

WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit Ministry of Health

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Anthrax (Part I)

This is the first in a series of two article on Anthrax

Background

Anthrax is a serious non contagious infectious disease caused by gram-positive, rod-shaped bacteria known as *Bacillus anthracis*. Anthrax can be found naturally in soil and commonly affects domestic and wild animals around the world. Although it is rare, people can get sick with anthrax if they come in contact with infected animals or contaminated animal products.

Transmission

Domestic and wild animals such as cattle, sheep, goats, antelope and deer can become infected when they breathe in or ingest spores in contaminated soil, plants or water. In areas where domestic animals have had anthrax in the past, routine vaccination can help prevent outbreaks.

People get infected with anthrax when spores get into the body in the following ways;

- Working with infected animals or animal products.
- Eating raw or undercooked meat from infected animals.
- Injecting heroin.

When anthrax spores get inside the body, they can get "activated." When they become active, the bacteria can multiply, spread out in the body, produce toxins (poisons) and cause severe illness.

Types of Anthrax

- Inhalation
- Gastrointestinal
- Injection
- Cutaneous

People at risk

Anyone who has come in contact with anthrax spores could be at risk of getting sick. Most people will never be exposed to anthrax. However, there are activities that can put some people at greater risk of exposure than others.

- Veterinarians
- · Laboratory professionals
- Livestock producers
- People who handle animal products

Mail handlers, military personnel and response workers who may be exposed during a bioterrorism event involving anthrax spores.

Visitors to countries where anthrax is common can get sick with anthrax if they have contact with infected animal carcasses or eat meat from animals that were sick when slaughtered. They can also get sick if they handle animal parts, such as hides or products made from those animal parts, such as animal hide drums. Anthrax is most common in agricultural regions of

- Central and South America
- Sub-Saharan Africa
- Central and Southwestern Asia

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- Southern and Eastern Europe
- The Caribbean.

In addition, Anthrax can affect people who make or play animal hide drums

Symptoms

The symptoms of anthrax depend on the type of infection and can take anywhere from 1 day to more than 2 months to appear. All types of anthrax have the potential, if untreated, to spread throughout the body and cause severe illness and even death

If a person is exposed to anthrax accidentally, treatment should be obtained as soon as possible mentioning that the person may be having Anthrax. Antibiotics can be prescribed prophylactically to prevent the occurrence of Anthrax. If one is already having symptoms of anthrax, it's important to get medical care as quickly as possible to have the best chances for full recovery

History

Anthrax is thought to have originated in Egypt and Mesopotamia. Many scholars think that in Moses' time, during the 10 plagues of Egypt, anthrax may have caused what was known as the fifth plague, described as a sickness affecting horses, cattle, sheep, camels and oxen.

Epidemiology

Anthrax was not reported in Sri Lanka even though it was reported in many other countries. There were outbreaks of Anthrax from time to time including American Anthrax outbreak of 2001, Anthrax outbreaks in Bangladesh, 2009-2010.

Diagnosis

Bacillus anthracis is present in high numbers in the ulcer/ eschar of cutaneous anthrax, in bloody pleural fluid in inhalational anthrax, in the cerebrospinal fluid (CSF) in anthrax meningitis, and in the blood in septicaemic anthrax. Specimens may be stained or cultured to demonstrate the organism. Culture is performed on sheep blood or peptone agar. In persons exposed to antibiotics, immunohistochemical examination of the suspected fluid (e.g. pleural fluid, CSF, cutaneous biopsy) is performed using antibodies to *B. anthracis* cell wall and capsule.

The diagnosis of cutaneous anthrax is usually suggested by the characteristic appearance of skin lesions. As spore germination occurs within macrophages at the site of inoculation, anthrax bacilli are isolated easily from the vesicular lesions and can be observed on Gram stain. If prior treatment with antibiotTable-1 CDC field investigations of suspected anthrax in humans and animals, and reported cases of anthrax in humans, United States, 1950-2001.

	Field investigations				No. of cases of anthrax				
	No. of investigations ^b	No. of huma	an cases						
Years	No. of investigations-	Cutaneous	Inhalational	Total	in humans reported nationally				
1950-54	2	1	0	1	223				
1955-59	11	16	6	22	131				
1960-64	4	5	1	6	54				
1965-69	7	5	1	6	21				
1970-74	8	4	0	4	13				
1975-79	6	5	1	6	10				
1980-84	0	0	0	0	2				
1985-89	1	1	0	1	3				
1990-94	1	0	0	0	1				
1995-99	2	0	0	0	0				
2000-01 ^d	2	2	0	2	Not available				
Total	44	39	9	48	458				

ics has occurred, the best way to determine infection is to perform serologic testing and punch biopsy at the edge of the lesion and examine by silver staining and immunohistochemical testing.

