Plague exists: An outbreak in Madagascar.

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Source:

Madagascar authorities are strongly committed to contain an outbreak of the plague that killed 17 people and affected 73 suspected, probable, and confirmed cases of pneumonic plague. Ten cities have reported pneumonic plague cases and the three most affected districts include: the capital city and suburbs of Antananarivo (27 cases, 7 deaths), Toamasina (18 cases, 5 deaths) and Faratshio (13 cases, 1 death). Moreover, from 1 August to 30 September, 58 cases of bubonic plague including seven deaths have been reported. One additional case of septicaemic plague has also been reported, as well as one case where the type is not specified. The local Institut Pasteur confirmed the diagnosis by PCR or rapid diagnostic tests.

Among the dead was a Seychellois basketball player, who, during the Coupe des clubs champions de l’océan Indien, died by pneumonic plague in a hospital in Madagascar. The Ministry of Public Health of Madagascar immediately started an investigation and there is ongoing contact tracing of all the individuals he came into contact with. Chemoprophylaxis as a precautionary measure has been given to all close contacts. Crisis Units were activated by the Madagascar Ministry of Health in Antananarivo and Toamasina; all cases have been provided access to treatment at no cost.

The main public health response measures implemented by the Ministry of Health include investigation of new cases, isolation and treatment of pneumonic cases, case finding and tracing of contacts, chemoprophylaxis when needed, disinsection of affected areas with rodent and vector control, campaign of prevention and raising public awareness among the general population and healthcare workers, and information on infection control measures during burial practices.

Newspapers report that authorities in Madagascar prompted a ban on large public gatherings in the capital to curb the diseases’ spread.

Comment and practical measures
The plague is an endemic disease in Madagascar. Cases, predominantly bubonic plague, are reported nearly every year, during the epidemic season between September and April. The current event has been reported in a non-endemic area and, more worryingly, in densely populated cities for the first time.

The other main concern is represented by the pneumonic plague cases that can be transmitted from person-to-person, with a potential to trigger severe epidemics if inadequately controlled, in the community and in the hospital settings. The animal reservoirs include squirrels, rats, ground squirrels, wild dogs, mice, voles, and rabbits. Wild carnivores can become infected by eating other infected animals. Once the flea has been infected, Yersinia pestis can be transmitted to its offspring, keeping an entire flea population infected.

WHO claims that the overall risk at the national level is high, because the outbreak occurred more than two weeks after the first case died and, in this period, several cases travelled to different areas of the country, including the capital Antananarivo. According to WHO, the overall regional risk is moderate due to frequent flights to Indian Ocean islands, but the global risk seems to be low.

Based on the available information to date, the risk of international spread of the plague appears very low. WHO advises against any restriction on travel or trade on Madagascar based on the available information. International travelers should be informed about the current plague outbreak and that the plague is endemic in Madagascar. Upon return from travel to Madagascar, travelers should be on alert for the following symptoms: sudden symptoms of fever, chills, painful and inflamed lymph nodes, or shortness of breath with
coughing and/or blood-tainted sputum. In this case they should immediately contact a medical service, and inform their physician about their travel history to Madagascar.

Finally, antibiotics as prophylaxis are only recommended for persons who have been in close contact with plague cases, or had other high-risk exposures (such as bites from infected fleas or direct contact with body fluids or tissues of infected animals) and should be recommended by medical professionals.

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