.6		
Knowledge			***		
Yes	112	79	80	1.003	0.317
No	28	17	20		
Total	140	96	68.6		

Among the interviewed people, 74 people used modern taenicidal drugs, 7 people used traditional

herbs, 14 people used both, but 45 people were never diseased and never used any drug.

3.3. Data of Inventory Pharmaceutical shops

This data was collected from Ethiopian Red Cross pharmacy, one health center and two private pharmacies in Bishoftu from the year 2010 to 2013. This is summarized as follows (Table 5).

Table 5: Inventory of pharmaceutical shops in Bishoftu for the years 2010 to 2013

	20	010	20	011	20)12	20	13
Drug	Adult	Cost	Adult	Cost	Adult	Cost	Adult	Cost
	Doses	(Birr)	Doses	(Birr)	Doses	(Birr)	Doses	(Birr)
Niclosamide	13706	49654.02	14741	43864.95	13882	42159.02	11584	40444.11
Praziquantel	11257	24034.28	4788	22432.73	4534	21202.68	4837	23473.84
Vermox	4910	29461.92	4899	29392.97	4822	28933.37	4858	29145.08
Total	29873	168150.22	24428	95690.65	23238	92295.07	21279	93063.03

A total of 384198.97 Birr with 98818 total adult doses

3.4. Retrospective Laboratory Data

This data was laboratory record from one health center and one hospital in Bishoftu. From total of 84035 (35522 males and 48513 females) stool examined patients in the four years, 121 (45 males and 76 females) had been affected by Taeniosis.

4. Discussion

In the current study, the prevalence of bovine cysticercosis was 7.8%, which is comparable to the findings of Nigatu (2004) in Addis Ababa abattoir (7.5%), Getachew and Ashwani (2013) in Mekelle (7.23%) and Dawit (2004) in Gondar (4.9%). But the current prevalence was greater than from the findings of Tembo (2001) in central Ethiopia (3.11%), Getachew (2008) in Jimma (2.93%) and Nuraddis and Firew (2012) in Addis Ababa municipal abattoir (3.6%), but lower than the findings of Alemu (1997) in Bahr-Dar (19.5%), Abunna et al (2007) in Hawassa (26.25%) and Mesfin and Nuraddis (2012) in Hawassa municipality abattoir (22.9%). This may be due to the fact that the incidence of C. bovis varies from place to place and also reflects the expertise of meat inspectors, inexperienced meat inspectors could most likely miss out quite number of viable cysticerci, which blend with the pinkish-red color of the meat and be passed for human consumption (Adugna et al., 2013). Moreover, in the routine inspection of beef carcasses, there is practical limitation to the number and degree of incisions permissible, for gross mutilation lowers the marketability of the carcass, as a result many infestations remain undetected.

According to the current study, the most affected organ with the highest number of cysts was masseter muscle (23, 37.1%) (Table 3.1.3) in agreement with Abunna et al (2008) and Mesfin and Nuraddis (2012), but not in line with the findings of Getachew (1990) in Debre zeit, Tolosa et al (2009) and Gomol et al (2011) in Jimma municipal abattoir and Nuraddis and Firew (2012) in Addis Ababa municipal abattoir. Masseter muscle was followed by tongue (17, 27.42%), triceps muscle (14, 22.58%), heart (4, 6.45%), diaphragm (3, 4.84%) and esophagus (1, 1.61%), respectively. These preferred predilection sites for the cysts of Cysticercus were similar to earlier reports in Ethiopia (Hailu, 2005; Adugna et al., 2013) and various endemic areas (Anosike, 2001; Cabaret et al., 2002; Opara et al., 2006). The higher incidence of Cysticercus bovis in some muscles is attributed to increased blood flow due to increased activity, masseter muscle for example is muscle of mastication and similarly tongue is the most prehensile organ in cattle (Scandrett et al., 2009).

Of the total cysts collected, 20 (32.26%) were viable while the rest 42 (67.74%) were non-viable, however, viability test of the cysts revealed that it was the tongue (7) which harbored the highest number of viable cysts followed by masseter muscle(6), triceps muscle(4), heart(2) and diaphragm(1) which is in agreement with Mesfin and Nuraddis (2012), but it is not in agreement with the reports of Abunna *et al* (2008) and Nuraddis and Firew (2012) who reported the triceps muscle to be the first to harbor *C. bovis*, however, their reports agreed with higher number of dead cysts than live ones.

In this study, there was no significant association between age group (p>0.05) and this result is in agreement with Hailu (2005), Nuraddis and Firew (2012) and Mesfin and Nuraddis (2012) but not concurs with the observations of Gomol et al (2011). The possible reason for this might be any age group of animals has close susceptibility to Taenia saginata eggs, and the animals that were brought to the abattoir were nearly the same adult to old age. There was also no significant association observed between sex (p>0.05) in accordance with reports of Kebede et al (2008), Gomol et al (2011) and Mesfin and Nuraddis (2012) and in contrary to Nuraddis and Firew (2012). Human Taeniosis was a wide spread health problem in the Bishoftu town reaching the proportion of 68.6% which was comparable with the reports of Dawit (2004) (69.2%) and of Abunna et al (2008) (64.2%); but less than the report of Hailu (2005) in Gondar 79.5% and Tembo (2001) in different agro-climatic zones of Ethiopia (89.41%), and higher than the reports of Mesfin and Nuraddis (2012) in Addis Ababa (44%), Dawit and Temesgen (2013) in Shire Indesilassie, Northern Ethiopia (62.5%) and Tesfave et al (2012) in Wolaita Soddo (62.5%).

