

***Campylobacter jejuni* as an emerging abortifacient pathogen in small ruminants:
Pathophysiology, placental tropism, economic, zoonotic and One Health
implications, prevention and control – A review**

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Abstract

Campylobacter jejuni is increasingly being recognized as an emerging abortifacient pathogen in small ruminants, contributing to reproduction losses, reduced flock/herd productivity and significant economic strain in resource-limited production systems. The present review synthesized current information on the pathophysiology of *C. jejuni*-induced abortions, emerging hyper-virulent abortifacient *C. jejuni* strains infecting small ruminants, the transmission dynamics, differential diagnosis and comparison of abortifacient pathogens in small ruminants, clinical impacts, economic, food security, zoonotic and public health significance of *C. jejuni* infections, and the prevention and control strategies for *C. jejuni*-associated abortions in sheep and goats. It highlights the One Health relevance of *C. jejuni*-induced abortions in small ruminants and underscores the importance of accurate differential diagnosis, strengthened surveillance and early detection to distinguish *C. jejuni* from other abortifacient pathogens. Actionable control measures include improved farm biosecurity, sanitation of water and feed sources, strategic isolation of aborting dams, screening of breeding males and proper disposal of aborted fetuses and after-birth materials. Integration of veterinary services with public health awareness will minimize zoonotic risks associated with contaminated environments and animal products. Strengthening herd health management, environmental hygiene and coordinated One Health interventions offers a practical pathway to mitigating reproduction losses and improving resilience in small ruminant production systems.

Keywords: Small ruminants (sheep and goats); *Campylobacter jejuni*; Abortion; Reproduction losses; Placental infection.

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Introduction

Small ruminants, particularly sheep and goats, play a foundational role in rural agricultural systems across sub-Saharan Africa and other resource-constrained regions. They represent a critical reservoir of household wealth, nutritional security and socio-economic stability. In semi-arid and marginal areas where crop farming is unreliable and cattle production is relatively costly, sheep and goats offer a sustainable, fast-return livestock option. They supply meat, milk and income, while also contributing manure for crop production (Baltenweck *et al.*, 2020). In many rural African households, small ruminant-derived protein constitutes one of the few available sources of high-quality dietary amino acids, particularly for children and pregnant women during festive periods (Muema *et al.*, 2023). Consequently, reproductive efficiency is central to the sustainability of these systems.

Infectious abortion is one of the most devastating constraints to small ruminant production. Reproduction losses reduce flock replacement rate, delay genetic progress, diminish milk availability and weaken household income streams (Choudhury *et al.*, 2019). Although classical abortifacient pathogens such as *Brucella melitensis*, *Chlamydia abortus* and *Toxoplasma gondii* have long been recognised (Ekere *et al.*, 2018), increasing evidence indicates that *Campylobacter jejuni* has emerged as a significant and sometimes dominant cause of ovine and caprine abortion (Sahin *et al.*, 2008; 2012; 2017). Historically regarded primarily as an enteric pathogen and leading cause of zoonotic gastroenteritis, *C. jejuni* has reportedly demonstrated a distinct capacity for systemic dissemination and placental invasion in pregnant small ruminants (Veronese and Dodi, 2024).

The emergence of hyper-virulent clones associated with abortion outbreaks has heightened concern within veterinary practice

(Sahin *et al.*, 2008; 2017). These strains exhibit enhanced expression of invasion-associated genes, toxin production and immune evasion mechanisms that facilitate colonisation of the gravid uterus (Sahin *et al.*, 2008; 2012; 2017). Their pathogenic behaviour in late gestation reflects complex host-pathogen interactions involving hormonal modulation of immunity, increased uteroplacental blood flow and bacterial adaptation to placental microenvironments (Janssen *et al.*, 2008; Elmi *et al.*, 2021). This reproductive tropism distinguishes abortigenic strains from commensal intestinal isolates.

The consequences of *C. jejuni*-induced abortion extend beyond individual flock/herd losses. In under-resourced rural systems, abortion storms can destabilise household economies and reduce animal protein availability in communities already burdened by malnutrition. Moreover, the zoonotic nature of *C. jejuni* creates an interface between livestock health and public health, particularly where informal slaughter and shared water sources are common. This review critically examined *Campylobacter jejuni* as an emerging abortifacient pathogen in small ruminants, with emphasis on virulence determinants, molecular pathophysiology of abortion, economic and food security implications, zoonotic significance and evidence-based control strategies appropriate for rural production systems.

Bacterial biology and virulence determinants linked to abortion

The pathogenicity of *Campylobacter jejuni* in small ruminant abortion is reportedly driven by a coordinated network of virulence determinants that facilitate intestinal colonisation, systemic dissemination and placental destruction (Omole *et al.*, 2024). Although *C. jejuni* is frequently a commensal of the gastrointestinal tract, abortion-

associated strains demonstrate enhanced virulence gene expression profiles that distinguish them from non-pathogenic isolates (Tikhomirova *et al.*, 2024).

