

African Journal of Infectious Diseases Research, ISSN 2756-3340, Vol. 10 (4), pp. 001-002, December, 2023. Available Online at http://www.internationalscholarsjournals.com/ © International Scholars Journals

Author(s) retain the copyright of this article.

## Perspective

# Campylobacter : Insights into a common bacterial pathogen

### Haile Kemal<sup>\*</sup>

Department of Virology, Federal University of Toulouse, Occitanie, France.

Received: 17-Nov-2023, Manuscript No. AJIDD-23-123912; Editor assigned: 21-Nov-2023, PreQC No. AJIDD-23-123912 (PQ); Reviewed: 05-Dec-2023, QC No. AJIDD-23-123912; Revised: 13-Dec-2023, Manuscript No. AJIDD-23-123912 (R); Published: 21-Dec-2023

#### DESCRIPTION

*Campylobacter* infection, caused by the *Campylobacter* bacteria, is a prevalent but often underestimated public health concern. This bacterial infection is a leading cause of gastroenteritis worldwide, affecting millions of people annually.

In this article, we explore the characteristics of *Campylobacter*, its modes of transmission, clinical presentation, prevention, and the challenges associated with managing this common yet potentially serious infection.

#### The culprit: Campylobacter bacteria

*Campylobacter* is a genus of spiral-shaped bacteria known for causing gastrointestinal infections in humans. The two primary species responsible for most cases of human infection are *Campylobacter jejuni* and *Campylobacter coli*. These bacteria are commonly found in the intestines of animals, particularly poultry, cattle, and household pets.

**Modes of transmission:** *Campylobacteriosis*, the illness caused by *Campylobacter* infection, is typically contracted through the consumption of contaminated food or water. The bacteria can be present in raw or undercooked poultry, unpasteurized milk, and untreated water. Cross-contamination during food preparation and inadequate hygiene practices can also contribute to the spread of *Campylobacter*.

In addition to foodborne transmission, *Campylobacter* can be contracted through contact with infected animals or their environment. Handling raw meat, particularly poultry, and exposure to contaminated surfaces or feces from infected animals can pose a risk.

#### **Diagnosis and treatment**

Diagnosing *Campylobacter* infection involves laboratory testing of stool samples. Molecular techniques, such as Polymerase Chain Reaction (PCR), are commonly used to detect the presence of the bacteria. Early and accurate diagnosis is essential for appropriate management and to prevent the spread of the infection. In uncomplicated cases, supportive care focused on hydration and symptom relief is the mainstay of treatment. However, in severe cases or for individuals at higher risk of complications, antibiotics such as azithromycin or erythromycin may be prescribed.

#### **Prevention strategies**

Preventing *Campylobacter* infection involves a combination of food safety practices, hygiene measures, and public health interventions.

**Safe food handling:** Thoroughly cook poultry and other meats to their recommended internal temperatures. Avoid cross-contamination by using separate cutting boards and utensils for raw and cooked foods.

Hand hygiene: Wash hands thoroughly with soap and water, especially after handling raw meat, using the bathroom, or interacting with animals. Alcohol-based hand sanitizers are an alternative when soap and water are not available.

**Safe water practices:** Consume only pasteurized milk and treated water. Be cautious with ice cubes in areas with uncertain water quality.

Avoiding raw or undercooked eggs: In addition to poultry, exercise caution with raw or undercooked eggs, as they can also harbor *Campylobacter*.

**Pet hygiene:** Practice good hygiene when handling pets, particularly after cleaning litter boxes or picking up animal waste.

#### Challenges in prevention and control

Despite preventive measures, *Campylobacter* infection remains a significant challenge for several reasons.

**Asymptomatic carriers:** Some individuals can carry *Campylobacter* without displaying symptoms, contributing to the silent spread of the bacteria.

**Antibiotic resistance:** Increasing antibiotic resistance in *Campylobacter* strains poses a concern for the treatment of severe cases and highlights the importance of judicious antibiotic use.

<sup>\*</sup>Corresponding author: Haile Kemal, Email: hailal@yahoo.com

**Environmental reservoirs:** The bacteria can persist in the environment, making it challenging to completely eliminate the risk of exposure.

**Underreporting:** *Campylobacteriosis* is likely underreported, as not all cases seek medical attention or undergo diagnostic testing.

*Campylobacter* infection, often underestimated in its impact, is a widespread cause of gastroenteritis with potential complications. While most cases are self-limiting, the infection can lead to severe illness and long-term consequences, especially in vulnerable populations.

#### REFERENCES

- Christopher PR, David KV, John SM, Sankarapandian V (2010). Antibiotic therapy for Shigella dysentery. Cochrane Database Syst Rev. 8.
- Grace AG, Mittal A, Jain S, Tripathy JP, Satyanarayana S, Tharyan P, Kirubakaran R, et al (2019). Shortened treatment regimens *versus* the standard regimen for drug-sensitive pulmonary tuberculosis. Cochrane Database Syst Rev. 12(12).
- 3. Kahsay AG, Muthupandian S (2016). A review on Sero diversity and antimicrobial resistance patterns of Shigella species in Africa, Asia and South America, 2001–2014. BMC research notes. 9(1):1-6.
- Mani S, Wierzba T, Walker RI (2016). Status of vaccine research and development for Shigella. Vaccine. 34(26):2887-2894.

- 5. M'imunya JM, Kredo T, Volmink J (2012). Patient education and counselling for promoting adherence to treatment for tuberculosis. Cochrane Database Syst Rev. 5.
- Nelson EJ, Harris JB, Glenn Morris Jr J, Calderwood SB, Camilli A (2009). Cholera transmission: the host, pathogen and bacteriophage dynamic. Nat Rev Microbiol. 7(10):693-702.
- Pfyffer GE, Auckenthaler R, van Embden JD, van Soolingen D (1998). *Mycobacterium canettii*, the smooth variant of M. tuberculosis, isolated from a Swiss patient exposed in Africa. Emerg Infect Dis. 4(4):631-634.
- Principi N, Esposito S (2018). Protection of children against influenza: emerging problems. Hum Vaccin Immunother.14(3):750-757.
- 9. Tregoning JS, Russell RF, Kinnear E (2018). Adjuvanted influenza vaccines. Hum Vaccin Immunother. 14(3):550-564.
- Vemula SV, Zhao J, Liu J, Wang X, Biswas S, Hewlett I (2016). Current approaches for diagnosis of influenza virus infections in humans. Viruses. 8(4): 96.