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# ANALYSIS OF PHYSICAL AND MICROBIOLOGICAL QUALITY OF RAW CAMEL MILK IN THE SOMALI REGIONAL STATE OF ETHIOPIA

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Supporting Information

**ABSTRACT**: The objective of this study was to determine the physical and microbial quality of raw camel milk along the milk market chain a total of forty-two raw milk samples were taken from milk producers (21 samples) and milk collection centers (21 samples). Each sample was analyzed for physical and microbial quality including temperature, pH, titratable acidity, specific gravity, and clot on boiling, the overall mean and standard deviation values were 27.93 °C, 6.29, 1.030 g/cm<sup>3</sup>, 0.95%, and 88.1% respectively. Microbial quality and safety attributes that include total bacteria count, coliform count, and yeast and mold counts were analyzed. The overall mean log<sub>10</sub> counts per ml and standard deviation values for each total bacterial count, coliform count, and microbial analysis were 7.48 log<sub>10</sub> CFU/ml, 5.85 log<sub>10</sub> CFU/ml, and 4.78 log<sub>10</sub> cfu/ml, respectively. The total bacterial count, coliform count, yeast, and mold counts were calculated and show that the milk collection center samples were significantly higher than milk samples obtained from household producers. This study indicated that the quality of camel milk in the study area had low quality and this could cause public risks through the consumption of raw camel milk produced and sold under the present production and handling conditions along the chain. Thus, these calls for strict hygienic measures to improve the quality and safety of camel milk produced and marketed in the study area.

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# INTRODUCTION

The global population of domesticated large camelids (*Camelus dromedaries* and *Camelus bactrianus*) is estimated to be about 28 million (Faye, 2015). More than 80% of the camel population inhabits Africa with 60% in the Eastern African countries which are important exporters of dromedary camels to the Arabian Peninsula and Egypt (Faye, 2015). The camel population in Ethiopia is estimated at 4.8 million (Behnke, 2010). Milk is susceptible to contamination with pathogenic microorganisms from the time it is milked until it reaches the consumer. The hygienic quality of milk and dairy products is dependent upon the quality of the raw milk and the conditions under which the milk is produced (Carloni et al., 2016; Kaskous, 2019; Ayuob et al., 2020).

Microbial contamination in milk may cause milk-borne diseases in humans (Berhe et al., 2020; Kakati et al., 2021), while others are known to cause milk spoilage (Fusco et al., 2020). Sources of microbial contamination in milk include primary microbial contamination that comes from the infection or mastitis in lactating animals. The secondary causes of microbial contamination occur along the milk value chain which may include contamination during milking by milkers, milk handlers, unsanitary utensils and/or milking equipment, and water supplies used in sanitary activities. Other secondary sources of microbial contamination occur during milk handling, transportation, and storage. Poor or improper handling of milk can exert both public health and economic constraints thus requiring hygienic vigilance throughout the milk value chain (Swai and Karimuribo, 2011).

In the Gursum district Somali region of the study areas, camel milk is produced in traditional ways and camels are milked by hand. Then the milk is handled under poor hygienic conditions and transported a long distance (up to Jigjiga town) where it is sold on the street (open market) or distributed to retailers. Thus, milk transported and handled under such conditions may have poor quality and contain pathogenic microorganisms of public health concern. Therefore, studying the quality and safety of raw camel milk along the milk marketing chain, i.e., from the production site until it reaches the milk collection centers site is very important in that the results generated will be used to devise appropriate intervention strategies aimed at improving the quality and safety of camel milk produced in the study area.

# MATERIALS AND METHODS

# Description of the study area

Somali Region is the second largest region in Ethiopia. It borders Djibouti in the north, Somalia in the east and northeast, and Kenya in the south. In the west, it borders Oromiya Region, and in the north-west Afar Region. The specific survey area of the study was Gursum Woreda, Fafan zone, Somali region.

# Methods of data collection

The study conducted among producers and milk collection centers involved experimental work on the physical and microbiological qualities of raw camel milk samples in the study area. All of procedures are in according to animal welfare rules and hygiene consideration according to ethical rules of Department of Animal and Range Science of Haramaya University and Food Science and Nutrition Research Directorate.