Motility mediated by bipolar flagella encoded by *flaA* and *flaB* is fundamental to early colonisation. Beyond propulsion, the flagellar apparatus functions as a secretion system for *C. jejuni* invasion antigens such as *ciaB* (Gabbert *et al.*, 2023). This dual functionality enables the organism to penetrate intestinal epithelial cells. In pregnant ewes and does, efficient epithelial translocation increases the likelihood of transient bacteraemia, which is a prerequisite for placental localisation. Adhesion is mediated primarily by fibronectin-binding proteins, notably *CadF* and *FlpA* (Larson *et al.*, 2013). These proteins anchor the bacterium to epithelial surfaces, facilitating cytoskeletal rearrangement and internalisation (Larson *et al.*, 2013). Abortion-associated isolates reportedly frequently exhibit upregulated *cadF* expression, enhancing placental tissue tropism. Once internalised, *ciaB*-dependent invasion disrupts epithelial tight junctions and promotes

systemic spread. The cytolethal distending toxin (CDT) encoded by *cdtA*, *cdtB* and *cdtC* plays a central role in reproductive pathology. The CDT-complex induces DNA double-strand breaks and G2/M cell cycle arrest in trophoblasts, leading to apoptosis and placental necrosis (Tremblay *et al.*, 2021). Placental tissue is particularly susceptible due to rapid cellular turnover and high vascular activity during late gestation. Consequently, CDT-mediated damage directly compromises foetal oxygen and nutrient exchange. Lipooligosaccharide structures contribute to immune evasion and serum resistance. Molecular mimicry reduces complement-mediated killing, enabling survival during bacteraemia. Capsule-associated genes further enhance environmental persistence, promoting transmission during abortion events (Sahin *et al.*, 2017). The principal virulence determinants implicated in ovine and caprine abortion are summarised in Table 1. Their coordinated expression underlies the transition from intestinal coloniser to systemic abortifacient pathogen.

Table 1. Key virulence factors of *Campylobacter jejuni* and their roles in abortion pathogenesis.

Virulence determinant	Gene(s)	Mechanistic role	Contribution to abortion	References
Flagella.	<i>flaA, flab.</i>	Motility and secretion of invasion proteins.	Enables epithelial penetration and systemic spread.	Guerry <i>et al.</i> , 2006.
Adhesins.	<i>cadF, flpA.</i>	Fibronectin binding and colonisation.	Facilitates placental tissue attachment.	Konkel <i>et al.</i> , 2004; 2005.
Invasion antigens.	<i>ciaB.</i>	Host cell internalisation.	Promotes bacteraemia and placental invasion.	Konkel <i>et al.</i> , 2004; 2005.
Cytolethal distending toxin.	<i>cdtABC.</i>	DNA damage and apoptosis.	Induces trophoblast necrosis and placentitis.	Louwen <i>et al.</i> , 2005.
Lipooligosaccharide.	<i>LOS</i> genes.	Immune evasion and serum resistance.	Sustains survival in bloodstream.	Parker <i>et al.</i> , 2005.
Capsule.	<i>CPS</i> genes.	Environmental persistence.	Enhances outbreak transmission.	Guerry <i>et al.</i> , 2006.