In patients with inhalational anthrax, a chest radiograph typically shows widening of the mediastinum and pleural effusions, whereas the parenchyma may appear normal. In a review of the 11 patients infected by anthrax in October 2001, chest radiographs from the initial examination showed mediastinal widening, paratracheal and hilar fullness, and pleural effusions or infiltrates. In some patients, the initial findings were subtle and not detected immediately.

Treatment

Antibiotics-All types of anthrax infection can be treated with antibiotics, including intravenous antibiotics

Antitoxin-After anthrax toxins have been released in the body, one possible treatment is antitoxin. Antitoxins target anthrax toxins in the body. Doctors must use antitoxin together with other treatment options.

Sources

Anthrax, available at http://www.cdc.gov/anthrax/

Epidemiologic Response to Anthrax Outbreaks: Field Investigations,1950-2001, available at http://www.medscape.com/viewarticle/442951

Compiled by Dr. C U D Gunasekara of the Epidemiology Unit

Table 1: Selected notifiable diseases reported by Medical Officers of Health 28th - 06th March 2015 (10th Week)

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WRCD	<u>*</u>	19	40	œ	87	31	23	15	33	0	0	22	20	0	40	36	29	17	0	62	32	29	29	18	9	6	31	22	
W	<u>*</u>	81	9	92	13	69	72	85	67	100	100	75	80	100	90	64	71	83	100	38	68	71	71	82	94	91	69	75	
Leishmani- asis	В	0	0	0	1	က	0	0	29	16	0	0	0	0	2	0	0	0	21	0	52	20	က	9	က	0	0	186	
Leish asis	∢	0	0	0	0	0	0	0	13	0	0	0	0	0	0	0	0	0	1	0	12	2	0	0	0	0	0	78	
Meningitis	Ф	9	3	6	ო	2	13	13	2	7	4	0	0	н	П	œ	ю	7	2	9	10	10	12	4	11	6	2	146	
Meni	∢	Э	0	7	0	0	0	0	0	0	7	0	0	н	0	7	0	н	П	н	0	0	н	0	7	0	0	16	
Chickenpox	В	81	35	29	62	က	15	29	18	63	41	8	0	4	П	6	48	13	102	14	34	34	28	21	16	48	32	848	
Chic	∢	10	н	7	0	0	7	7	1	6	2	ო	0	0	0	0	7	₇	12	П	4	က	7	н	0	7	0	77	
Human Rabies	ω	П	0	—	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	∺	0	0	0	0	m	
Ra Ra	∢	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Viral Hepatitis	В	13	42	∞	49	11	27	4	13	∞	9	0	0	н	П	0	0	₩	11	1	2	2	33	12	109	29	0	386	
	⋖	0	7	Н	0	7	4	0	7	П	0	0	0	0	П	0	0	0	П	0	0	0	4	7	12	7	0	34	
Typhus Fever	В	П	က	0	17	7	15	22	10	11	402	4	11	6	5	0	0	72	11	9	∞	П	25	70	17	10	0	615	
Ļπ	∢	0	н	0	0	П	7	2	0	0	56	0	0	н	0	0	0	7	0	0	2	0	2	7	П	7	0	20	
Leptospirosi s	Ф	46	79	29	14	16	7	24	18	38	7	н	8	œ	2	П	က	4	75	16	83	32	14	29	78	22	П	794	
Lep	⋖	9	10	7	0	н		က	0	4	0	Н	0	0	0	0	0	0	∞	0	9	0	7	9	10	9	0	71	
Food Poisoning	В	13	6	12	н	2	0	9	0	44	11	25	н	7	н	0	0	22	н	9	33	0	4	2	н	0	11	207	
	⋖	0	9	က	0	0	0	0	0	25	0	0	0	0	0	0	0	0	П	2	ω	0	0	0	0	0	0	43	
Enteric Fever	В	18	2	12	6	m	2	2	4	2	86	т	4	7	н	m	0	11	Э	н	0	4	2	7	6	21	0	234	
	⋖	3	0	0	0	0	Н	0	0	0	12	0	0	0	0	7	0	П	0	0	0	0	0	7	0	0	0	21	
Encephalit is	В	3	7	7	0	0	н	0	0	0	7	0	0	4	П	7	0	0	2	1	0	1	П	н	ĸ	7	0	33	
	⋖	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	RCD).
Dysentery	В	47	19	24	8	17	22	23	8	19	161	25	2	∞	7	44	14	∞	4	11	17	13	40	33	81	20	32	806	eases (W
<u>Q</u> .	⋖	9	0	7	0	0	m	4	1	4	17	4	0	7	0	2	0	0	2	0	0	1	П	0	m	11	н	9	ble Dis
Dengue Fever	æ	2989	1316	481	393	267	2	279	100	141	861	93	99	49	20	869	16	233	526	337	208	96	261	77	303	166	316	10323	Communica
Deng	∢	123	26	26	9	6	4	19	3	14	29	1	0	7	2	28	1	12	30	2	6	2	9	2	18	2	10	395	Returns of
RDHS Division		Colombo	Gampaha	Kalutara	Kandy	Matale	NuwaraEliya	Galle	Hambantota	Matara	Jaffna	Kilinochchi	Mannar	Vavuniya	Mullaitivu	Batticaloa	Ampara	Trincomalee	Kurunegala	Puttalam	Anuradhapura	Polonnaruwa	Badulla	Monaragala	Ratnapura	Kegalle	Kalmune	SRILANKA	Source: Weekly Returns of Communicable Diseases (WRCD).