# **Milk sample collection**

A total of three potential Kebeles, namely Bombass, Tikdam, and Kobijaro, were selected purposively from 18 Kebeles in the Gursum Somali district due to their high potential in camel milk production and the common practice of marketing camel milk. Using simple random sampling (lottery method), a total of 42 milk samples were collected for physical and microbial quality analysis (14 samples from each Kebele). In each Kebele, 7 samples from households and 7 samples from milk collection centers were collected. Approximately 15 ml of morning raw milk samples were collected using sterile bottles from each household and milk collection center for a period of three months. All the samples were then transported to the laboratory of dairy microbiology at Jigjiga University using an insulated icebox without delay.

## Physical analysis of milk

# **Titratable acidity**

The percentage acidity of the milk was measured by titrating ten milliliters of raw milk sample with 0.1 NNaOH to the phenolphthalein endpoint as described in (O'Connor, 1994). Ten ml of raw milk sample was pipetted into a beaker, and then 3 to 5 drops of 1% phenolphthalein indicator were added into the milk. The samples were titrated with 0.1 N NaOH until the faint pink color persisted. The titratable acidity was calculated using the following formula:

## PH

The pH of milk was recorded using a digital pH meter. The instrument was at first calibrated using a buffer of pH 7.0 and 4.0 before measuring the pH of milk samples.

# Temperature

The temperature of the milk samples was measured using an electronic thermometer.

# Specific gravity

Measurement of milk density was done by using a lactometer. A fresh milk sample was first filled sufficiently into a glass cylinder (100 ml capacity) (0'Mahony, 1988). The following formula was used to calculate the milk-specific gravity.

Specific gravity =  $\frac{L}{1000} + 1$ 

Where, L corrected the lactometer reading at a given temperature i.e. for every degree above 15.56 C<sup>0</sup>, 0.2 degrees were added, but for every degree below 15.56 C<sup>0</sup>, 0.2 degrees was subtracted from the lactometer reading.

## Clot on boiling test

Five ml of milk was placed in a test tube and held in an alcohol flame for five minutes. Then the test tube was carefully removed from the flame and examined for precipitate (O'Mahony, 1988).

# **Microbiological analysis**

For the microbial quality tests, Standard plate count, Coliform Count, and Yeast and Mould count were used. Serial dilutions of milk samples were plated on plate count agar, violate red bile agar (HIMEDIA), and potato dextrose agar (MICOGEN) for standard plate count, coliform count, and yeast and mold count, respectively. Media used for the determination of standard plate count, Yeast, and Mould count, and those used for serial dilution (peptone water) were sterilized by autoclaving at 121 °C for 15 minutes, while the media used for determination of CC (violet red bile agar) were sterilized by boiling on a hot plate. All plates used for the enumeration of total bacteria and coliform bacteria were incubated for 48 and 24 hrs at 30 °C and 37 °C, respectively. In contrast, those used for the enumeration of yeasts and molds were incubated at 22-25 C° for 5 days (Richardson, 1985).

# Standard plate count

The total bacterial count was done using the pour plate method. Standard Plate Count Agar was used to determine the extent of microbial contamination of milk before any processing was done. One milliliter (1 ml) of milk sample was serially diluted up to six dilutions using six test tubes each containing 9 ml of peptone water (ratio of 1:10). Sterile duplicate glass Petri dishes were labelled corresponding to each dilution. One ml of the dilutions was then aseptically withdrawn using a sterile 1 ml Pasteur pipette and delivered into a sterile Petri dish. This was repeated till all the dilutions were pipetted into their corresponding plates up to  $10^{-6}$ . This was followed by pouring about 15 ml of standard plate count agar which had been autoclaved at 121 °C for 15 min, cooled, and tempered in a water bath at 50 °C. The sample and the agar were gently swirled by an alternate clock and anti-clockwise rotations and left to solidify on the bench for about 30 min. The plates were inverted and incubated at 30 °C for 48 h. After incubation, the plates inoculated with the dilution yielding between 30 and 300 colonies were counted. Colony counts were made using a colony counter (Richardson, 1985).

## Estimation of the CFU/ml

The average colony count from the duplicate plates was used to estimate the total number of colony-forming units per ml (CFU/ml) using the following formula:

$$N = \frac{\sum c}{\left[(1xn_1) + (0.1xn_2)\right]d}$$

Where, N = number of colonies per milliliter or gram;  $\Sigma C$  = sum of all colonies on all plates counted; n1 = number of plates in lower dilution counted; n2 = number of plates in the next highest dilution counted however, plates from two consecutive decimal dilutions yield colony counts of 30 to 300, the counts for each dilution was computed (APHA, 1992).