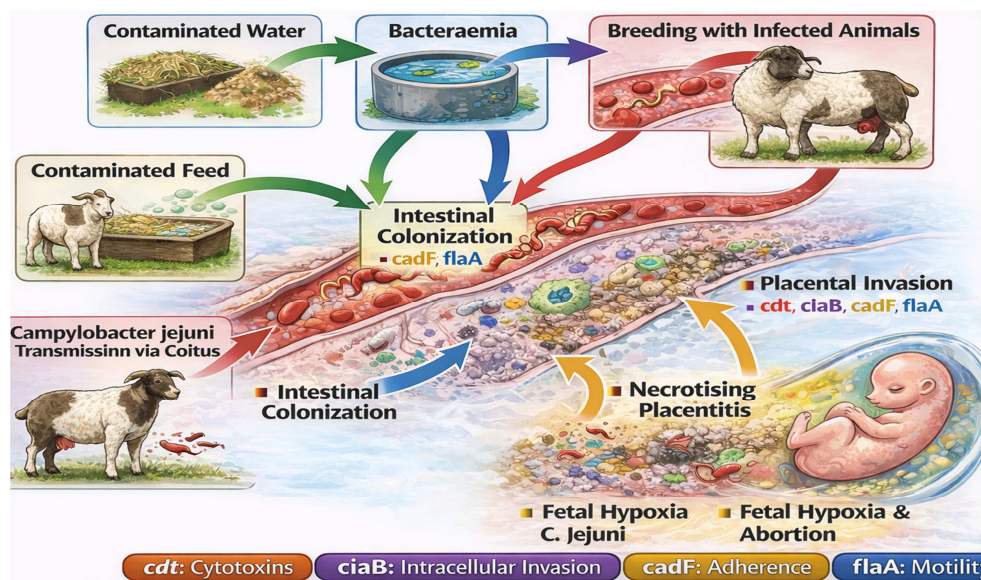


Figure 1. Sequential pathophysiology of *Campylobacter jejuni*-induced abortion in small ruminants. Primary infection sources include ingestion of contaminated feed or water and mating with infected males. Bacteria colonise the intestine, translocate into the bloodstream, invade the placenta, induce necrotising placentitis, and compromise foetal oxygenation, with virulence factors (*cdt*, *ciaB*, *cadF*, *flaA*) mediating key pathogenic processes. Progressive placental damage results in foetal hypoxia, death and consequent expulsion (abortion).

Pathophysiology of *Campylobacter*-induced abortion

The pathophysiology of abortion caused by *C. jejuni* in small ruminants and the progression of the infection from environmental and breeding sources to placental invasion and foetal compromise is illustrated in Figure 1.

Infection begins with ingestion of contaminated feed or water. Flagella motility enables the organism to navigate intestinal mucus and adhere to epithelial cells via *CadF*-mediated fibronectin binding (Haiko and Westerlund-Wikström, 2013). Although gastrointestinal signs may be absent, sub-clinical mucosal invasion occurs. Following epithelial penetration, *ciaB*-mediated internalisation facilitates translocation across the intestinal barrier. Survival in the bloodstream is supported by LOS-mediated complement resistance (Omole *et al.*, 2024). In late gestation, increased uterine perfusion and local immunomodulation favour bacterial localisation in placental tissues. The gravid

uterus represents a unique immunological niche characterised by partial immune tolerance to protect the foetus; this tolerance may inadvertently facilitate bacterial colonisation (Hussain *et al.*, 2022).

Upon reaching the placenta, the bacteria adhere to trophoblasts and proliferate within chorionic tissues. The CDT production induces apoptosis and DNA fragmentation in placental cells, resulting in necrotising placentitis (Sharp *et al.*, 2010). Histopathologically, lesions are reportedly characterised by neutrophilic infiltration, vasculitis, thrombosis and fibrin deposition (Sharp *et al.*, 2010). Vascular compromise restricts foetal oxygenation, leading to hypoxia and intrauterine death. Foetal infection may occur secondary to placental breakdown, leading to septicaemia in utero. Therefore, abortion typically occurs in the final trimester when placental demand for oxygen and nutrients peaks (Sharp *et al.*, 2010). The release of heavily contaminated placental tissues amplifies environmental

bacterial load, promoting rapid flock-level transmission. The mechanistic cascade from colonisation to abortion underscores the importance of virulence gene expression in disease severity. Hyper-virulent strains capable of robust CDT production and enhanced invasion are therefore more likely to trigger abortion storms, whereas low-virulence strains may remain confined to the intestine (Sharp *et al.*, 2010). The mechanistic interactions between *C. jejuni* virulence factors and the maternal-foetal interface, including trophoblast invasion, apoptosis, and placental necrosis leading to foetal compromise, are illustrated in Figure 2.

Host immunological response and pregnancy-associated susceptibility

Pregnancy represents a unique immunological state characterised by finely regulated immune tolerance that protects the semi-allogeneic foetus. In small ruminants, this

physiological modulation may inadvertently create susceptibility to systemic pathogens such as *Campylobacter jejuni*. Successful gestation involves a shift toward anti-inflammatory and regulatory immune responses at the maternal-foetal interface, particularly during mid to late gestation (Satue *et al.*, 2025). While this modulation prevents foetal rejection, it may reduce the efficiency of bacterial clearance (Satue *et al.*, 2025).

Intestinal colonisation by *C. jejuni* typically induces innate immune activation involving Toll-like receptor signalling and pro-inflammatory cytokine production. However, during pregnancy, systemic inflammatory responses are tightly controlled. Reduced Th1-type responses may impair intracellular bacterial elimination, facilitating transient bacteraemia (Otto *et al.*, 2012). Once bacteria localise within the placenta, local immune activation can paradoxically contribute to tissue damage (Hoo *et al.*, 2020).

