MONDULI DISTRICT COUNCIL

SHORT REPORT ON ANTHRAX OUTBREAK SURVEILANCE AT MONDULI DISTRICT A SPECIAL INTERVENTION FROM 06/11/2017 TO 11/11/2017

PREPARED BY
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MONDULI

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REPORT ON ANTHRAX OUTBREAK SURVEILANCE TRAINING AND COMMUNITY AWARENESS CREATION AT MONDULI DISTRICT FROM 06/11/2017 TO 11/11/2017

INTRODUCTION

Monduli district is one among the pastoralist District in Arusha Region .Due to this, the area is prone/at risk of zoonotic diseases including Anthrax. We experienced one anthrax outbreak 2016, which lasted about a month but we managed to control it despite some shortcomings. Due to such outbreak, we as a District decided to planned to conduct yearly Anthrax outbreak surveillance training to the community and Health care providers so as to make them prepared for any such outbreak. Also the campaigns include setting down of preventive preparedness measures so as to ensure no other outbreak re occur.

We conducted the surveillance training to six villages of Mungere, Esilalei, Selela, Oltukai, Loksale and Losirwa, the regions which had such outbreak in the Past years.

For three consecutive years our District has been affected with anthrax diseases, this resulted into deaths cattle and wild animals. It also resulted into a number of People being sick from anthrax, predominantly cutaneous anthracic. However, they were treated and healed without any disability.

As we know Anthrax is an infection caused by the bacterium Bacillus anthracic. And It can occur in different forms such as skin (cutaneous), lungs (respiratory) and intestinal (gastrointestinal). Symptoms begin three to seven days once infection is contracted. Anthrax is caused by a spore-forming bacterium. It mainly affects animals. Human become infected through contact with infected animal or animal products. Symptoms depend on the route of infection. They can range from a skin ulcer with a dark scab to difficulty breathing, vomiting blood, blood stained stool, malaise, High grade fever and shock.

OBJECTIVE OF THE CAMPAIGN

1. To create awareness and knowledge on anthrax to the community.
2. To create awareness and knowledge on anthrax outbreak preventive measures to the community.
3. To set plans with the community on anthrax vaccination as soon as possible
4. To impact knowledge on how to dispose/burry and burn the dead bodies (carcasses) of both animals and human beings.

5. **T**o visit all previously households with previously anthrax affected patients to see the progress of their preventive measures and if there is possible cases.

METHODOLOGY

1. Village meetings where all influential and respected leaders together with the village members meet to listen to the knowledge from the outbreak preparedness team.
2. Conduct meetings with the village authority to impart them with the anthrax knowledge.
3. Setting up of both long and short term action plans for anthrax prevention and control with the village authorities and the village assembly.
4. Home visits especially to all those which has had anthrax incidence and to those who are at risk, (Almost 65% of houses were visited) to make follow up on the adherence of anthrax preventive knowledge and attitude.
5. Demonstration of burying of carcasses to the village authority, village one health team, and the assembly at large.
6. Setting up of Anthrax vaccination schedule with the village assembly after discussing with the village authority.

PARTICIPANTS

The participants in this workshop were the village leaders which include village council (Authority), religious leaders, traditional leaders (laigwanans) and extension officers. They were joined by district emergence preparedness team, one health alliance team, and His Excellency District executive Director and His Excellency District commissioner.

Community sensitization and school visit

DISTRICT ONE HEALTH ALLIANCE TEAM

S/N	NAME	TITLE	DEPARTMENT/UNIT
1.	DR TITUS MMASI	DMO	HEALTH
2.	DR YANDU MARMO	DVO	LIVESTOCK
3.	OMAR SEMBE	DLFO	LIVESTOCK
4.	DR JOEL NKIKA	MOI	HEALTH
5.	DENIS MGIYE	DSWO	HEALTH
6.	JUBILATE TEMU	DHO	HEALTH/ENVIRONMENT
7.	THERESIA LUKUMAY	NURSE	HEALTH
8.	ISSACK URASSA	GW	GAME
9.	FRANK YOHANA	CO	HEALTH

APPROCHES USED

a) Presentations to village leaders
b) Question and answers (discussion)
c) General meeting
d) Households(Bomas) visits
e) Animal burial practices as per guidelines with village leaders and extension officers.

ISSUES WHICH WERE DISCOVERED AND DISCUSSED DURING THE CAMPAIGN

- Most of the Masai people eat the dead animals without consulting the veterinary or livestock officer, a practice which makes them prone to anthrax infection/outbreak.

- Most of victims prone to infection are women and children which mean most of men understand the side effect of eating the dead animal but they just let the family to chew the infected meat.

- Anthrax vaccination was not conducted in most of the affected areas which means the outbreak risk was inevitable.

- Some false belief on anthrax infection (e.g. tying of cattle's spinal cord rope on middle finger, to prevent anthrax infection), predominated some households.
- There was no habit of burying carcasses but rather it was left to be eaten by beasts or domestic carnivores.
- The animal skin from dead animals was used as mattress to majority of households, which make them prone to infection.
- Slaughtering/butchering of dead animals was done without protective equipments, making the subject prone to infection.
- Some households had knowledge on risk of eating dead animals, but it was the most delicious optional diet at the moment, hence tempting them to eat at expense of risking their life.
- While skinning the animal which died while grazing in the forest, the skin and leftovers were left for wild animals to feed, which extended the risk of transmitting the infection to wild animals?

Some of the pictures which were taken during sample sensitization meeting and Boma visits.

IMMEDIATE ACTION TO BE TAKEN

- All the livestock's should be vaccinated until the end of December; he who doesn't adhere to this agreement will be taken to face the law.
- More community sensitization should be conducted especially to the remaining 13 wards which are likely to be attacked by this disease.
- To conduct Primary Health Care (PHE) meeting which includes all Ward executive officers and address the situation of outbreak
- Eating of dead animals is only after inspection by the veterinary/ livestock authority
- Burying of carcasses is mandatory and should be done under village one health team supervision.
- All those who sustain anthrax sign or symptoms should be taken to the health facility immediately.
- All animals seen sick should be reported to the respective livestock extension officer for treatment as soon as possible.
- All Samples from dead and sick animals should be taken to the laboratory for confirmation of the cause of death/sickness.
- Training of all health facility in charges on anthrax outbreak management to make them able to treat and handle it once appearing.
- Establish and strengthen a multi sectoral outbreak management team(one health team) at various levels (village, Ward and District) to strengthen surveillance and response to outbreak.

CHALLENGES

- High number of cattle's possessed by one individual person which cause inefficient during vaccination since he cannot manage to pay.
- Inadequate resources on outbreak disease management.
- Poor traditional beliefs upon death of animal.

Meetings with village leaders and district commissioner

RECOMMENDATION

- Follow up should be done after 14 days to see the progress of agreed terms especially on issues of vaccination.
- One health team should mobilize resources from different stakeholders so as to reach the remaining 13 wards who are in position of being infected by the outbreak.
- TANAPA who are the authorized agency to deal with wild animals should join the team so as to help the community in burning and burying of dead wild animals.
- Day to day supervision should be conducted in game reserve areas and corridors to identify unreported wild cases.
- This campaign should be done at least twice a year so as to make the community aware of the outbreak risk, and evaluate their persistence on the knowledge imparted unto them.
- There should be training and refresher training to all health facility staff on anthrax outbreak management annually.
- Extension officers should extend the inspection of all meat eaten at domestic level before it is eaten.
- Samples from all dead/sick animals should be taken to laboratory so as to detect the cause of death/sickness.
- Multisectoral approach of dealing with outbreak should be strengthened and taken as the gold standard approach.