# Total coliform counts

One ml of milk sample was added into a sterile test tube having 9 ml of peptone water. After mixing, the sample was serially diluted up to 10<sup>-5</sup> and duplicate samples (0.1 ml) were spread plated on solidified Violet Red Bile Agar and evenly spread. The plates were then incubated at 32 °C for 24 hours. Finally, colony counts were made using a colony counter. Typical dark-red colonies were considered as Coli form colonies (Richardson, 1985). The total coliform counts were also expressed in CFUs/ml computed using the first formula shown above for total bacterial count.

# Yeast and mold counts

For the enumeration of yeasts and molds potato dextrose agar spread plates were used. Here, the plates were, however, incubated at 22-25 C° for 5 days. Either the first or the second formula was used for computing the CFU/ml of yeasts and molds as indicated for the determination of the TBC. The following models will be used to analyze the physical and microbiological quality of milk: 1, Model.  $Y_{\mu} = \mu + \beta_{\mu} + \beta_{\mu}$ 

Where,  $\mu$  =is the overall mean,  $Y_{ij}$  = refers to individual observation,  $\beta_i$  is the source effect i<sup>th</sup> (i=1,2), e ij is the error term.

# **Statistical analysis**

Data recorded during sampling and laboratory findings were entered and stored in a separate Microsoft Excel spreadsheet. Mean and standard deviations were calculated for the physical quality of raw milk. Analyses of variance were performed. Microbial counts of raw milk samples were first transformed to logarithmic values (log<sub>10</sub>) before statistical analysis by using general linear model procedures of SAS version 8.2 (SAS, 2001). For each experiment mean comparisons were done separately using the least significant difference for variables whose F-values showed significant differences at a 5 % significance level.

# **RESULTS AND DISCUSSION**

# Physical quality of raw camel milk

Specific gravity: the value of specific gravity of milk samples collected from the household and the milk collection centers were in the range of 1.028 g/cm<sup>3</sup> to 1.032 g/cm<sup>3</sup>, respectively. The current results also show a significant difference (P<0.05) in density values between milk samples obtained from households (1.028g/cm<sup>3</sup>) to milk collection centers (1.032 g/cm<sup>3</sup>) (Table 1) the density of milk among others is commonly used for quality test mainly to check for the addition of water to milk or removal of cream addition of water to milk reduces milk density, while removal of cream increases it (O'Connor, 1994).

Parameter	Household (n=21)	Milk collection center (n=21)	Overall mean (SE)
Specific gravity	1.028±0.00045ª	1.032±0.00045b	1.03±0.00045ab
Temperature	24.10±0.93 <sup>b</sup>	<b>31.9±0.93</b> <sup>a</sup>	28±0.93 <sup>b</sup>
oH value	6.5±0.088 <sup>b</sup>	5.9±0.088 <sup>b</sup>	6.26±0.48 <sup>ab</sup>
ΓΑ (%LA)	0.83±0.043ª	1.07±0.043ª	0.95±0.043ª

As indicated in Table 1, showing that the mean  $\pm$  SE value of the physical quality of raw camel milk in the Gursum district. The temperature of milk samples collected from households and milk collection centers in the Gursum district were 24.10 and 31.9, respectively. The temperature of the milk samples collected at the household was significantly (P<0.05) lower than the temperature collected from milk collection centers in the Gursum district. The temperature difference of the milk along the chain might be because of the environment and exposure to sunlight. The pH of the milk samples progressively decreased from the time milk is collected from the household until it reaches the milk collection centers in the Gursum district was significantly (P<0.05) lower than the pH of the milk samples collected from milk collection centers in the Gursum district was significantly (P<0.05) lower than the pH of the milk samples collected from milk collection centers in the Gursum district was significantly (P<0.05) lower than the pH of milk samples collected from the household were 5.9, and 6.5 respectively with an average mean and standard division of 6.26±0.48. Milk pH indicates milk hygiene and it

usually ranged between  $\leq 6.6$  and  $\geq 6.8$  when milk temperature is 20 °C because cooling of milk reduces the risk of growth of bacteria while high milk temperature is considered favorable for the growth of bacteria in milk (Walstra, 1999).

