Pneumonic Plague Epidemic in Madagascar A View from the Ground 2017 and Update from 2018

Daniel R. Lucey MD, MPH, FACP, FIDSA Georgetown University Medical & Law Centers, USA Anthropology Department Smithsonian Museum of Natural History Hong Kong Centre for Health Protection (CHP) 19 November 2018

Madagascar: A Beautiful Island Nation in East Africa

The Capital City: "Tana" Antananarivo



Jacaranda Trees in Peak Bloom





Lemurs: Unique to Madagascar

Ringtail Lemurs with newborns



~ 8 More Species of Lemurs



Madagascar: A Land of Natural Beauty



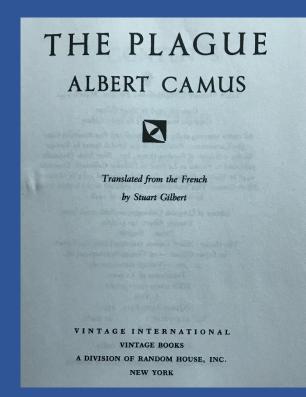


And Plague: Endemic in Central Highlands due to Infected Rat Fleas, Poverty, and Weak Health Infrastructure

Rat Fleas are vectors of *Yersinia Pestis* that cause (Bubonic) Plague



Camus' Book on Urban Plague, Fear, & Society in 1940's Algeria



Traveling to the Plague-Endemic Central Highlands:

Searching for Patient with Culture-Positive Plague Pneumonia

When the Road Ends, "Shoe Leather" Epidemiologists Start Walking



"ZEBU" Crossing the Dirt Road



Madagascar Epidemic Detectives: Ministry of Health

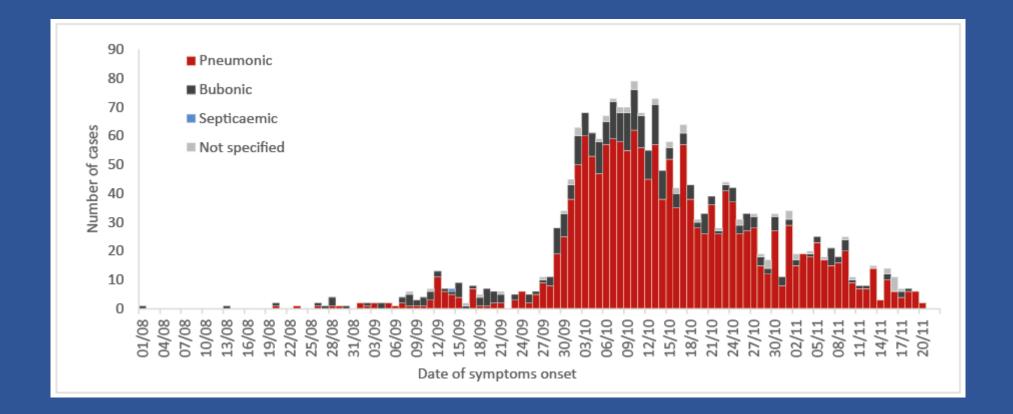


Ministry of Public Health



2017 Madagascar (Pneumonic) Plague Epicurve:

Confirmed < Probable < Suspect with onset 1 Aug-22 Nov (WHO AFRO 27 Nov)



<u>Pneumonic Plague</u>: Short Incubation Period and Rapid Death if Untreated. Thus, Immediate Treatment Before Diagnostic Lab Results

- Incubation Period: 1-4 days
- Fever, headache, fatigue
- Cough, Chest Pain, Dyspnea
- <u>Bloody Sputum</u> is a Key Finding