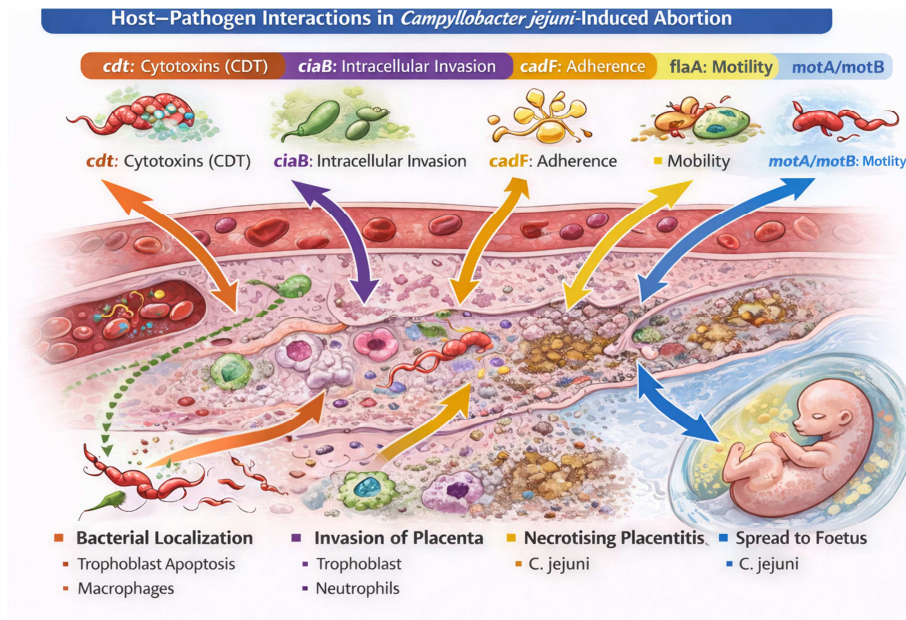


Figure 2. Host–pathogen interactions in *Campylobacter jejuni*–induced abortion in small ruminants. The diagram illustrates placental colonisation following systemic spread, highlighting adhesion (CadF, FlaA), invasion (CiaB) and cytotoxicity (CDT) as key virulence mechanisms causing trophoblast apoptosis, inflammatory necrotising placentitis and vascular compromise.

Placental infection reportedly stimulates recruitment of neutrophils and macrophages, leading to production of tumour necrosis factor- α , interleukin-1 β and other pro-inflammatory mediators (Hu *et al.*, 2006). Although intended to control infection, excessive cytokine release promotes vascular inflammation, thrombosis and disruption of the maternal-foetal interface. Cytolethal distending toxin-mediated apoptosis further amplifies placental injury, and the combined effect of bacterial cytotoxicity and host inflammatory response results in compromised oxygen and nutrient exchange (Jinadasa *et al.*, 2022).

Late gestation appears particularly vulnerable due to increased uteroplacental blood flow and metabolic demand. The heightened vascularity may enhance bacterial deposition, while elevated progesterone levels contribute to systemic immunomodulation (Motomura *et al.*, 2023). Nutritional deficiencies common in under-resourced systems may further impair immune competence. Understanding the interplay between bacterial virulence factors and pregnancy-associated immune modulation provides mechanistic insight into why *C. jejuni* preferentially induces late-term abortion. It also underscores the importance of supporting maternal immunity through optimal nutrition and stress reduction as part of comprehensive prevention strategies.

Emerging *Campylobacter jejuni* hyper-virulent clones

Molecular investigations have identified distinct hyper-virulent clones of *Campylobacter jejuni* associated with ovine abortion outbreaks (Sahin *et al.*, 2008; 2012; 2017). These strains differ genetically and phenotypically from enteric isolates typically recovered from asymptomatic carriers. Whole-genome sequencing has revealed enhanced expression of invasion-associated genes, increased cytolethal distending toxin

production and adaptive mutations that favour systemic dissemination (Ghielmetti *et al.*, 2023). Representative hyper-virulent *C. jejuni* clones, their virulence gene profiles, placental pathology and epidemiological impact are summarised in Table 2, illustrating the molecular determinants that contribute to abortion risk in small ruminants.

Hyper-virulent clones often demonstrate upregulated *ciaB* expression, promoting efficient epithelial translocation and higher rates of bacteraemia. Elevated *cdtABC* transcription results in intensified trophoblast apoptosis and more severe necrotising placentitis. Certain clones also exhibit genetic variations in capsular polysaccharide synthesis pathways that may enhance environmental survival and transmission efficiency during abortion storms (Rosario *et al.*, 2025).

Comparative genomic analyses have shown clustering of abortion-associated strains within specific sequence types, suggesting clonal expansion in susceptible small ruminant populations (An *et al.*, 2025). These clones may possess enhanced iron acquisition systems and oxidative stress tolerance, facilitating persistence within inflamed placental tissues. Some abortion-associated isolates also demonstrate increased resistance to fluoroquinolones mediated by mutations in the *gyrA* gene, complicating therapeutic interventions (Quiñones *et al.*, 2008; An *et al.*, 2025)

The emergence of hyper-virulent clones raises important animal and human health concerns. Their enhanced reproductive tropism may increase abortion incidence, while their zoonotic potential remains intact. Molecular surveillance and strain typing are therefore critical components of outbreak investigation. Understanding the evolutionary drivers behind clonal expansion may inform vaccine antigen selection and targeted control strategies. Continued genomic monitoring is essential to detect shifts in virulence profiles.