The decreased pH of the camel milk samples at the final market indicates increasing in acid production due to the multiplication of microorganisms in the milk during transportation and storage in milk collection centers. Tetra table acidity is a measure of freshness and bacterial activity in milk. Popescu and Ange (2009) reported that high-quality milk has to have less than 0.14 percent acidity. The acidity of the raw milk samples varied largely from one sample to another. (Baloch et al., 2018) reported the acidity of camel milk expressed interns of lactic acid contents varied between 0.12 to 2 g/100 with an average of (0.18  $\pm$ 0.01 g per 100 g). The tetra table acidity value of milk samples from milk collection centers was significantly higher than the titratable values of milk from the household producers (P<0.05), indicating high bacterial activity in the former milk samples. According to a recent study lowest value was 0.83% for household milk producers and the highest value was 1.07% for milk collection centers indicating its relatively high acidity. The Clot-onboiling test of milk samples collected from the Gursum district at household producers and milk collection centers showed negative results.

# Microbiological qualities of raw camel milk samples

## **Bacteriological analysis**

The bacteriological test considered for the determination of the bacterial load in raw camel milk samples was standard plate count, coliform count, and yeast and mold count.

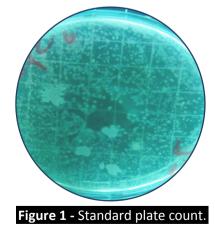
#### Standard plate count

In this study, the magnitude of the microbial load and types of contaminant microbial groups in camel milk are presented (Table 2). The overall mean value of total bacterial counts of milk samples obtained from producers was significantly lower than (P<0.05) of the milk samples obtained from milk collection centers in the Gursum district. The total bacterial count determined from the milk samples was  $7.43\pm0.019 \log_{10}$  CFU/ml and  $7.53\pm0.009 \log_{10}$ CFU/ml, for household and milk collection centers, respectively. The overall mean value of total bacterial count was  $7.48\pm0.014$  as seen from figure 1 log<sub>10</sub> CFU/ml. This result generally disagrees with those reported by Younan and Abdurahman, (2004), El-Ziney and Al-turki, (2007) and Omer and Eltinay (2008).

This increase in total bacterial count might have occurred along the chain as the milk was transported from the households until it reached the terminal market of milk collection centers. These depended on several parameters such as the milk itself, contamination of the camels' udders, milking personnel, and other considerations such as transportation and the nature and hygienic conditions of containers. This indicates that the hygienic quality of raw milk sold by retailers was generally poor and this could most probably be due to improper handling of milk during transportation and storage. High total bacterial counts in raw milk mainly reflect the poor hygienic condition under which the milk was handled at storage temperature and time elapsed since milking and the poor health of the milking animal (Chambers, 2005). Moreover, factors that could contribute a lot to the contamination of milk in this study include lack of knowledge about clean milk production, absence of a separate place for milking, use of non-boiled water for cleaning milking equipment and storage containers, using plastic containers (since plastic containers scratch easily and provide hiding places for bacteria during cleaning) and milk residues on equipment surfaces provide nutrients for growth and multiplication of bacteria that could then contaminate the milk. In general, the higher bacterial counts might be an indication of a diseased udder, unsanitary handling of milk, or unfavourable storage temperatures (Fikrineh et al., 2012).

Table 2 - Microbial quality ( $log_{10}$ cfu/ml) (means ± SE) of camel milk produced and milk collection centers							
Parameter	Household (n=21)	Milk collection center (n=21)	Overall mean (SE)	P-value			
SPC	7.430.019 <sup>b</sup>	7.53±0.009 <sup>b</sup>	7.48±0.014ª	0.0003 <sup>ab</sup>			
сс	5.6±0.042ª	6.07±0.043 <sup>b</sup>	5.85±0.042ª	0.0001 <sup>ab</sup>			
YMC	4.20±0.199ª	5.36±0.142ª	4.78±0.170 <sup>b</sup>	0.0001ª			
Means followed by different (P<0.05); SPC=Standard palate Count; CC=Coli form count;							

YMC=Yeast and mold Count; SE= standard error; N= number of respondents. <sup>a, b, ab,</sup> means in the same column with different letters show significant differences (P<0.05) among household and milk collection centers: SPC=standard plate count; CC: coliform count bacteria and YMC=yeast and mold count bacteria.