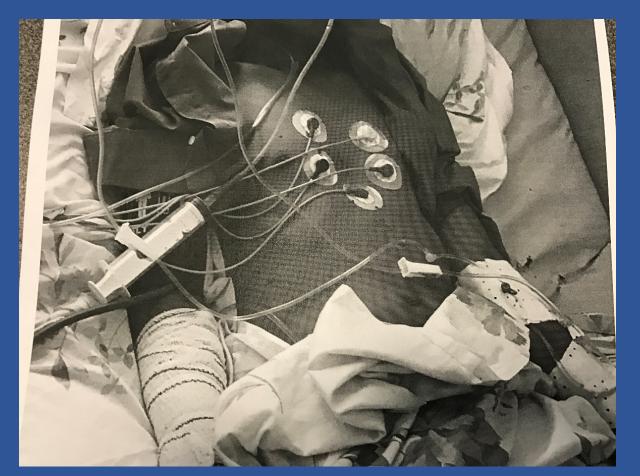
- Dx: Rapid test, PCR, Culture, Serology
- Chest X-ray: Bilateral infiltrates
- Rx: *Streptomycin* in Madagascar
- In USA: Rx with Gentamicin (or ? Levofloxacin or Ciprofloxacin)

Pneumonic Plague:

<u>Primary:</u> Spread Person-to-Person by Respiratory Droplets

Secondary: Spread from Lymph Nodes (bubo) to Blood to Lungs

Pneumonic Plague: A Medical Emergency



Streptomycin 36 or more IM 500mg Injections

PESTE PULMONA	NRE								
Médicaments : s	treptomycine SM	Y uniquement							
Durée : 8 jours à									
Schéma									
Chez l'adulte : 1'	" et 2 ^{ème} jour : 4g e	en doses fractio	nnées de 0,5 g to	outes les 3 heure	15				
	et 4 ^{ème} jour : 3g e				15				
5'	er au 8kme jour : 2g	à raison de 1 g	le matin et 1 g le	soir					
Chez l'adolescer	at et l'enfant, on p	réconise une de	ose de :						
	the set i strating out h	a continue arre al	Carlo rate -		and and done if the	amiers inurs			
	Pendant les 4 prer	miers jours : 7,5	mg/kg/injection	toutes les 3 heu	ires pendant 4 pi	emiers jours			
	Pendant les 4 prer Puis 15 mg/kg/inje	miers jours : 7,5	mg/kg/injection	toutes les 3 heu ame jour.	ires pendant 4 pi	emiers jours			
	Pendant les 4 prer	miers jours : 7,5	mg/kg/injection	toutes les 3 heu ^{ame} jour. 3 ^{ame} jour	4 ^{ame} jour	5 ^{ème} jour	6 ^{ème} jour	7 ^{eme} jour	g ^{ème} iour
	Pendant les 4 prer Puis 15 mg/kg/inje	miers jours : 7,5 ection matin et 1" jour	o mg/kg/injection soir du 5 ^{ame} au 8 2 ^{ame} jour	3 ^{ème} jour	4 ^{ame} jour		6 ^{bme} jour 1 flc matin	1 flc matin	1 flc matin
	Pendant les 4 prer Puis 15 mg/kg/inje Médicaments SMY injectable	miers jours : 7,5 ection matin et 1 ^{er} jour 0,5 g toutes	5 mg/kg/injection soir du 5 ^{bme} au 8 2 ^{bme} jour 0,5 g toutes	3 ^{ème} jour 0,5 g toutes	1	5 ^{eme} jour	1 fic matin 1 fic soir	1 fic matin 1 fic soir	1 fic matin 1 fic soir
	Pendant les 4 prer Puis 15 mg/kg/inju Médicaments SMY injectable (1g – 1 flc)	niers jours : 7,5 ection matin et 1 ^{er} jour 0,5 g toutes les 3 heures	ing/kg/injection soir du 5 ^{eme} au 8 2 ^{eme} jour 0,5 g toutes les 3 heures	3 ^{ème} jour	4 ^{eme} jour 0,5 g toutes	5 ^{tme} jour 1 fic matin 1 fic soir U U	1 fic matin 1 fic soir U U	1 flc matin 1 flc soir U U	1 flc matin
Age	Pendant les 4 prer Puis 15 mg/kg/inju Médicaments SMY injectable (1g – 1 flc) Dose selon les	niers jours : 7,5 ection matin et 1" jour 0,5 g toutes les 3 heures U U U U	5 mg/kg/injection soir du 5 ^{bme} au 8 2 ^{bme} jour 0,5 g toutes	Jour. 3 ^{kme} jour 0,5 g toutes les 3 heures	4 ^{tme} jour 0,5 g toutes les 3 heures U U U U U U	5 ^{tme} jour 1 fic matin 1 fic soir U U U U	1 flc matin 1 flc soir U U U U	1 flc matin 1 flc soir U U U U	1 fic matin 1 fic soir U U
Age	Pendant les 4 prer Puis 15 mg/kg/inj Médicaments SMY injectable (1g – 1 flc) Dose seion les poids	niers jours : 7,5 ection matin et 1" jour 0,5 g toutes les 3 heures U U U U U U U U	5 mg/kg/injection soir du 5 ^{kme} au 8 2 ^{kme} jour 0,5 g toutes les 3 heures U U U U	Jour. 3 ^{kme} jour 0,5 g toutes les 3;heures U U U U U U 7,5 mg/kg	4 ^{bros} jour 0,5 g toutes les 3 heures U U U U U U 75 mg/kg	5 ^{ème} jour 1 flc matin 1 flc soir U U U U 15 mg à	1 flc matin 1 flc soir U U U U 15 mg à	1 flc matin 1 flc soir U U	1 fic matin 1 fic soir U U U U
Age Aduite	Pendant les 4 prer Puis 15 mg/kg/inje Médicaments SMY injectable (1g – 1 flc) Dose selon les poids SMY injectable	niers jours : 7,5 ection matin et 1" jour 0,5 g toutes les 3 heures U U U U	sing/kg/injection soir du 5 ^{kms} au 8 2 ^{kms} jour 0,5 g toutes les 3 heures U U U U U U U Z5 mg/kg A/chaque	3 ^{kme} jour 3 ^{kme} jour 0,5 g toutes les 3 heures U U U U U U Z5 mg/kg Å chaque	4 ^{ams} jour 0,5 g toutes les sheures U U U U U 75 mg/kg A chaque	5 ^{ème} jour 1 fic matin 1 fic soir U U U U 15 mg à chaque	1 fic matin 1 fic soir U U U U 15 mg à chaque	1 fic matin 1 fic soir U U U U 15 mg à	1 fic matin 1 fic soir U U U U 15 mg à
Age	Pendant les 4 prer Puis 15 mg/kg/inj Médicaments SMY injectable (1g – 1 flc) Dose seion les poids	miers jours : 7,5 ection matin et 1" jour 0,5 g toutes les 3 heures U U U U U U U Z5 mg/kg	5 mg/kg/injection soir du 5 ^{kens} au 8 2 ^{kens} jour 0,5 g toutes les 3 heures U U U U U U Z5 mg/kg	Jour. 3 ^{kme} jour 0,5 g toutes les 3;heures U U U U U U 7,5 mg/kg	4 ^{bros} jour 0,5 g toutes les 3 heures U U U U U U 75 mg/kg	5 ^{ème} jour 1 flc matin 1 flc soir U U U U 15 mg à	1 flc matin 1 flc soir U U U U 15 mg à	1 fic matin 1 fic soir U U U U 15 mg à chaque	1 fic matin 1 fic soir U U U U 15 mg à chaque

