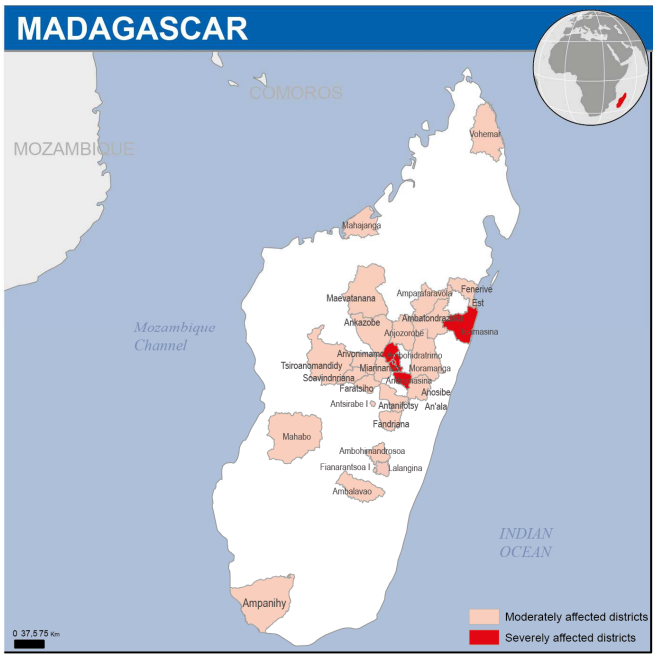
Madagascar: Plague Epidemic
Joint Situation Report No. 1, as of 10 October 2017

This report is published under the coordination of the National Office for Risk and Disaster Management (BNGRC), with input from all relevant Ministries and the Humanitarian Country Team, which includes the United Nations System in Madagascar. It covers the period until 10 October 2017.

Highlights

- Since August 2017, a total of 449 cases have been reported, the majority pneumonic (322), with 48 deaths: a case fatality rate of 10 per cent (down from 17.7 per cent).
- About 65 per cent of all cases have been recorded in the capital Antananarivo and Toamasina, the two largest cities in the country.
- 33 Districts have been affected, 5 recently.
- In accordance with WHO regulations, no movement restriction measures have been instituted.
- Responses have been scaled up and the multi-sectoral coordination structure is now activated to support health interventions.
- The closure of schools has been extended by one week from 09 October as a preventive measure in the affected districts.



449	48	322	388	5,000	17.7 à 10%
Cumulative plague cases	Death, representing a case fatality rate of 10%	Cases are pneumonic	Cases recorded in the cities of Antananarivo and Toamasina	Patients can be treated with current medicines stocks	Decrease of the fatality rate

Situation overview

Madagascar records between 300 and 600 cases of plague during the September-to-April plague season. Cases of bubonic and pneumonic plague have been detected in several towns in Madagascar since August 2017. The beginning of the plague season 2017-2018 is 1 month ahead of the normal start. Pneumonic plague is highly transmissible (from one person to another) and, without appropriate treatment, can be rapidly fatal. From 1 August to 9 October, 449 cases of plague - mainly pneumonic with 322 cases, and 48 deaths (case fatality rate 10.6 per cent) were reported in 33 health districts across the country.

This current outbreak is concentrated in densely populated urban centers (almost 80 per cent of the cases are in the two largest cities of the country), and other non-endemic areas, where there is little experience in responding to plague. The outbreak of plague in Madagascar was reported to the World Health Organization (WH)O on 13 September 2017 after being detected on 11 September following the death of a 47-year-old woman from Fort Duchene in Soavinandriana Hospital from respiratory complications. After confirming pneumonic plague, the Directorate of Health and Epidemiological Surveillance (DVSSE) immediately carried out investigations.

Since the beginning of the plague season, sanitation responses have been conducted. However, responding to pneumatic plague in an urban to reducing morbidity and mortality is challenging. Human-to-human transmission must be interrupted.

The outbreak does not seriously affect other sectors such as transport, energy, banking, telecommunications, security, etc. However, as these sectors are important to support the health response, a coordinated multi-sectoral response has been activated

Funding

The joint response plan of the Government of Madagascar and its partners requires US$9.5 million, with the initial response plan adapted to respond to an urban context.

$ 9.5 million
required, of which $2.9 million has already been raised

To date, WHO has provided $1.5 million, UNICEF $500,000, IFRC $250,000, UNDP $300,000 and UNFPA $331,000. In addition, discussions for emergency funding from the OCHA-managed Central Emergency Response Fund (CERF) is underway.