Source: Weekly Returns of Communicable Diseases (WRCD).

Timeliness refers to returns received on or before 06th March , 2015 Total number of reporting units 337 Number of reporting units data provided for the current week: 255 C-Completeness

Table 2: Vaccine-Preventable Diseases & AFP

28th - 06th March 2015 (10th Week)

Disease			N	o. of Cas	es by P	rovince			Number of cases during current	Number of cases during same	Total number of cases to date in	Total num- ber of cases to date in	Difference between the number of cases to date		
	W	С	S	N	Е	NW	NC	U	Sab	week in 2015	week in 2014	2015	2014	in 2014& 2015	
AFP*	00	02	01	00	00	00	00	00	00	03	01	13	17	-24.6%	
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	%	
Mumps	00	00	00	00	00	01	02	01	02	06	09	76	162	-53.0%	
Measles	20	00	02	00	00	06	02	02	06	38	83	322	920	-65%	
Rubella	00	00	00	00	00	00	00	00	00	00	00	04	01	+300%	
CRS**	00	00	00	00	00	00	00	00	00	00	01	00	01	%	
Tetanus	00	00	00	00	00	00	01	00	00	01	01	03	03	%	
Neonatal Teta- nus	00	00	00	00	00	00	00	00	00	00	00	00	00	%	
Japanese En- cephalitis	00	00	00	00	00	00	00	00	00	00	00	03	16	-81.2%9	
Whooping Cough	01	00	00	01	00	00	01	00	00	03	00	19	10	+90%	
Tuberculosis	48	18	19	16	05	00	18	02	12	138	134	1837	2186	-16.1%	

Key to Table 1 & 2

Provinces: W: Western, C: Central, S: Southern, N: North, E: East, NC: North Central, NW: North Western, U: Uva, Sab: Sabaragamuwa.

RDHS Divisions: CB: Colombo, GM: Gampaha, KL: Kalutara, KD: Kandy, ML: Matale, NE: Nuwara Eliya, GL: Galle, HB: Hambantota, MT: Matara, JF: Jaffna,

KN: Killinochchi, MN: Mannar, VA: Vavuniya, MU: Mullaitivu, BT: Batticaloa, AM: Ampara, TR: Trincomalee, KM: Kalmunai, KR: Kurunegala, PU: Puttalam,

AP: Anuradhapura, PO: Polonnaruwa, BD: Badulla, MO: Moneragala, RP: Ratnapura, KG: Kegalle.

Data Sources:

Weekly Return of Communicable Diseases: Diphtheria, Measles, Tetanus, Neonatal Tetanus, Whooping Cough, Chickenpox, Meningitis, Mumps., Rubella, CRS,

Special Surveillance: AFP* (Acute Flaccid Paralysis), Japanese Encephalitis

CRS** =Congenital Rubella Syndrome

AFP and all clinically confirmed Vaccine Preventable Diseases except Tuberculosis and Mumps should be investigated by the MOH

Dengue Prevention and Control Health Messages

Look for plants such as bamboo, bohemia, rampe and banana in your surroundings and maintain them

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Comments and contributions for publication in the WER Sri Lanka are welcome. However, the editor reserves the right to accept or reject items for publication. All correspondence should be mailed to The Editor, WER Sri Lanka, Epidemiological Unit, P.O. Box 1567, Colombo or sent by E-mail to chepid@sltnet.lk. Prior approval should be obtained from the Epidemiology Unit before publishing data in this publication

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