U : nombre d'injection

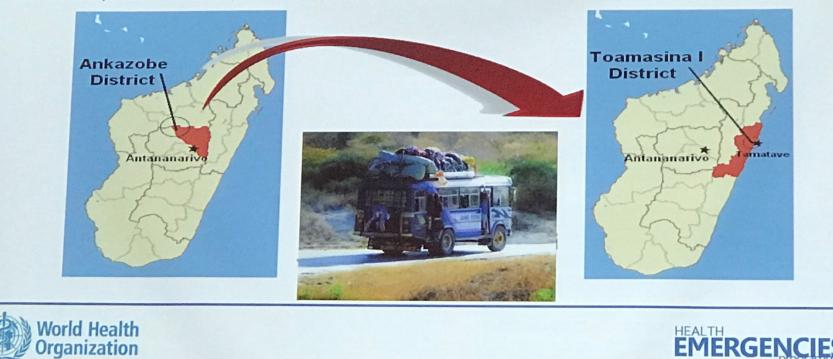
Traitement en cas d'allergie à la SMY : CHLORAMPHENICOL Le CHLORAMPHENICOL est aussi, très actif sur Yersinia pestis, habituellement réservé aux méningites pesteuses. Une dose de charge de 25 mg/kg suivi par un traitement intraveineux de dix jours à la dose de 50 à 75 mg/kg/jour est recommandée par l'OMS. La dose étant de 20 à 25 g. Updated Data Presented by WHO Plague Expert Dr. Eric Bertherat