Table 2. Emerging hyper-virulent *Campylobacter jejuni* clones identified in small ruminants, including key virulence genes, associated placental pathology, epidemiological significance, and antimicrobial resistance profiles.

Clone / Sequence Type	Key Virulence Genes	Placental Pathology	Epidemiological Significance	Antimicrobial Resistance	References
ST-8	<i>cdtABC, ciaB, cadF, flaA.</i>	Severe necrotising placentitis with neutrophilic infiltration; foetal hypoxia.	Frequently associated with late-term abortion storms in sheep flocks.	Occasional fluoroquinolone resistance (<i>gyrA</i> mutation).	Sahin <i>et al.</i> , 2012.
ST-21	<i>cdtABC, ciaB, LOS biosynthesis genes.</i>	Acute placentitis, chorionic oedema, moderate foetal compromise.	Outbreaks reported in mixed sheep–goat herds; high environmental persistence.	Susceptible to macrolides; variable quinolone resistance.	Sheppard <i>et al.</i> , 2006; Sahin <i>et al.</i> , 2012.
ST-50	<i>cdtABC, cadF, flaA, capsule genes.</i>	Necrotising and suppurative placentitis; weak neonates.	Linked to repeated abortions in intensive systems; enhanced colonisation of late-gestation dams.	Emerging macrolide resistance; enhanced biofilm formation aids survival.	Dasti <i>et al.</i> , 2010; Sahin <i>et al.</i> , 2012.
ST-353	<i>ciaB, LOS modification genes, flagella genes.</i>	Placental thrombosis, trophoblast apoptosis, foetal death.	Identified in multiple geographic regions; high virulence index in experimental infection.	Multi-drug resistance rare but increasing.	Parker <i>et al.</i> , 2006; Sahin <i>et al.</i> , 2012.
ST-257	<i>cdtABC, cadF, ciaB, iron acquisition genes.</i>	Extensive placental necrosis; foetal mummification.	Strongly associated with late gestation abortions and rapid flock-level transmission.	Low-level resistance to tetracyclines documented.	Hänninen <i>et al.</i> , 2013; Sahin <i>et al.</i> , 2012.

Differential diagnosis and comparison of abortifacient pathogens in small ruminants

Abortion in small ruminants is a multi-factorial syndrome with diverse infectious and non-infectious aetiologies. Accurate attribution of reproductive loss to *Campylobacter jejuni* requires careful differentiation from other major abortifacient pathogens that produce overlapping clinical and pathological features. Failure to establish a definitive diagnosis may

result in inappropriate control measures and continued flock-level transmission.

Among bacterial causes, *Chlamydia abortus* remains one of the most common agents of enzootic abortion in ewes. It characteristically produces thickened, leathery placentas with intercotyledonary necrosis, whereas *C. jejuni*-associated abortion more frequently results in necrotising placentitis with oedema and suppurative inflammation. *Listeria monocytogenes* may induce septicaemia and

multifocal hepatic necrosis in the foetus, often accompanied by maternal neurological signs. *Salmonella* spp. can produce enteritis and septicaemia with foetal autolysis. *Brucella melitensis*, of significant zoonotic concern, is associated with granulomatous placentitis and chronic reproductive loss (Khairullah *et al.*, 2024).

Protozoal pathogens also complicate the diagnostic landscape. *Toxoplasma gondii* typically produces white necrotic foci within cotyledons, while *Neospora caninum* may cause abortion with minimal gross placental change but detectable foetal encephalitis (Buxton, 1988; Shaapan, 2016). Viral agents such as border disease virus can induce abortion, stillbirth or weak neonates accompanied by congenital abnormalities (Nettleton *et al.*, 1988; Broaddus *et al.*, 2009).

The distinguishing features of major abortifacient pathogens in small ruminants are summarised in Table 3, highlighting key lesions, transmission routes and differentiating characteristics relative to *C. jejuni*.

Definitive diagnosis of *C. jejuni*-associated abortion relies on isolation or molecular detection of the organism from placental tissues, abomasal contents or foetal liver. Histopathology demonstrating acute necrotising placentitis with neutrophilic infiltration supports bacterial involvement but is not pathognomonic (Orsaria *et al.*, 2021). Polymerase chain reaction assays targeting species-specific genes such as *hipO* provide rapid confirmation, while detection of virulence genes including *cdtB* and *ciaB* strengthens causal inference by linking strain pathogenicity to placental damage (Njoga *et al.*, 2023).

