

Children and Anthrax: A Fact Sheet for Parents

Recent news reports of anthrax cases in several U.S. cities may have created fear among both children and adults. CDC has prepared this fact sheet to provide parents with information and resources to 1) help their children cope with their fears about anthrax and 2) make decisions related to anthrax and their children.

How To Reduce Children's Fears

- ***Help your children feel safe.*** Let them talk about their fears and worries. Stick to family routines that help children feel comfortable and secure. Reassure them that parents, teachers, doctors, and government officials are doing everything possible to keep them safe and healthy.
- ***Limit children's viewing of television news.*** Children may be frightened, overwhelmed, or traumatized by news reports about bioterrorism. Supervise what they watch on television, and when they do watch, be sure to allow for family-discussion time during and after viewing to let them air their fears and concerns.
- ***Arm yourself with the facts.*** Education is your best protection against unnecessary fear. Your children will be less fearful if they see that you are not afraid and if you spend time with them answering all of their questions.

What Every Parent Should Know

Anthrax is an illness caused by bacteria called *Bacillus anthracis*. These bacteria are found naturally in the soil. They can form a protective coat around themselves called spores, and they can release poisonous substances into the bodies of infected people.

You and your children cannot catch anthrax from each other or from any other person. Even if you were to become sick with anthrax, you could **not** pass on the illness to your children. Also, even if someone were to put the bacteria that causes anthrax in your workplace on purpose, it is highly unlikely that you would carry the bacteria home to your children on your clothes or hair.

People come into contact with (are "exposed" to) bacteria or become infected with bacteria that cause anthrax in three ways. They can be exposed and infected by breathing in (inhaling) the bacteria, by coming into contact with the bacteria through cuts or abrasions in the skin, or by eating something that contains the bacteria (usually undercooked meat from an infected animal). The chance of coming into contact with the bacteria in any of these ways is very low. Also, our bodies have defenses against bacteria, so not everyone who comes into contact with the bacteria will become ill with anthrax.

There are three kinds of anthrax, all of which are treatable with antibiotics:

- Skin (cutaneous) anthrax is the least serious form of anthrax. The first symptom is a small, painless sore that develops into a blister. One or two days later, the blister develops a black scab in the center.
- Gastrointestinal anthrax is more serious than skin anthrax. The initial symptoms are nausea, loss of appetite, and fever, followed by severe abdominal pain. This is the least common form of anthrax.
- Inhalational anthrax is the most serious form of anthrax. This illness begins with symptoms similar to those for a cold or the flu. If caught early, inhalation anthrax can be treated successfully with antibiotics. If it isn't caught early and more serious symptoms develop, inhalation anthrax usually results in death. Almost all cold and flu symptoms are **not** anthrax.

The signs and symptoms of anthrax infection in children older than 2 months of age are similar to those in adults. The illness affects children and adults in much the same way, though children may be more likely to suffer side effects from some of the antibiotics used to prevent or treat the disease.

Although you may be tempted to ask your doctor for a supply of antibiotics to keep on hand, neither the Centers for Disease Control and Prevention (CDC) nor the American Academy of Pediatrics recommends doing this. You should not obtain antibiotics for your children unless public health authorities have confirmed that it is likely that your children have come into contact with the bacteria that cause anthrax. Giving your children antibiotics when the antibiotics are not needed can do more harm than good. Many antibiotics have serious side effects in children, and using antibiotics when they are not needed can lead to the development of drug-resistant forms of bacteria in your children. If this happens, the antibiotics will not be able to kill the resistant bacteria the next time your child needs the same antibiotic to treat ear, sinus, or other infections that children frequently develop.

Currently, there is no anthrax vaccine for children. The anthrax vaccine used for adults has never been studied in children, and it is not recommended for people younger than 18 years old. It is currently available only for people in the military service, although public health officials are now considering its use for people in other high-risk professions.

The chances of your children coming into contact with bacteria that cause anthrax are extremely low. However, if public health officials confirm or suspect that you or your children have come into contact with the bacteria, your doctor or other health official will prescribe antibiotics to keep you and your children from developing anthrax. Early identification and treatment of anthrax in children is critical, so call your health care provider immediately with any questions or concerns. Remember: *never give your child an antibiotic unless a doctor has examined your child and prescribed an antibiotic.* Also, be sure to use any antibiotic *exactly* as directed by the doctor or pharmacy.

Where to Get More Information

The American Academy of Pediatrics Web site addresses numerous issues related to anthrax, bioterrorism, and children. You can access these topics at <http://www.aap.org/advocacy/releases>. Suggestions for helping children after a disaster are available at the Web site of the American Academy of Child and Adolescent Psychiatry at <http://www.aacap.org/publications/factsfam/disaster.htm>. CDC also offers information on a wide range of bioterrorism topics at <http://www.bt.cdc.gov>.