There was no significant association between proportion of Taeniosis in knowledge of disease similar to Dawit and Temesgen (2013), educational level similar to Regassa *et al* (2009), sex and religion in agreement with the finding of Tesfaye *et al* (2012). This could be due to the long time cultural habit of eating raw meat particularly that of *kourt* and *kitfo* in many social groups including those of educated and even health and veterinary professionals.

There was significant association between proportion of Taeniosis in age category, old group having significantly higher prevalence, in agreement with Mesfin and Nuraddis (2012). This might be because of frequency of consumption of raw meat related to difference in the availability of money in different age groups and in some families children were not allowed to eat raw beef. The significant association of Taeniosis in meat consumption habit was in fact that raw meat consumption exposes individuals to Taeniosis. This is similar to the findings of Tembo (2001), Abunna et al (2008) and Regassa et al (2009). There was also significant association between Taeniosis prevalence and occupation, being significantly high in farmers, similar to Mesfin and Nuraddis (2012). This might be because of financial availability and frequency of exposure depending on

the occupation for example; backyard slaughtering was mostly exhibited by farmers.

Regarding community awareness, most of the respondents (80%) were aware of Taeniosis and about source of infection of humans, similar with the report of Tesfave et al (2013) from Jimma South Western Ethiopia (82.3%); and the major clinical symptoms they observed were proglottids in stool, weight loss, nausea, weakness and discomfort in the abdomen. The 78.6% of the respondents were familiar with the prevention methods of the disease. They replied as the main source of infection for humans was consumption of raw and undercooked beef; and the possible measures of prevention could be properly cooking meat. deworming animals while fattening, slaughtering animals in abattoir to be inspected carefully, environmental hygiene by constructing toilets and using drugs after infection. This awareness is regardless of age and sex difference (p > 0.05), but there is significant difference in educational level, those with no education having least knowledge (p < 0.05). Even though they were aware of, they were still consuming raw beef due to deep rooted cultural habit and by considering the disease as non-fatal and could be cured by using drugs after consumption of the beef. Most of them used modern drugs from pharmacies and health stations. Some of them also used traditional herbs like "kosso", "enkoko" and "alenquata". The reason for preferring of the drug of their choice was mainly availability even though efficiency and low cost of the drugs were some of the reasons as their response.

Most of the respondents (108, 77.1%) did not owned cattle, but most of them (120, 85.7%) had been slaughtering cattle in the form of "kircha" using backyard slaughtering method, and 69.29% of them had been consuming raw and undercooked meat, which couldbe contributing factor for the high prevalence of Taeniosis in the community.

The four years (2010 to 2013) record of laboratory in two health centers of Bishoftu town indicated that out of 84035 stool examined patients, 35522 males and 48513 females, 121 (45 males and 76 females) were affected by Taeniosis. The rate of prevalence of Taeniosis was higher in females than males this is because the total number of females examined was greater than that of males.

One of the possible sources of information to evaluate the economic impact of the disease is to carry out inventories of pharmaceutical shops, which may not indicate the actual loss. The inventories of two pharmaceutical shops, Ethiopian Red Cross Society pharmacy and one health center in Bishoftu town, which comprises four years record from 2010 to 2013, indicated that 98,818 total adult doses of taenicidal drugs worthing 384,198.97 ETB with an average of 96,049.70 ETB per annum, which is about two fold of two years data report of Tesfaye et al (2012) in Wolaita Soddo (40.200.80 ETB). This showed direct proportionality with number of years in which the data was collected. Depending on the current result, it is worthy to say that Taeniosis diminishes household financial resources. The most commonly used taenicidal drugs in the area were Niclosamide, Praziquantel and Mebendazole (vermox).

5. Conclusion and Recommendations

This study showed the occurrence of bovine cysticercosis in Bishoftu municipal abattoir and Taeniosis in Bishoftu town. Even though the majority of the respondents were aware about the disease, they did not stop consumption of raw and undercooked beef which is the most important source of infection. There was also backyard slaughtering practice which could be considered as the contributing factor for zoonosis. Taeniosis caused some financial losses increasing the demand of taenicidal drugs by the infected persons. So the disease causes public health and financial problems that need serious attention in order to keep the health of the public. Therefore, the following points should be fulfilled:

- Increasing the awareness of the community about the health and economic impact of Taeniosis through continuous education of the public is very important.
- Construction of abattoirs should be supported with adequate facilities such as lighting and refrigeration.
- Backyard cattle slaughter (*kircha*) should be discouraged.
- There should be close and strong collaboration between medical and veterinary professionals to reduce the impact of the disease in both human and cattle population.

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