ANTHRAX CONTAMINATED YARN FOUND IN ALASKA

Anthrax-contaminated yarn, imported from Pakistan, was shipped to Anchorage and Sitka. The same type of yarn caused a fatal case of Anthrax in a 31-year-old weaver in Morrow Bay, California. The yarn was obtained from Creative Handweavers, Los Angeles, California, which imports the material from Sarfraz Bros., Lahore, Pakistan. The same company in Pakistan also sells to Tahki Imports, Ltd., New York, New York.

Products distributed by Tahki imports are labeled with the company name, composition of the yarn, and the statement "Made in Pakistan", while those from Creative Handweavers are unlabeled.

Bacillus anthracis spores were recovered from a variety of animal origin yarns obtained by both distributors. Contaminated products are sold in 4 oz. skeins or balls and may include camel hair, goat hair, or sheep's wool. The products may be sold in natural colors such as white, gray, tan, or red, or may be dyed various colors. The balls or skeins are commonly sold in fabricated handicrafts such as wall hangings and macrame objects.

A plastic bag of yarn was shipped to the Visual Arts Center on International Road, Anchorage, but fortunately had not been used. One hundred pounds was shipped to a private resident of Sitka, Alaska. The contaminated yarn was offered for sale through many retail outlets and by mail order. Shipments may also have been made to Alaska from Berkeley, California, and Seattle. If you may have purchased this yarn, contact the Department of Health and Environmental Protection in Anchorage at 278-4531 or the Department of Health and Social Services, Environmental Health Section District Offices. Suspect balls or skeins of yarn should be placed in double plastic bags until collected. Receipts of yarn will be provided to those persons wishing to receive a refund from the shipper. Please do not try to destroy the yarn because of the risk of further contamination.

If you have this product or have any questions, please contact the above agencies for assistance.

AMPICILLIN-RESISTANT HAEMOPHILUS INFLUENZAE

Haemophilus influenzae organisms isolated from the blood and cerebro-spinal fluid (CSF) of a two-month-old child with meningitis in Kotzebue were found to be resistant to ampicillin. The isolates from both sites were tested for the production of beta lactamase; both were positive. The minimum inhibitory concentration (MIC) of ampicillin reported from this organism was 16 \( \mu g/ml \) for the isolate from the blood and 128 \( \mu g/ml \) for the isolate from CSF. For \( H. influenzae \) organisms sensitive to ampicillin the MIC is usually below 2-4 \( \mu g/ml \).

\( H. influenzae \) isolated from this child is the first ampicillin-resistant organism to be reported in Alaska. The proportion of \( H. influenzae \) meningitis that may prove resistant to ampicillin in the state is unknown. Organisms of this type have been sensitive to chloramphenicol with MIC's below 1.0 \( \mu g/ml \). The consequences of ineffective or delayed proper treatment are such that physicians should include chloramphenicol as primary therapy for patients with confirmed or suspected infection due to \( H. influenzae \).^2,3^ The rare but serious problem of irreversible aplastic anemia following the use of this drug and the possibility of fatal chloramphenicol toxicity in neonates dictates that it be used only for clear indications such as this. Serum chloramphenicol levels should be monitored in neonates or patients with renal insufficiency. Laboratory assessment of ampicillin-sensitivity of \( H. influenzae \) recovered from cases is important, in order to discontinue therapy with chloramphenicol and use ampicillin exclusively if results indicate that this will be successful.

REFERENCES


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PREVENTION AGAINST THE SPREAD OF RABIES

As a result of the increased incidence of rabies in red foxes and dogs in the Bristol Bay and Alaska Peninsula areas, over twenty people are now receiving the post-exposure rabies prophylaxis as outlined in the December 26, 1975 Communicable Disease Bulletin. The circumstances surrounding these exposures bring up some problems that should be taken into consideration in order to avoid further incidents of human exposure to rabid animals.

1. **Rabies immunizations of dogs** must be kept current with booster injections every 2 years in order for the immunity to be effective. In one exposure incident a lead dog who had been immunized 5 years previously was involved with a fox who escaped. The dog subsequently became ill and bit his owner. His dog's head was examined and found positive for rabies.
2. **Young puppies do not develop an immunity to rabies.** Standard veterinary procedure is not to attempt immunization of puppies against rabies until they are at least 6 months old. Therefore, young, unimmunized pups who have come into contact with rabid foxes are carriers "par excellence" for the rabies virus, particularly because they are likely to be fondled by children. Facial licks by a rabid puppy are considered significant exposures and for this reason a large group of children are receiving post-exposure prophylaxis in the King Salmon area. A sensible precaution would be to advise people against...
keeping puppies and unspayed female dogs as pets in areas where rabies is prevalent.

3. Trappers harvesting foxes in the endemic areas should take special precautions, such as wearing gloves when skinning foxes, washing hands well, and avoiding handling of the mouth and head since rabies virus is only present in the saliva and in the brain. Pre-exposure immunization with duck embryo vaccine should be considered by persons trapping foxes in these areas.

4. In order to prevent spread of rabies into other areas of the state, transport of animals into and out of endemic areas should be discouraged.