Some have also provided in-kind assistance: China gave $200,000 in medicine, DHL is providing storage facilities, and USAID has donated 18,000 respirator masks, 100,000 simple masks and 10 vehicles to support operations of the Department of Public Health.

Humanitarian response

Health

Needs:

17,7 à 10%
Decrease of the fatality rate

- According to a projection, the number of cases recorded in hospitals could still increase within a few days. However, this increase can also be explained by the success of the plague technical response (improved case reporting), and should not be systematically translated as an upsurge in cases. Case-projection tools, proposed by WHO, have also been made available to the Government.

Response:

Under the leadership of the Ministry of Public Health, co-led by WHO, and with the support of health partners:

- 1.2 million doses of antibiotics have arrived in-country to support up to 100,000 people who comes into contact with the disease; and up to 5,000 infected patients.
- Training of health workers on plague diagnosis and case management is ongoing: 1,800 community health workers have been trained to strengthen early warning and surveillance, and 340 medical doctors and students will oversee them.
- Community Agents have been deployed in Toamasina, Mahajanga and Fianarantsoa.
- Health workers (including volunteers) have been deployed to trace contacts (which is highly challenging) by the Malagasy Red Cross.
- Collaboration with the Pasteur Institute of Madagascar has been strengthened to supply rapid diagnostic tests to all health centers.
- Health control systems have been strengthened at the Ivato Airport to provide information to travelers.
- An Incident Prevention Control (IPC) expert has been recruited to develop guidelines and tools for monitoring/tracing contacts.
- 1,500 public toilets have been disinfected in Antananarivo and 1,000 elsewhere.
- UNICEF has provided four tents to strengthen treatment center structures.
- 420 masks, 500 gloves, 20 blouses, 5 pairs of boots, 5 body bags and 25 PPE kits for the Antananarivo treatment centers were made available by WHO.
- The Emergency Department of the Ministry of Public Health provided 40 kg of HTH and 4 sprayers for the disinfection of 2 schools.

Communication Commission

Many activities within the framework of the communication commission have already been undertaken. These include:

- Regular broadcasting of sensitization messages.
- Establishment of a cell to monitor rumors and react accordingly.
- 15,000 posters and placards made available and disseminated.
- 2,000 community leaders agreeing to relay information.
- 3 telephone numbers available and operational for community information sharing, with the support of WHO. These lines are close to capacity with the high number of calls being received.

- Intensified public awareness campaign in eight priority districts.

Gaps and constraints:

- Security control of patients being treated in hospitals require strengthening, as 3 patients in Antananarivo and 3 in Toamasina escaped.
- Private radio / TV stations are not fully involved at the regional level.

Multiple sectors of support

Needs:

- Other sectors not yet practically affected are beefing up their preparedness and taking preventive actions.

Multi - sectoral responses:

- Communication for foreign nationals initiated by the Ministry of Foreign Affairs.
- The "Media Sub-Commission" is preparing a meeting with the press bosses of "influential media" to get their collaboration for the dissemination of messages related to the fight against the plague.
- The BNGRC (National Disaster Management Office) continues to hold bilateral meetings with the various stakeholders to coordinate the initiatives supporting the health response.
- Tents and picot beds as well as emergency evacuation facilities were made available to the Ministry of Public Health by BNGRC in the regions most affected, including Antananarivo, Toamasina and Fenerive Est.
- Military doctors can reinforce and support the Ministry of Public Health (MSanP) for health interventions.
- The Minister of National Defense (MND) has given permission for the military to join forces for health response actions.
- Closing sports facilities as preventive measures and suspension of major sports events by the Ministry of Youth and Sports (MJS).
- Mobilization of young people to participate in the awareness-raising activity by the MJS
- Mobilization of social workers for the care and psychological support of families of the victims, using the lists that will be provided by Ministry of Public Health.
- Prevention measures at the Ministry level: awareness-raising, establishment of a plague response cell specific to the Ministry of Education (MEN) and maintaining the closure of schools in affected Education Circumscription, as well as sensitization and distribution of 10,000 copies of posters with the support of UNICEF.
- Implementation of medical control measured on the Antananarivo-Toamasina and Antananarivo-Mahajanga routes by the Ministry of Transport (MTM).
- Systematic disinfection of urban, regional and national transport cars by MTM
- Systematic registration of passengers for national and regional areas.
- Disinfection of certain ministerial and public buildings: Ministry of Justice, Ministry of Finance and Budget, Sports Palace, University of Antananarivo.
- Disinfection of 1,500 latrines and public toilets in Antananarivo and 1,000 elsewhere.
- Distribution of posters at fokontany and schools level.
- Water supply at the Ambohimiandra hospital.
- Support to Independent Maintenance Service for Antananarivo (SAMVA) and the Urban Municipality of Toamasina for collection garbage.
- Insertion of canal cleaning works, SAMVA actions into the Ministry's action plan.
- Training of agents in 194 Fokontany in the city of Antananarivo.
- Supply of cleaning materials.
- Drafting and communication of a note related to the closure of the deposits of classified waste (M2PATE).
- Sensitization of the Heads of Districts and Mayors to undertake clean-up and sanitation actions (M2PATE).
- Implementation of a health watch at 42 penitentiary centers (ICRC).
- Waiting for formalization of protective equipment for health personnel at penitentiary centers.
- Awareness-raising at hotels, food services and national parks.
- A green telephone lines for tourists.
- Representatives from the private sector announce that they regularly relay information from the Ministry of Public Health on the website of the private sector humanitarian platform (PHSP).

