

# Cat Scratch Disease

Cat scratch disease (CSD) is a bacterial disease caused by *Bartonella henselae*. Most people with CSD have been bitten or scratched by a cat and developed a mild infection at the point of injury. Lymph nodes, especially those around the head, neck, and upper limbs, become swollen.

**Causes** *Bartonella henselae*, a gram-negative rod, is considered the principal etiologic agent

**Transmission** of *B. henselae* from cats to humans occurs via a scratch or bite when the bacterium is present on the cat's claws or oral cavity

Kittens younger than 12 months are 15 times more likely to transmit the disease than adult cats. Kittens are more likely to be bacteremic with *B. henselae* and are more likely to scratch.

Ticks and biting flies have also recently been recognized as potential vectors



- **the Symptoms of Cat Scratch Fever**

Common symptoms of cat scratch fever include:

- a bump or blister where you were bitten or scratched
- swollen lymph nodes near where you were bitten or scratched
- fatigue
- headaches
- a low-grade fever

Less common symptoms of cat scratch fever include:

- loss of appetite
- weight loss
- sore throat

Possible complications from cat scratch fever include:

Encephalopathy, Neuroretinitis, Osteomyelitis, Parinaud's Syndrome

## Reduce risk of getting cat scratch disease

- Avoid "rough play" with cats, especially kittens. This includes any activity that may lead to cat scratches and bites.
- Wash cat bites and scratches immediately and thoroughly with running water and soap.
- Do not allow cats to lick open wounds that you may have.

## Cat Scratch Fever Treated

Cat scratch fever is usually not serious and generally does not require treatment. Antibiotics are used to treat serious cases of cat scratch fever and to treat people who have weakened immune systems from conditions such as HIV/AIDS.

## DISEASE: Cat Scratch Disease

### AGENT

*Bartonella henselae* (presumptive evidence)

### RECOGNITION

Syndrome: Human: Usually benign and nonrecurring, beginning with erythematous papule at inoculation site, then unilateral regional lymphadenopathy, usually painful, often suppurative. Mild fever, infrequent chills, malaise, anorexia, myalgia, nausea. Occasional manifestations: palpebral conjunctivitis, encephalopathy, meningitis, osteolytic lesions, granulomatous hepatitis, pneumonia.

Animal: **No** signs of illness in cats.

Incubation period 3-14 days.

Case fatality rate: Insignificant.

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**Confirmatory tests:** Test paired sera by ELISA or indirect fluorescent antibody. Skin test antigen prepared from heated pus is **no** longer recommended.

**Occurrence:** Worldwide. Usually in children during cool months. Direct contact with immature cats or cat-associated fomites involved in **skin** trauma. Familial clusters **occur** infrequently. In immunocompromised individuals, may become systemic or recurrent.

**Transmission:** Usually follows cat scratch or bite, occasionally other **skin** injuries. Cat is reservoir; infection may persist for several months.

### CONTROL AND PREVENTION

**Individual:** Supportive treatment. Aspiration, but not incision, of suppurative nodes. Thoroughly cleanse all cat scratches or bites and prevent cats from contacting open wounds. Immunocompromised persons should avoid young cats.

**Local community:** None.

**National/International:** None.