Given the frequent occurrence of mixed infections in communal systems, comprehensive abortion panels incorporating multiplex PCR and bacteriological culture are recommended. Integrating molecular

diagnostics with gross pathology, histology and epidemiological context enhances diagnostic accuracy. Such differentiation is essential for targeted intervention, prevention planning and accurate estimation of the true burden of *C. jejuni* as an abortifacient pathogen in small ruminants.

Economic and food security implications

The economic consequences of *Campylobacter jejuni*-induced abortion in small ruminants are particularly severe in under-resourced rural settings where sheep and goats function as liquid assets, savings accounts and nutritional buffers for vulnerable households. In many pastoral and mixed crop–livestock systems, flock growth depends almost entirely on annual lambing and kidding performance. Reproductive loss directly reduces the number of replacement females entering the breeding population, thereby constraining flock expansion and delaying genetic progress. Even modest abortion rates of 10 – 20% can translate into substantial declines in herd growth trajectories, especially where baseline reproductive performance is already limited by nutritional stress and endemic disease (Shorten *et al.*, 2021).

Beyond numerical losses, the economic burden includes reduced saleable stock for market, diminished milk yield and disruption of seasonal cash flow. Small ruminant milk, frequently allocated to children and lactating mothers, declines following abortion due to endocrine disturbance, shortened lactation curves and compromised maternal condition. In nutritionally marginal households, this reduction may exacerbate protein-energy malnutrition and micronutrient deficiencies. The nutritional impact is not trivial; animal-source protein from sheep and goats often represents the most accessible and affordable source of high biological value amino acids in rural diets (Shorten *et al.*, 2021).

Table 3. Comparative features of key abortifacient pathogens in small ruminants, showing characteristic lesions, main transmission routes, and distinguishing features to aid differential diagnosis of *Campylobacter jejuni*-associated abortion.

Pathogen.	Typical lesions.	Main transmission route.	Distinguishing features compared to <i>C. jejuni</i>	References
<i>Campylobacter jejuni</i>	Necrotising placentitis, chorionic oedema, neutrophilic infiltration, foetal hypoxia.	Faecal-oral; contaminated feed/water; direct contact.	Often occurs in late gestation, abortion storms, minimal maternal signs, detectable by PCR of <i>cdtB</i> and <i>ciaB</i> .	Wu <i>et al.</i> , 2014; Sahin <i>et al.</i> , 2015; Nachamkin <i>et al.</i> , 2019.
<i>Chlamydia abortus</i>	Thickened, leathery intercotyledonary placental necrosis; foetal mummification.	Oral ingestion of contaminated bedding, placenta, or vaginal discharges.	Gradual abortion pattern, older ewes commonly affected, intracellular pathogen detected by PCR or immunohistochemistry.	Longbottom and Coulter, 2003; Essig and Longbottom, 2015;
<i>Toxoplasma gondii</i>	Cotyledonary necrotic foci, focal mineralisation; occasionally autolysed foetuses.	Ingestion of oocysts from contaminated feed or water.	Protozoal cysts visible in placenta; chronic infection may cause early abortion.	Dubey, 2010; Dubey and Jones, 2008.
<i>Listeria monocytogenes</i>	Multifocal necrosis in foetal liver, septicaemia, occasional maternal neurological signs.	Oral ingestion of contaminated silage or feed.	Maternal encephalitis may precede abortion; bacterial culture from foetal liver or placenta confirms diagnosis.	Oevermann <i>et al.</i> , 2010; WOA, 2022.
<i>Salmonella spp.</i>	Foetal autolysis, septicaemia, enteritis in dam.	Faecal–oral; contaminated feed/water.	Enteric signs in dam often prominent; isolation from foetal liver, spleen or intestine; serotyping distinguishes species.	Uzzau <i>et al.</i> , 2000; WOA, 2022.
<i>Brucella melitensis</i>	Granulomatous placentitis, chronic abortion, orchitis in males.	Direct contact, ingestion, venereal transmission.	Zoonotic significance; serology and culture critical; slower onset than <i>Campylobacter</i> abortion.	Seleem <i>et al.</i> , 2010; Godfroid <i>et al.</i> , 2010.
<i>Neospora caninum</i>	Minimal placental change; foetal encephalitis and CNS lesions.	Transplacental, vertical transmission.	Neuropathology in foetus; protozoal cysts detected by PCR or immunohistochemistry.	Dubey and Schares, 2011; Lindsay and Dubey, 2020.
Border disease virus	Congenital malformations, mummification, stillbirth.	In utero via viraemic dam.	Viral aetiology; PCR and serology distinguish from bacterial causes.	Oguzoglu and Muz, 2017; WOA, 2021.

