EVALUATION OF INFANT'S MILK POWDER FOR AFLATOXIN IN KALIUBIA GOVERNORATE

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Abstract

This study was carried out on 30 random samples of infant's milk powder collected from different pharmacies in Kaliubia Governorate. The collected samples were analyzed and screened for detection of aflatoxin $B_1,\,B_2,\,M_1$ and M_2 . The obtained data revealed that the incidences of $B_1,\,B_2,\,M_1$ and M_2 were 0.8, 0.6, 1.5 and 0 ppb, respectively. The public health importance of aflatoxin and the control measures to safeguard the infant's milk powder from exposure to aflatoxins were discussed.

INTRODUCTION

Molds are widely distributed as environmental contaminants of air, water, dust, thus, most foods are susceptible to fungal invasion and aflatoxin B_1 and B_2 existence during some stages of production, processing, transport and storage. Cooking and preparation of food containing aflatoxins will not destroy it, as it is heat stable especially, in moistened milk powder (Vanwalbeek *et al.*, 1986). Also, one of the major routes through which humans are exposed to aflatoxin is through metabolism, and transmission of aflatoxin M_1 and M_2 secreted in milk of cows ingesting feed contaminated with aflatoxin B_1 and B_2 (Kisza and Domagala, 1994).

This study was undertaken to throw light on the occurrence of aflatoxin in infant's milk powder by using Thin Layer Chromatography (TLC) which is still very commonly method used for mycotoxin analysis (Chu, 1991).

MATERIALS AND METHODS

1) Collection of samples

Thirty random samples of infant's milk powder were collected from different pharmacies in Kalubia Governorate.

2) Extraction and analysis of infant's milk powder samples

Samples were screened for aflatoxin $\rm B_1$, $\rm B_2$, $\rm M_1$ and $\rm M_2$ by Thin Layer Chromatography (TLC) according to the method recommended by Stubbelifield (1979).

3) Statistical analysis

The obtained findings were statistically analyzed according to Berly and Lingren (1990).

RESULTS AND DISCUSSION

Table 1. Incidence and quantitative estimation of aflatoxin ${\bf B_1},\ {\bf B_2},\ {\bf M_1}$ and ${\bf M_2}$ in the examined infant's milk powder sample.

Number of examined samples	Positive samples		Aflatoxin (ppb)			
	No.	%	Bı	B_2	Mı	M_2
30	3	10	0.8	0.6	1.5	0

Table 2. Permissible limits of aflatoxin (sum of B $_1$, B $_2$, M $_1$, G $_1$ and G $_2$) in infant's milk powder in some countries.

Country	Permissible limits(ng /kg)	
Argentina	100	
Italy	50	
Netherlands	50	
Austria	10	
Brazil	10	
Switzerland	10	
Germany	10	

(Galvano et al., 1996)

DISCUSSION

The obtained results in Table 1 revealed that 10 % of examined infant's milk samples contained aflatoxin B1, B2, M1 and M2 at concentrations of 0.8, 0.6,1.5 an 0 ppb, respectively. Nearly, similar findings were reported by Fukal and Brezina (1991) and Nagah and Zaky (1995) who found AFB1 and AFM1 at level of 0.9 - 1.7ppb in infant's milk powder, while, it was relatively low in comparison with previous study by Kiermeier (1976) and Prado et al. (1994) who detected level of 2 - 7 ppb aflatoxin M in milk powder. Kawamura et al. (1994) did not find aflatoxin in dried or milk powder examined in Italy and Newzealand, but, Bennett et al. (1980) found that in milk - based infant formula inoculated with Aspergillus parasiticus and incubated at 30 °C for 24h, aflatoxin B₁ and B₂ were produced at level of 273 ng /ml. The results of this study reflected a low incidence and concentrations in comparison with the permissible limits of some countries (Table 2). From view of public health, aflatoxin M could be estimated at level of 5 - 954 ng /ml blood taken from patient of liver cirrhosis as aflatoxin could inhibit the synthesis of messenger RNA in the hepatocytes. Also, flatoxins were detected in 81% of examined brain specimens of children who died, as aflatoxin could withstand gastric acidity and could pass the placental barriers to fetus (Baker, 1990 and Oyelami et al., 1995). The legal limits of infant formula are highly variable, depending on the degree of development and economic involvement of the countries where it ranged between 100 ng /kg in Argentina and 10 ng /kg in Austria, Brazil, and Germany (Galvano et al. (1996).

Thus, even the low regulatory limits set in different countries could not prevent chronic effect of aflatoxin especially the carcinogenic effect, due to continued exposure to sub acute level of aflatoxin.

So, efforts should be made in attempting to provide further and extensive scientific information on human health hazard related to low level long – term aflatoxin exposure and to standardize the already existing regulatory limits for aflatoxins.

Finally, the real hazards of aflatoxin may be due to the cumulative effect of repeated exposure to very small or even undetectable doses of aflatoxin for comparatively long period. So, educational programs and informations have to be directed especially to infant's milk powder manufactureres to learn them how to keep this milk product in a hygienic manner to avoid aflatoxin existence in their product of infant's milk powder (Hendericke, 1991).

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تقييم ألبان الأطفال المجففة للأفلاتوكسين بمحافظة القليوبية

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أجريت هده الدراسة لتسهم في تقييم إمكانية تعرض جموع الأطفال للإصابة بالسموم الفطرية (الأفلاتوكسين) بطريقة غير مباشرة عن طريق استهلاكهم للألبان المجففة . لذا تمجمع ثلاثين عينة عشوائية من ألبان الأطفال المجففة من الصيدليات المختلفة بمحافظة القليوبية وفحصها لاستبيان مدى تواجد الأفلاتوكسين بها ، و أظهرت النتائج تلوث ألبان الأطفال بالأفلاتوكسين , M_1 , M_2 , M_3 , M_4 , M_4 , M_5 , M_6 , M_6