• The following WHO Slides (5) Presented 9 November, 2018 at the International Meeting on Emerging Diseases (IMED) in Vienna, Austria

• Dr. Bertherat and I worked together in Madagascar in October-November 2017, and met in Austria 9 November 2018 at IMED

11 Sept. 2017: Antananarivo hospital A 47yrs old woman dies of pneumonia

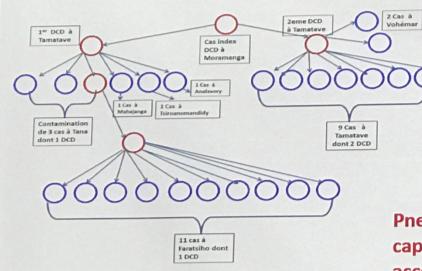
- 3rd death in the same family. Pneumonic plague suspected, secondarily confirmed
- Index case : 31 yrs old man getting sick and dying on 27 Aug. during a journey in collective taxi between Ankazobe (endemic district) and Toamasina

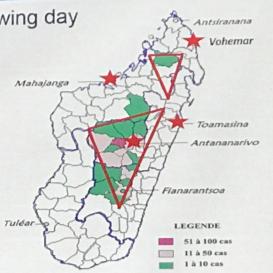




Index case dying on 27 Aug ...

- His neighbor in the taxi gets sick on 1st Sept and dies the following day
- A 2nd passenger gets sick on 2nd Sept and dies on the 3rd





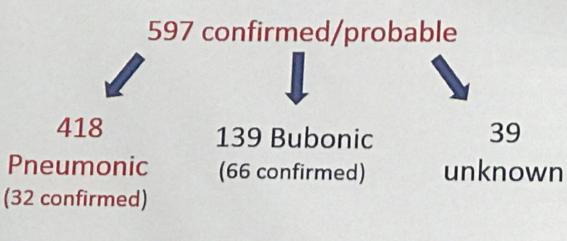
Pneumonic plague outbreak affecting several cities, the capital included. Notification to WHO on 13 Sept. according to the IHR



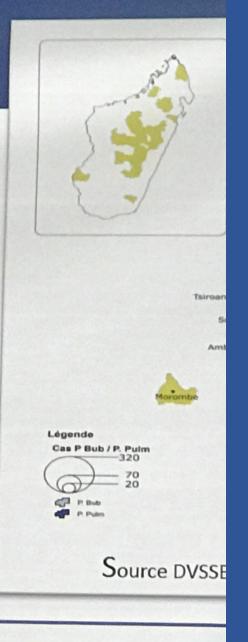


Aug-Nov 2017: 2 414 reported cases

Suspect: clinical presentation + epid. context Probable: RDT + or PCR + Confirmed: (RDT + and PCR +) or (culture +)



- 41 affected districts / 114
- 84 % of PP in Antananarivo and Toamasina

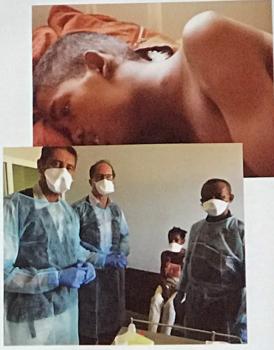




Unusual clinical presentation of PP?

Lack of clinical experience in new affected areas + misuse of RDTs + lack of means

- Suspect case = evocative symptoms + context, whatever the lab results
 - PP vs BP
 - < 5yrs: Rhino, Adeno, Coronavirus (Influenza surveillance)
 - PP vs TB
- Confirmed PP:
 - Median age 26 yrs
 - Cough (81%), Chest pain (50%), haemoptysis (48%)
- Initial event, characteristic of a PP outbreak

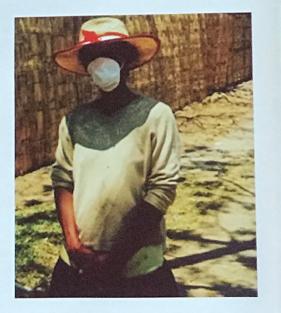






Interpretation (1)

