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