Indirect costs further compound financial strain. Veterinary consultation, antimicrobial therapy, laboratory diagnostics and biosecurity interventions impose additional expenditures that are rarely budgeted in subsistence systems. Labour associated with isolation of aborting dams and safe disposal of foetal tissues reduces time available for other agricultural activities. Recurrent abortion storms may erode market confidence, lowering sale prices and reducing buyer demand due to perceived disease risk (Kaurivi *et al.*, 2020; Shorten *et al.*, 2021)

In fragile rural economies, livestock losses frequently trigger distress sales of breeding females to meet immediate household needs, thereby undermining long-term productive capacity. This negative feedback loop perpetuates poverty cycles and reduces resilience to climatic or market shocks. Importantly, the cumulative effect of repeated reproductive losses extends beyond individual households to influence local meat supply, community-level protein availability and regional livestock trade dynamics (Kaurivi *et al.*, 2020). Accordingly, *C. jejuni*-associated abortion must be viewed not solely as a veterinary reproductive disorder but as a driver of rural economic instability and food insecurity. Effective prevention and control strategies therefore carry implications not only for flock health but also for household nutrition, income stability and broader agricultural sustainability in resource-constrained settings.

Zoonotic and Public Health Significance

Campylobacter jejuni is recognised as one of the foremost bacterial causes of human gastroenteritis worldwide (Njoga *et al.*, 2019; 2020; 2026), and its presence in small ruminant abortion events substantially amplifies its zoonotic risk. It has been reported that aborted fetuses, placentas and vaginal discharges from infected ewes and does

contain high concentrations of viable organisms, often exceeding those detected in faecal shedding alone (Yaeger *et al.*, 2021). During abortion storms, environmental contamination of bedding, soil and water troughs can be extensive, creating concentrated points of human exposure (Njoga *et al.*, 2019; 2020; 2026). Individuals involved in assisting parturition, handling aborted materials or cleaning contaminated pens are therefore at considerable occupational risk.

Farmers, herdsmen, veterinarians and abattoir workers represent the most directly exposed groups, particularly in rural and peri-urban systems where personal protective equipment is inconsistently used (Njoga *et al.*, 2023). In many smallholder settings, hand hygiene facilities are limited and contaminated clothing may be worn into domestic environments, increasing the likelihood of household transmission. The informal slaughter and on-farm processing of small ruminants further heighten exposure, especially when carcasses from recently aborting dams are handled without appropriate sanitary precautions (Njoga *et al.*, 2025b; 2025c).

Shared water sources represent an additional and often overlooked pathway. In communities where humans and livestock draw water from the same rivers, ponds or shallow wells, faecal contamination can facilitate indirect transmission. The ability of *C. jejuni* to persist in cold or moist environments allows survival long enough to infect susceptible individuals (Kreling *et al.*, 2020). Consumption of unpasteurised milk and inadequately cooked meat derived from infected animals also remains an important route, particularly in pastoral communities where raw milk consumption is culturally embedded (Njoga *et al.*, 2023).

Clinically, human infection most commonly manifests as acute gastroenteritis

characterised by diarrhoea, abdominal pain and fever (Njoga *et al.*, 2025a, 2024b, 2025c). However, the public health implications extend beyond self-limiting illness. Post-infectious sequelae such as reactive arthritis and immune-mediated neuropathies, including Guillain–Barré syndrome, contribute to long-term morbidity and healthcare burden (Igwaran and Okoh, 2019). In immunocompromised individuals, invasive disease and bacteraemia may occur. The overlap between reproductive disease in livestock and human exposure pathways reinforces the necessity for integrated One Health approaches. Coordinated surveillance linking veterinary laboratory diagnosis of abortion cases with public health monitoring of enteric disease clusters can facilitate early detection of shared outbreaks. Strengthened biosecurity, education on safe handling of aborted materials and improved water sanitation are therefore critical not only for animal health but also for protecting vulnerable rural populations from zoonotic transmission.

Prevention and Control Strategies

Effective prevention and control of *Campylobacter jejuni*-associated abortion in small ruminants require coordinated interventions that address environmental contamination, host susceptibility and pathogen detection, as outlined in Table 4.

Because abortion events serve as amplification points for flock-level transmission, immediate isolation of aborting ewes or does is a critical first response. Rapid removal and secure disposal of foetuses, placentas and heavily contaminated bedding through deep burial or incineration substantially reduces environmental bacterial load and limits secondary exposure of susceptible pregnant animals (Bloom *et al.*, 2022).

Environmental hygiene is particularly important in communal and semi-intensive systems. Protection of water sources through raised troughs, routine cleaning and prevention of direct faecal contamination interrupts the primary faecal-oral transmission cycle. Strategic pasture rotation and avoidance of overcrowding reduce stocking density-related exposure, while separation of late-gestation dams from replacement stock minimises contact between high-risk and potentially infected groups. These measures are especially relevant in resource-constrained rural systems where shared grazing and watering points facilitate rapid pathogen dissemination.

Host resilience represents an equally important control pillar. Adequate energy and protein supplementation during late gestation supports immune competence and may reduce the likelihood of systemic dissemination following intestinal colonisation. Minimisation of transport stress and abrupt dietary changes further reduces physiological immunosuppression that could predispose to bacteraemia and placental invasion.