- The most important PP outbreak in urban context for at least 25 years
- No tangible arguments supporting a modification of the circulating strain, of the clinical presentation, nor a change in ecological or anthropological factors
- Rather the result of a conjunction of unfavorable factors occurring over an intense endemicity. The scenario was predicable
- New areas affected, lack of clinical experience + misuse of RDT : over notification and confusion

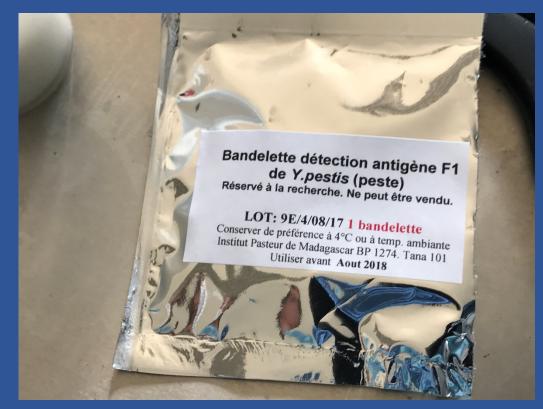






Rapid Diagnostic Test for *Yersinia pestis* at Point of Care: Developed by Institute Pasteur Madagascar

On Pus from Bubo (?or Sputum?



Bloody Sputum

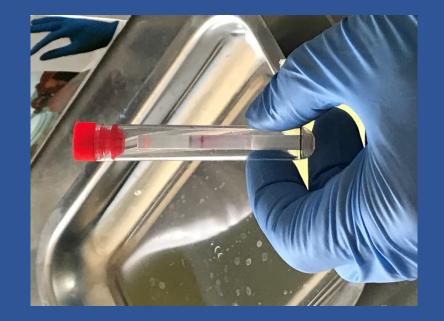


Performing the Rapid Diagnostic Test at the Bedside

Bedside Test with Madagascar & WHO Doctors



Dipstick Result in 25 minutes: The Answer is...



Institute Pasteur Madagascar (IPM) Laboratory in the Capital

Dedicated Plague Laboratory Unit



With WHO and Pasteur Team



Personal Protective Equipment 2017 Plague

With Madagascar Colleagues



Treated, Recovering Patients in Tents



Examples of Measures to Help Stop the Epidemic

Public Health

- Community Education
- Risk Communication
- Closing Schools & Social Gatherings
- Safe and Dignified Burials
- Coordination by Government, WHO, NGOs

Medical

- Identify Patients Quickly
- Give Patients Antibiotics Quickly
- Giving Preventive Antibiotics to Close Contacts
- Specimen collection & reporting back results
- New Treatment, Diagnostic, & Triage Protocols

Identify Pivotal Questions during Epidemics e.g., What is Preventing International Spread?

Airport Exit Screening Questions

- Do you know signs & symptoms of Plague?
- Do you know that if you have the signs and symptoms of plague, you can transmit the disease to others?
- Do you know you must consult your doctor quickly if signs and symptoms of plague begin within 10 days of your return and notify of your stay in Madagascar?

Airport Exit Screening Form Oct 16, 2017

OUES	TIONNAIRE - QUES	TIONARY - FANOTAN	IANA
1			
Dovouk	sez-vous les signes de la now the signs and symp	otoms of plaguer	
Fantatrad	oveireofitrangan'nyaret	inapesta?	
/	Oui – Yes–Eny	Non – No-Tsia	
	$ \circ$		
Saviez-vou	us que si vous présent	tez ces signes, vous pour	riez
Do you kno	ow that if you have the ansmit the disease to	e signs and symptoms of others?	
Fantatraov	o fa		
rahamisvire	ofambaraaretinamo	mbanyPestaireoianao,	
diametyha	Oui – Yes–Eny	Non – No–Tsia	1
	Oui - Yes-Eny		
State of the local division of the local div	\bigcirc		
L			
aviez-vous	qu'il faut consulter	immédiatement votr	e medecin
làs l'annari	tion de ces signes d	ans les dix jours suiva	ant votre
etour, tout	en signalant la noti	ion de séjour à Mada	gascarr
o you know	v that you must con	sult quickly your doct	or if signs unu
		in 10 days of your ret	urn and noujy
	in Madagascar?		
antatraove			-fembersont
	tonaMpitsabohaing	anaianaorahamisyire	
konyhana			naotatyMa
okonyhana aireomor	Qui - Ves-Env	Non - No-Isia	
konyhana	Oui – Yes–Eny	Non – No–Tsia	

