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Report on Zoonotic Diseases\e Orientation

Date: 14 July 2025

Location: Gangni Hpazila Health Complex, Meherpur

Organized by: IEDCR

Resource Person:

Dr Sohel Rahman, Assistant Professor, Epidemiology, IEDCR

Dr Abu Taher Zakir. Surveillance Coordinator, IEDCR

Dr Md. Mainul Hassan. Medical Officer, IEDCR

1. Welcome Session

The program began with a warm welcome from the **Upazila Health & Family Planning Officer (UHFPO)**. In his opening remarks, he emphasized the importance of raising awareness on zoonotic diseases, especially **anthrax**, which remains a significant public health concern in rural and livestock-rearing communities.

2. Orientation Session

Presentation by Dr. Sohel

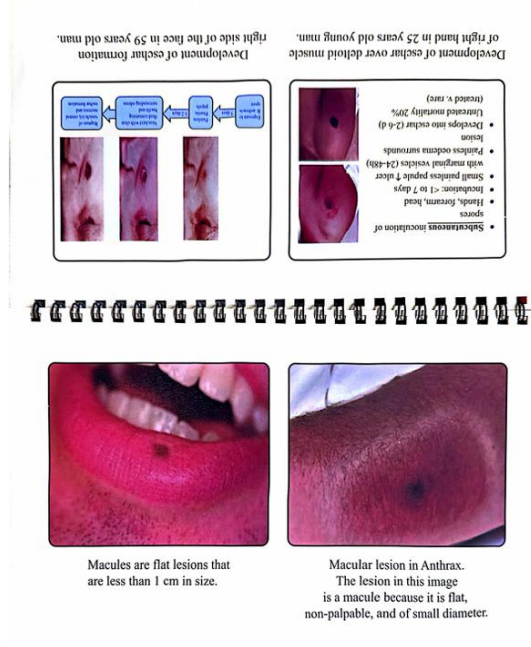
Dr. Sohel began the orientation session with a flip chart presentation designed to provide **foundational knowledge on anthrax as a zoonotic disease**. His introduction set the tone for an informative and engaging session by outlining the key aspects of anthrax that are essential for both health workers and community members to understand.

He used the flip chart as a visual aid to break down complex information into clear, easy-to-follow sections.

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Pic1: Anthrax Flip chart For Population



Pic 2: Anthrax Flip chart for Health Workers

His session focused on:

- Basic understanding of anthrax
- Modes of transmission from animals to humans
- Key signs and symptoms in both animals and humans
- Preventive measures and community awareness



Pic 3: Anthrax Flip Chart Orientation



He used **visual diagrams and pictures** to explain the life cycle of *Bacillus anthracis*, its environmental survival, and appropriate handling of suspected cases to prevent human infection.

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Presentation by Dr. Zakir

Following Dr. Sohel's session, Dr. Zakir conducted a detailed presentation on **zoonotic diseases** more broadly. His presentation covered:

Key Highlights of Dr. Zakir's Presentation:

1. Introduction to Zoonotic Diseases

Dr. Zakir began by defining zoonotic diseases as infections that are naturally transmissible between animals and humans. He emphasized their global health significance, particularly in rural and agricultural communities where human-animal interactions are frequent.



Pic 4: Orientation of Zoonotic Disease

2. Common Examples and Classification

He provided a broad overview of common zoonotic diseases, such as:

- Anthrax
- Rabies
- Brucellosis
- Avian influenza
- Leptospirosis
- Nipah virus

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- Dengue
These were categorized based on their mode of transmission (viral, bacterial, parasitic, or fungal).

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3. **Modes of Transmission**

Dr. Zakir explained how zoonotic diseases can spread through:

- Direct contact with infected animals
- Consumption of contaminated food or water
- Vectors such as mosquitoes or ticks
- Environmental exposure to animal waste or bodily fluids

4. **Risk Factors and Vulnerable Populations**

The presentation highlighted risk factors like poor animal husbandry, lack of personal protective equipment (PPE), and weak surveillance systems. Dr. Zakir also pointed out that farmers, slaughterhouse workers, veterinarians, and rural residents are particularly at risk.

5. **Prevention and Control Strategies**

Dr. Zakir stressed the importance of:

- Vaccinating animals where applicable
- Strengthening public health and veterinary collaboration (One Health approach)
- Promoting hygiene, sanitation, and safe food handling
- Raising community awareness and encouraging early reporting

Dr. Zakir also highlighted the **One Health** approach to managing zoonotic diseases, linking animal, human, and environmental health.

6. **Open Discussion:**

After the formal presentations by Dr. Sohel and Dr. Zakir, the session transitioned into an **open discussion**, providing a valuable opportunity for participants to engage, clarify doubts, and share experiences.

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Pic 5: Active Participation by the Participants

Key Features of the Open Discussion:

- 1. Active Participation**
This created a dynamic exchange of information and made the session more inclusive and practical.
 - 2. Clarification of Concepts**
Symptoms and identification of infected animals, Steps to take when a suspected case is found in the community
 - 3. Local Experiences Shared**
 - 4. Expert Responses and Guidance**
Both Dr. Sohel and Dr. Zakir responded to questions thoughtfully, offering practical advice and reiterating key preventive measures
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Anthrax Surveillance Monitoring Visit

Key Activities During the Monitoring Session:

1. **Review of Existing Records**

The team carefully **examined local surveillance records and reports** related to anthrax. They assessed whether case data had been properly documented, whether there were any gaps or inconsistencies.

2. **Assessment of Data Quality and Consistency**

Emphasis was placed on the **accuracy of data collection**. The team carefully counted the case reported from Upazilla and match the data from head Office IEDCR.

3. **Guidance on Record-Keeping and Documentation**

Field staff received on-the-spot guidance on maintaining proper records. This included tips on:

- Using standardized formats and adding of extra column with patients follow up column and keep records for how many times need to come to health complex to complete the treatment
- Documenting all actions taken for each reported case

4. **Advisory Support to Improved Reporting**

The monitoring team advised local staff on:

- How to improve case reporting mechanisms
- The importance of timely communication of suspected cases to higher authorities
- Cross-sector collaboration between veterinary and human health services

5. **Community Involvement and Communication**

Staff were encouraged to **strengthen community engagement**, recognizing that community members often serve as the first line of detection.

6. **Recommendations Provided**

Based on observations, the team issued tailored recommendations aimed at:

- Enhancing accuracy of case detection
- Ensuring proper follow-up of suspected and confirmed cases
- Recording all preventive measures taken, such as vaccinations or carcass disposal

4. Conclusion

The visit successfully enhanced the capacity of local staff in identifying and managing zoonotic diseases, especially anthrax. Participants gained practical knowledge, and actionable recommendations were provided to improve surveillance and documentation practices. The session successfully enhanced awareness and technical understanding of zoonotic diseases and anthrax surveillance among local health staff and stakeholders. The interactive presentations and monitoring activities contributed to:

- Improved recordkeeping and data accuracy
- Strengthened local capacity for disease detection and response
- Encouragement of a collaborative, One Health approach to zoonotic disease prevention

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