Early and accurate diagnosis enhances outbreak containment. Molecular detection techniques, including polymerase chain reaction assays targeting virulence-associated genes such as *cdtB* and *ciaB*, enable identification of strains with heightened abortifacient potential (Njoga *et al.*, 2023). Integration of molecular typing into routine abortion investigations strengthens surveillance and informs targeted control responses. Where antimicrobial therapy is considered during outbreak situations, treatment should be guided by culture and susceptibility testing to avoid indiscriminate use and to mitigate the risk of antimicrobial resistance development.

Table 4. Integrated prevention and control measures for *Campylobacter jejuni*-induced abortion.

Intervention.	Level of action.	Expected outcome.
Isolation of aborting animals.	Flock.	Limits spread of outbreak.
Safe disposal of foetal tissues.	Environmental.	Reduces contamination.
Water source protection.	Environmental.	Interrupts faecal–oral cycle.
Nutritional support in late gestation.	Host.	Enhances immunity.
Molecular surveillance.	Diagnostic.	Early detection of virulent strains.
Controlled antimicrobial therapy.	Clinical.	Reduces resistance risk.

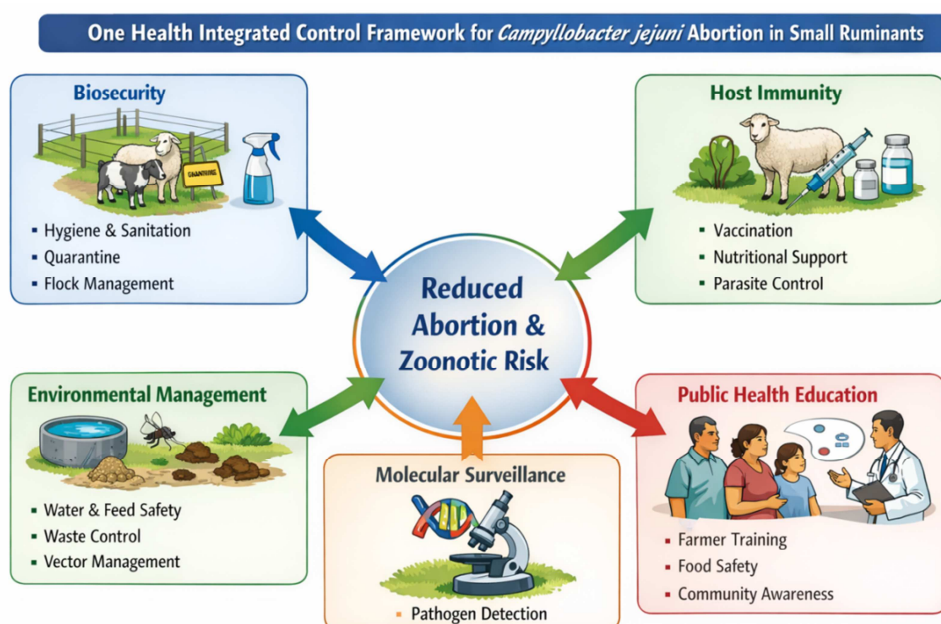


Figure 3. One Health integrated control framework for *Campylobacter jejuni* abortion in small ruminants. Integration of biosecurity, environmental hygiene, host immunity, molecular surveillance, and public health education collectively reduces reproduction losses and zoonotic transmission risk.

At present, commercially available vaccines specifically targeting *C. jejuni*-induced abortion in small ruminants remain limited. Nevertheless, reports on experimental immunisation strategies focusing on conserved antigens such as flagellin and the *CadF* adhesin show promise in reducing colonisation and systemic spread (Wu *et al.*, 2020; Kruglova *et al.*, 2024). Continued research into vaccine development, combined

with robust farm-level biosecurity and surveillance, offer the most sustainable pathway to reducing reproduction losses and protecting both animal and public health. A One Health framework integrating biosecurity, environmental management, host immunity, molecular surveillance and public health measures to control *C. jejuni*-induced abortion in small ruminants is illustrated in Figure 3.

Conclusion

Campylobacter jejuni has emerged as a significant abortifacient pathogen in small ruminants, driven by coordinated expression of motility, adhesion, invasion and toxin-associated virulence genes. The molecular cascade from intestinal colonisation to necrotising placentitis explains the predominance of late-term abortion and outbreak dynamics. In rural, under-resourced systems, reproduction losses compromise food security, economic stability and nutritional adequacy. The zoonotic interface further elevates its importance within a One Health framework. Strengthened biosecurity, improved husbandry, molecular surveillance and vaccine development are essential to mitigate its impact on small ruminant production and public health.

Conflict of Interest

The authors declare that they have no conflict of interest.

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