Traveling to Airports and Seaports to Establish Exit Screening Operations

From Capital City to other Cities



2nd Half of October 2017
Flying to Seaports Cities of:
Mahjunga

• Tomatave (Toamasina)

Seaport city of Tomatave ("Toamasina")

Entry Screening to Seaport ESTION AUTONOME DE TOAMASINA MINISTERAN'NY FAHASALAMAM-BAHOAKA FIFINDRAN'NY PESTA PESTA PESTA ATODITARIMO amin'ny alalan'ny piti-drora na rehoka amin'ny alalan'ny kaikitry ny parasy

2nd Largest City: Also, Pneumonic Plague



2018 Proposed Changes for Plague Pneumonia

Dx

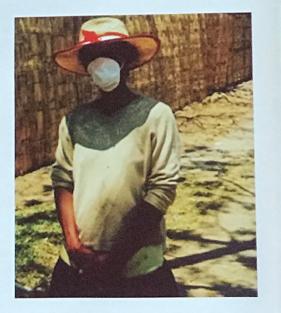
- Do not use Rapid Test for Dx Suspected Plague Pneumonia
- Use higher-specificity PCR
- Obtain blood for cultures
- If feasible, obtain CXR

Rx

- Avoid 36 IM injections of STM
- If another suspected urban pneumonia epidemic occurs, then <u>avoid</u> 36-40 IM shots of Streptomycin.
- Rx with Gentamicin IV/IM for Plague and Levofloxacin (po/IV) for nonplague bacterial pneumonia

Interpretation (1)

- The most important PP outbreak in urban context for at least 25 years
- No tangible arguments supporting a modification of the circulating strain, of the clinical presentation, nor a change in ecological or anthropological factors
- Rather the result of a conjunction of unfavorable factors occurring over an intense endemicity. The scenario was predicable
- New areas affected, lack of clinical experience + misuse of RDT : over notification and confusion







Thank you! Questions and Comments

- Daniel R. Lucey MD, MPH
- Email: DRL23@Georgetown.edu
- Daniel.Lucey8@gmail.com



Outbreak DIY: a new tool

• Free

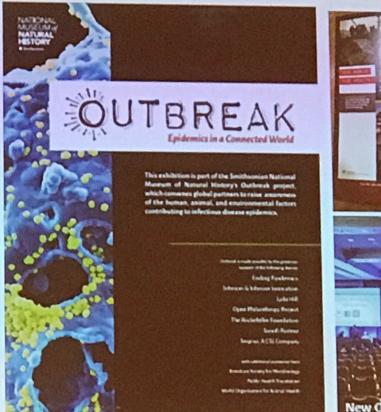
 No costs or obligations to NMNH/SI

 Production costs determined by hosts

Flexible

 Optional use of all assets except one

- Designed for scalability
- Translatable
- Customizable







SMITHSONIAN NATIONAL MUSEUM OF NATURAL HISTORY, Sabrina Sholts

11/12/2018

Outbreak DIY assets

16 pre-designed panels

monolingual text in English

 bilingual text in English and French, Spanish, Modern Standard Arabic, Simplified Chinese or Traditional Chinese

- 2 template panels
- monolingual or bilingual format
- 6 multimedia pieces (videos, games)
- audio in English

 text/subtitles in English, French, Spanish, Modern Standard Arabic, Simplified Chinese or Traditional Chinese

- Community Resource Guide
- Style Guide
- Volunteering training and public program tools
- Promotional and evaluation materials
- Contact: NMNH-ExhibitsDIY@si.edu

SMITHSONIAN NATIONAL MUSEUM OF NATURAL HISTORY, Sabrina Sholts

