USDA Foreign Agricultural Service
GAIN Report
Global Agriculture Information Network
Template Version 2.09

Voluntary Report - public distribution

Date: 8/29/2006

GAIN Report Number: RS6047

Russian Federation

Pest / Disease Occurances

Trichinellosis Epidemiological Report for 2005

2006

Approved by:
Allan Mustard
American Embassy

Prepared by:
Allan Mustard

Report Highlights:
Russia's public health service reported 299 cases of trichinellosis in humans in 2005, down 41.8% from 2004's level of 514 cases. The vast majority of cases occured in the Siberian, Southern and Far East federal districts. This document constitutes an unofficial translation of the 2005 public health report on trichinellosis, number 0100/7175-06-32. The original Russian-language report can be downloaded from the public health service website at http://www.rospotrebnadzor.ru/docs/letter/?id=405

Includes PSD Changes: No
Includes Trade Matrix: No
Unscheduled Report
Moscow [RS1]
[RS]

Ministry of Health and Social Development
of Russia

Federal Service for Protection of Consumer Rights and Human Well-Being
(Rospotrebnadzor)

127994, Moscow, Vadkovskiy per., 18/20

Tel: (495) 973-18-02 Fax: (495) 973-18-02

E-mail: depart@gsen.ru http://www.gsen.ru/

OKPO: 00083339 OGRN: 10477961512

INN: 7707515984 KPP: 770701001

30.06.2006 ? 0100/7175-06-32

On the epidemiological situation for trichinellosis in the Russian Federation in 2005

Incidence of trichinellosis in the Russian Federation fell in 2005 by 41.8% compared to the year prior.

A total of 299 cases of trichinellosis (0.21 per 100 thousand population) was registered in 33 administrative territories versus 514 cases (0.36 per 100 thousand population) in 2004 in 39 subjects of the Russian Federation.

In 2005 37 cases of trichinellosis were registered (0.17 per 100 thousand) among children under 14 years of age, in 2004 59 cases (0.26 per 100 thousand children). Urban dwellers account for 55% of cases (60.5% in 2004). The incidence of trichinellosis bore in the main a cluster-case character with 3 or more victims.

As before, territories of the Siberian, Southern, and Far Eastern federal districts are afflicted by trichinellosis, accounting for 92% of all registered cases.

The outbreak with the largest number of patients was registered in Altay Kray, where 57 people fell ill as a result of consuming *shashlyk*[1] made from pork produced on private plots and from badger meat.

In addition, outbreaks were registered in the Adygeya Republic with 49 patients, Buryatia with 26 patients, Irkutsk Oblast with 28 patients, Amur Oblast with 17 patients, Novosibirsk Oblast with 15 patients, Krasnodar Kray with 23 patients, Krasnoyarsk Kray with 20 patients. These local cases accounted for 99% of all cases of trichinellosis.

Trichinellosis was registered in all age groups, with the highest incidence, 48, in the 20-29 year age group. Men account for 60% of trichinellosis cases.

One factor facilitating infection of people with trichinellosis is meat of domestic (55%) and wild (45%) animals which did not undergo sanitary-veterinary inspection. The share of pork was 32%, dog meat 29%, badger meat 22%, bear meat 16%, wild boar 1%.

Meat obtained through hunting accounts for 65%, meat produced on private plots 12%, bought at wet markets 15%, from public catering 2%, from retail 1%, from stray dogs 15%.

[1] Central Asian-style shish kebab.

Broken down by method of meat dish preparation, smoked meat accounted for 43%, *shashlyk* 36%, fried mincemeat 5%, fried meat 9%, boiled meat 2%, hamburger and backfat with strips of lean 3%, lightly salted meat 2% of cases of trichinellosis infection.

The lag between infection and appearance of clinical symptoms of trichinellosis was 1-6 days in 15% of cases, 7-14 days in 20%, 15-21 days in 27%, 20-29 days in 19%, 30-40 days in 13%, and over 40 days in 6% of cases.

Clinical diagnoses of trichinellosis were determined in 40% of cases within 1 to 3 days *(sic)*, in 50% of cases in 8-14 days, in 9% of cases in 15-30 days, in 1% in over 30 days after medical assistance was sought, which is evidence of poor collection of epidanamnesis from patients, and inadequate clinical knowledge as well as differential diagnostics for trichinellosis.

In not all cases were raw sera examined with the goal of confirming the clinical diagnosis of trichinellosis (either initial or subsequent examinations 4-12 weeks from time of infection). For deciphering of outbreaks, serological methods of examining people who eat meat were not used.

Specialists carrying out sanitary-epidemiological surveillance do not cooperate effectively enough with veterinary surveillance or law enforcement authorities in subjects of the Russian Federation.[2] Infection with trichinellosis through meat and meat products acquired at wet markets, public catering establishments, and in retail trade occurred, as well as sale of such products without prior veterinary-sanitary examination at unauthorized points of sale.

Veterinary-sanitary rules for destruction of carcasses of infected animals, rat control of livestock farms and private plots, and keeping of dogs were not adequately enforced.

With the goal of preventing infection with trichinellosis, I propose that heads of local directorates of the Federal Service for Consumer Protection and Human Well-Being and of railway transportation, chief medical officers of regional FGUZ “Center for Hygiene and Epidemiology” provide for:

1. State sanitary-epidemiological surveillance of enforcement of rules for sale of meat and meat products at wet markets, retail outlets and public catering establishments under all forms of ownership, paying particular attention to existence of documents certifying wholesomeness and safety of food products of animal origin.

2. Organizational-methodological leadership of anti-epidemiological activity in the healthcare network, accentuating attention to application of serological methods of disease diagnosis.

3. Epidemiological study of outbreaks of trichinellosis and high-quality conduct of anti-epidemiological and prophylactic measures during outbreaks.

4. Monitoring of rat control measures on livestock farms of all forms of ownership jointly with specialists of the government veterinary service.

5. Jointly with veterinary surveillance authorities, the organization of measures [to be implemented by] game farms, hunt clubs, and other agencies engaged in professional or

[2] The term “subjects of the Russian Federation” refers to administrative units of Russia, e.g., *oblasts*, *krays*, and constituent republics.

amateur shooting of wild animals, for veterinary-sanitary inspection of meat of wild animals.

6. Implementation of Ministry of Health and Social Development order of May 31, 2005, No. 376 “On presentation of extraordinary reports of exceptional situations of a sanitary-epidemiological character.”

7. Transmittal of maps of epidemiological investigation of outbreaks of trichinellosis to the Federal Service for Consumer Protection and Human Well-Being (on electronic medium e-mail Guzeeva_TM@gsen.ru) within one month of conduct of the investigation in conformance with the enclosure.

8. Conduct of sanitary-educational work among the population on prevention of trichinellosis.

Head
G.G. Onishchenko