

Transmission

- Direct contact of infected animal products with broken skin (a cut or scrape)
- Eating infected animal meat or products
- Breathing in anthrax spores, usually from infectious animal products

Symptoms

- For skin anthrax: itching and swelling, a small blister turns into a black sore (painless). Some people can have headaches, muscle aches, fever and vomiting.
- When eaten (ingested): nausea, abdominal pain, diarrhoea and vomiting (including of blood in severe cases).
- When inhaled: cough, chest pain, fever and difficulty in breathing.

Prevention

- Disease surveillance in animals
- Vaccination of livestock (animals)
- Safe handling and slaughtering practices, including supervision and meat inspection
- Social mobilization and behaviour change communication
- Handwashing with soap
- Cook animal products thoroughly (meat, milk, blood)
- People working with animals or animal products should wear protective clothing and equipment (boots, gloves, aprons, masks) and follow recommended hygiene practices

Vulnerable people

- People who work closely with animals or with animal products (e.g. farmers, veterinarians, employees of slaughterhouses etc.)

If an epidemic occurs

- Detect sick people quickly and refer them to health facilities
- Increase social mobilization and behaviour change communication
- Start disease surveillance of animals
- Quarantine animal herds with anthrax (limit contact between sick and healthy animals, stop sick animals from reaching market, etc.)
- Vaccinate (ring) all animals/livestock at risk
- Promote handwashing with soap
- Make sure that animal products (meat, milk, blood) are cooked thoroughly
- Burn or bury animal carcasses safely

- Follow safe animal handling and slaughtering practices
- Farm workers and people entering infected farms/areas should wear appropriate protective clothing and equipment
- People working with animals or animal products should wear protective clothing and equipment (boots, gloves, aprons, masks) and follow recommended hygiene practices

Community-based assessment - questions

Make a map of the community and mark the information you gather on the map. Record other details.

- When did people start to fall sick with anthrax?
- How many people have fallen sick with anthrax? Where?
- How many people have died from anthrax? Where?
- How many animals have died from anthrax? Where?
- Which type of anthrax is infecting people?
- Who and where are the vulnerable people (who work with animals or animal products)?
- What animals do people commonly keep or farm?
- What are the community's practices and beliefs about care and slaughter of animals?
- What are the community's practices and beliefs about sick or dead animals? How do people dispose of animal carcasses (by burning, burying, eating, etc.)?
- Do people cook meat and milk thoroughly before eating it?
- Are there handwashing facilities in the community, at animal markets and other areas where livestock gather? Are soap and water always available?
- Do any animal health agencies, veterinarians, or agriculture ministry agencies work in the area?
- Where are the local health facilities and services? (Include traditional or community carers from whom people seek advice.)
- What are the community's habits, practices and beliefs about caring for and feeding sick people?
- Is a social mobilization or health promotion programme in place?
- Which sources of information do people use most?
- Are rumours or is misinformation about anthrax spreading in the community?

Volunteer actions

See the following action tools for more information on what actions to take against anthrax:

- 1 - Community-based surveillance
- 2 - Community mapping
- 3 - Communicating with the community
- 4 - Referral to health facilities
- 5 - Volunteer protection and safety
- 19 - Psychosocial support (Psychological first aid (PFA))
- 29 - Hygiene promotion
- 31 - Good food hygiene
- 34 - Handwashing with soap
- 41 - Handling and slaughtering animals
- 43 - Social mobilization and behaviour change

