

Varying incidences of brucellosis in camel (2 to 15%) have been reported from different countries. Except three countries, the incidence of occurrence of this disease in camel is mostly between 1 and 2%. The incidence is very low in Indo-Pakistan region. Camel may be infected by *Brucella melitensis* and *Br. abortus* and possibly by *Br. suis*. The precise pathogenicity of the disease in camels is not known. The *Brucella* organisms have been isolated from camel milk, aborted foetuses and vaginal swabs. It is well recognized that there are many causes of abortion and stillbirth in the camel and this complicates the diagnosis. There is little doubt that *Brucella* infection may be a factor in infertility in the camel, but it may not be as important as it is in unvaccinated buffaloes/cattle. There is supporting evidence that where camels and cattle are closely intermingled, infection in the camels has generally been significantly less than in cattle.

Experimental infection in non-pregnant camels has resulted in only mild signs of reduced appetite, slight lameness and lacrimation. Some authorities feel that the most significant result of infection may be premature birth.

Control is best achieved in other species by the use of vaccines. Both killed and attenuated vaccines have been successfully used in camels. Many countries have eradicated the disease by reducing incidence by a few years of careful vaccination followed by test and slaughter. Brucellosis is an important zoonotic disease. In man it is a debilitating disease characterised by recurrent fever, night sweats, joint and back pains and depression. People at greatest risk are those who drink unpasteurised milk, handle raw meat and attend parturient animals. Cooked meat and treated milk is safe since the organisms are readily killed by exposure to heat in excess of 65°C (Manefield and Tinson, 1997).