

Demonstration of familiarization of students about a bacterial disease, cutaneous anthrax

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Abstract:- *The object of present study was to review the experience during this study and survey on bacterial disease. Different results were recorded during this study. Neck and hands are the most common regions affected by Bacillus anthracis. Spores inoculate into host through skin. Incubation period of these spores varies between 2 to 18 days. Infection of this bacterium starts with fever.*

Keywords: *cutaneous anthrax, bacillus anthracis*

Introduction:

Usually in case of some injury or cuts anthrax spores get into the skin and person become suffered with cutaneous anthrax. Sometime when we have to do our laboratory work then we have to deal the animals and in some cases their contaminated products we may suffer from cutaneous anthrax. The regions that are mostly affected by cutaneous anthrax are neck and hands. This infection is caused by bacteria Bacillus anthracis. It is gram positive bacteria. Mainly this is an infection of animals but animals later on become the source of spreading. First laceration of skin occurs and spores inoculate into the skin. Almost in seven days infection may appear. There are lots of tests that are performed for the diagnosis of this disease. Suppose we are suffered from influenza then we should also know the cause of this. If no disease is detected in tests then we may have also performed test of anthrax. The bacteria responsible for this disease may also move to the fluid of spinal cord.

Material and Method:

Almost 181 students participated in this study about bacterial disease

In the questionnaire to check familiarization of students about cutaneous anthrax different questions were asked. Questionnaire about sources was made that either this disease is bacterial or viral or fungal. Any patient suffered from cutaneous anthrax was asked and also same question was asked about his/her friends, relatives and neighbor. Different possible sources of transmission of this bacterial disease such as blood and contact were also the part of questionnaire. Different possible and suitable treatments (medicine or surgery) were also asked.

Analysis:

This statistical analytical approach was achieved by using MS excel.

Results and Discussion:

A questionnaire was prepared by us to check the awareness of students about the cutaneous anthrax. Almost

45% students were well aware about this disease. 25% were totally unaware about this disease. 25% students have very limited information about this disease. Not any student was suffered from this disease. But this disease was found in relatives of students who had to deal with animals. Only few students have idea about the rarity and genetics of this disease. Further results are shown in table 1.

Table 1: Demonstration of familiarization of people about disease cutaneous anthrax

<u>Cutaneous anthrax is</u>	unawareness	Yes	No
1. Viral disease	10%	10%	80%
2. Bacterial disease	10%	79%	11%
3. Fungal disease	5%	5%	90%
4. Genetic disease	50%	25%	25%
5. Metabolic disease	65%	15%	30%
<u>cutaneous anthrax suffering</u>			
6. You	5%	0%	95%
7. Your family member	5%	0%	95%
8. Your relative	4%	2%	96%
9. Your neighbor	6%	0%	94%
10. Your friend	8%	0%	92%
<u>Cutaneous anthrax transmission</u>			
11. Blood transfusion or contact	50%	27%	23%
<u>Cutaneous anthrax treatment</u>			
method			
12. Medicines	20%	60%	20%
13. Surgery	50%	10%	40%
14. Not treatment required	20%	20%	60%

“Cutaneous anthrax is an infection of the skin caused by *Bacillus anthracis*. This is a report of a case of cutaneous anthrax attending outpatients of Mymensingh Medical College Hospital in October, 2010. The infected person was a retired school teacher with a very good body build. He reported to handle cow flesh about 4-5 days ago, developed few painless papules over shin of right leg, which gradually became large bullae and blackish eschar developed over the lesion. Smears from the lesions were investigated which confirmed the causative agent *B. anthracis*. The patient was treated with oral Ciprofloxacin (500mg) twice daily for seven days which cured the infection as observed on his subsequent follow up visits on 7 and 14 days later. Oral Ciprofloxacin is found effective as recommended by the World Health Organization.”

Conclusion:

It is concluded from the present study that lack of awareness about disease does not have happy end. Mostly people do not know about the disease from which they are suffered, so proper knowledge and treatment should be adopted.

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