ANATRICHOSOMIASIS

ANIMAL GROUP AFFECTED	TRANS-MISSION	CLINICAL SIGNS	FATAL DISEASE ?	TREATMENT	PREVENTION & CONTROL
Macaca spp. *Presbytis obscurus,* Cercopithecidae,*Callithrix jacchus, Pongo pygmaeus, (Tupaia* belangeri)	Probably perorally	Nasal discharge, creeping eruptions; ocular parasitism (*A. ocularis)*	No	Fenbendazole	*In houses* *in zoos* Good hygienic practices.

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Susceptible animal groups *Macaca mulatta, M.fascicularis, M.nemestrina, M.maurus, M.niger, M.assamensis, Presbytis obscurus, Cercopithecus aethiops, Miopithecus talapoin, Erythrocebus patas, Papio* spp., *Cercocebus* spp., *Callithrix jacchus, Pongo pygmaeus,* man.	
Causative organism *Anatrichosoma cutaneum, A. cynamolgi, A. nacepobi, A. rhina* (Trichiuridae).	
Zoonotic potential Yes (in Asia).	
Distribution Asia.	
Transmission Anatrichosomatidae are directly transmitted without intermediate hosts, transmission is probably perorally. Eggs are excreted into the nasal mucus, some are swallowed and shed with the faeces.	
Incubation period	
Clinical symptoms Nasal mucosal forms: mild to severe nasal discharge; Cutaneous form Creeping eruptions at palms and / or soles, lymphadenopathy.	
Post mortem findings Nematodes in the deep Malpighian layer, pressure atrophy of adjacent tissues.	
Diagnosis Ovodiagnosis in tissue scrapings.	
Material required for laboratory analysis Nasal swabs, tissue scrapings, biopsies.	
Relevant diagnostic laboratories	
Treatment Fenbendazole (10 – 35 mg / kg for 3 days, repeated 2 weeks later)	
Prevention and control in zoos General hygienic practice	
Suggested disinfectant for housing facilities	
Notification	

Guarantees required under EU Legislation
Guarantees required by EAZA Zoos
Measures required under the Animal Disease Surveillance Plan
Measures required for introducing animals from non-approved sources
Measures to be taken in case of disease outbreak or positive laboratory findings
Conditions for restoring disease-free status after an outbreak
Experts who may be consulted
References

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