#### Coli form count

The analysis of variance in Table 2 suggested that there was a significant difference (P<0.05) in coliform count between the two milk sources. The mean of household producers is  $5.6\pm0.042$  and milk collection centers are  $6.07\pm0.043$ . As indicated figure 2 the overall mean of coliform counts of raw milk samples ( $5.85 \log_{10} CFU/mI$ ) observed in the current study is higher than the value of  $2.83 \log_{10} CFU/mI$ . However, this value was lower than the  $6.85 \log_{10} CFU/mI$  reported by Benkerroum et al. (2003) from Morocco and the  $6.75 \log_{10} CFU/mI$ . The difference could be

attributed to differences in the levels of hygiene of milking equipment; animal milkers wash water and the environment. Moreover, it might be due to the differences in milk holding time and temperature during storage and transportation. The overall value of coliform counts observed in the current study was much higher when compared with recommended values given by the American Public Health Association and EU (100 cfu).

# Yeast and mold count

Although an increase in yeast and mold count was observed along the chain as the milk was transported from the producer households to the milk collection center markets in the Gursum district, there was a significant difference (P>0.05) in yeast and microbial count between the milk samples collected from milk collection centers (5.3 log<sub>10</sub> CFU/ml) and the household producer (4.2 log<sub>10</sub> CFU/ml). As seen from figure 3 the overall mean yeast and microbial count (4.7 log<sub>10</sub> CFU/mI) observed in this study was greater than the yeast and microbial count (1.9 log<sub>10</sub> CFU/mI) reported by (El-Ziney and Al-Turki, 2007) for camel milk. The presence of yeasts and molds in milk samples collected from the household and milk collection centers is higher than the acceptance levels of yeast and molds. This might be due to improper sanitary conditions in the milking area, as well as poor personal hygiene of milkers and milk sellers.

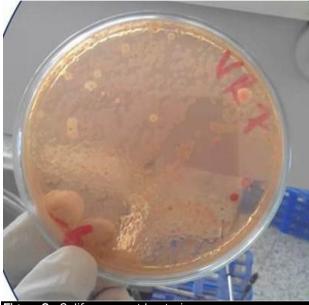


Figure 2 - Coliform count bacteria



Figure 3 - Yeast and Mold Count bacteria

## DISCUSSION

The increase of standard plate count, coliform count and yeast and mold count thorough the market milk chain of raw camel milk could be associated with contaminated transporting and storage containers, water and the dust soil. Transferring of milk from container to the next during bulking towards the market makes milk sweep over wide container surfaces, thus collecting the microorganisms from container surfaces (Mwangi et al., 2016). Yeasts and Moulds are considered to be spoilage organisms. Some yeasts and moulds are a public health concern due to their production of mycotoxins, which are not destroyed during food processing or cooking (Adugna et al., 2013). Except for the tetra table acidity of milk samples obtained from milk collection centers, the majority of the physical quality of milk obtained from milk producers' samples was within the standards.

As the milk was carried from the homes to the terminal market of milk collection sites, this rise in overall bacterial counts may have happened throughout the chain. These depended on a number of factors, including the milk itself, infection of the camels' udders, the milking staff, other factors like transportation, and the type and hygienic state of the containers. This shows that raw milk supplied by retailers often had poor sanitary quality, which might most likely be attributed to inadequate milk handling during transit and storage. High total bacterial counts in raw milk primarily are a reflection of the unsanitary conditions the milk was handled in, including storage temperature, time since milking, and the health of the milking animals (Knight et al., 2016). Lack of knowledge about clean milk production, the lack of a separate area for milking, the use of non-boiled water for cleaning milking equipment and storage containers, the use of plastic containers (since plastic containers scratch easily and provide hiding places for bacteria during cleaning), and milk residues on equipment surfaces all have the potential to significantly contribute to the contamination of milk in this study. In general, greater bacterial counts could be a sign of udder disease, dirty milk handling, or unsuitable storage conditions. High levels of coliforms in milk are an indicator of poor hygiene standards utilized in milk production and show that the milk has been contaminated with fecal debris. This could be linked to inadequate udder preparation before to milking, poor milk handling techniques, and the use of subpar, unboiled water to clean milking implements (Martin et al., 2016).

# CONCLUSIONS

In the present study, there was a significant variation between the physical quality of the milk samples collected from milk producers and milk collection centers. The majority of the Physical quality of milk obtained from the milk producers' samples was within the standards except, for the tetra table acidity of the milk samples obtained from the milk collection centers. The microbial qualities of the milk obtained in the current study were poor, as judged by the high values of standard plate count; coliform count, and yeast and mold count which were significantly higher than the international standards safe for human consumption. These microbial loads may be due to poor hygienic standards during milking, and milk handling.

# DECLARATIONS

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#### **Conflict of interest**

The authors declare that they have no competing interests.

#### Author collaboration

All authors were contributed equally.

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