Gaps & Constraints:

- Constraint: shortage of disinfection products at transporters level.
- Evasion of some patients under treatment in hospitals: it is challenging to locate the "fleeing patients".
- There is a need to collaborate with the National Police and / or the Gendarmerie to participate in their research to convince them to accept the care offered at the nearest treatment center and to cooperate with public health officials.
- No social acceptance of the required mode of burial of patients who died of plague.

Coordination

The current coordination structure is consistent with the one already designated in the national contingency plan related to major epidemics and pandemics.

All health responses are led by the Ministry of Public Health, co-led by the WHO and supported by the actors directly involved in health issues. The health sector is organized into four committees: (i) surveillance, (ii) community response, (iii) case management, and (v) communication. The logistics commission acts in a cross-cutting manner.

The Health Cluster, which brings together Government partners, provides operational support and coordinates the health response. The Ministry of Health has its own crisis management unit, to respond; this cell has daily meetings with the Ministry and all the various committees are presented in this crisis management unit.

As a result of the direct or indirect involvement of other sectors in this response, BNGRC has been mandated to ensure cross-sectoral response coordination as decided by the Prime Minister in consultation with the Ministers concerned. Each sector is represented within this inter-sectoral strategic coordination group and meets daily. If and when necessary, the Prime Minister chairs a highly level meeting to determine strategic directions of responses. In a similar way, the Country Humanitarian Team, chaired by the Resident Coordinator of the United Nations System, also meets for the strategic coordination with its partners.

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MADAGASCAR: Snapshot on plague outbreak

as of 10 October 2017

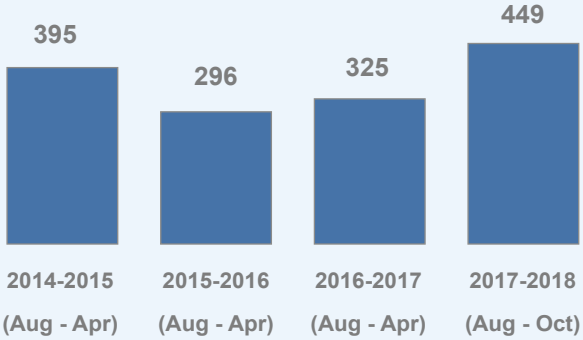
KEY FIGURES

449	Cases of plague
322	Pneumonic cases
124	Bubonic cases
48	Death
33	Affected districts

OVERVIEW

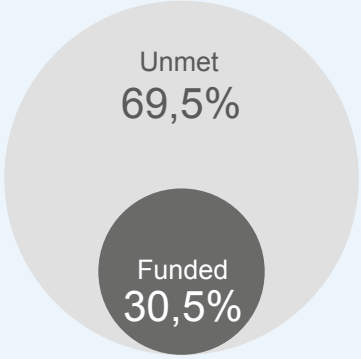
Madagascar records habitually between **300** to **600** cases of plague during the plague season which extends from August to April. For the season 2017-2018, the plague is more active, still evolutive and affected the urban areas with pneumonic form. Since the beginning of August, 2017, **449** cases were reported with a dominance of the pneumonic form **(322 cases)** and including **48** deaths (fatality rate:**10,6 per cent**). Most of these cases (**65 per cent)** were recorded in Antananarivo and Toamasina, the two largest cities in the country. The national contingency plan has been fully activated, and a national operation plan is available, which, in addition to the health response, considers the continuity of the critical services. The current situation is classified as "**Grade 2**" according to the WHO.

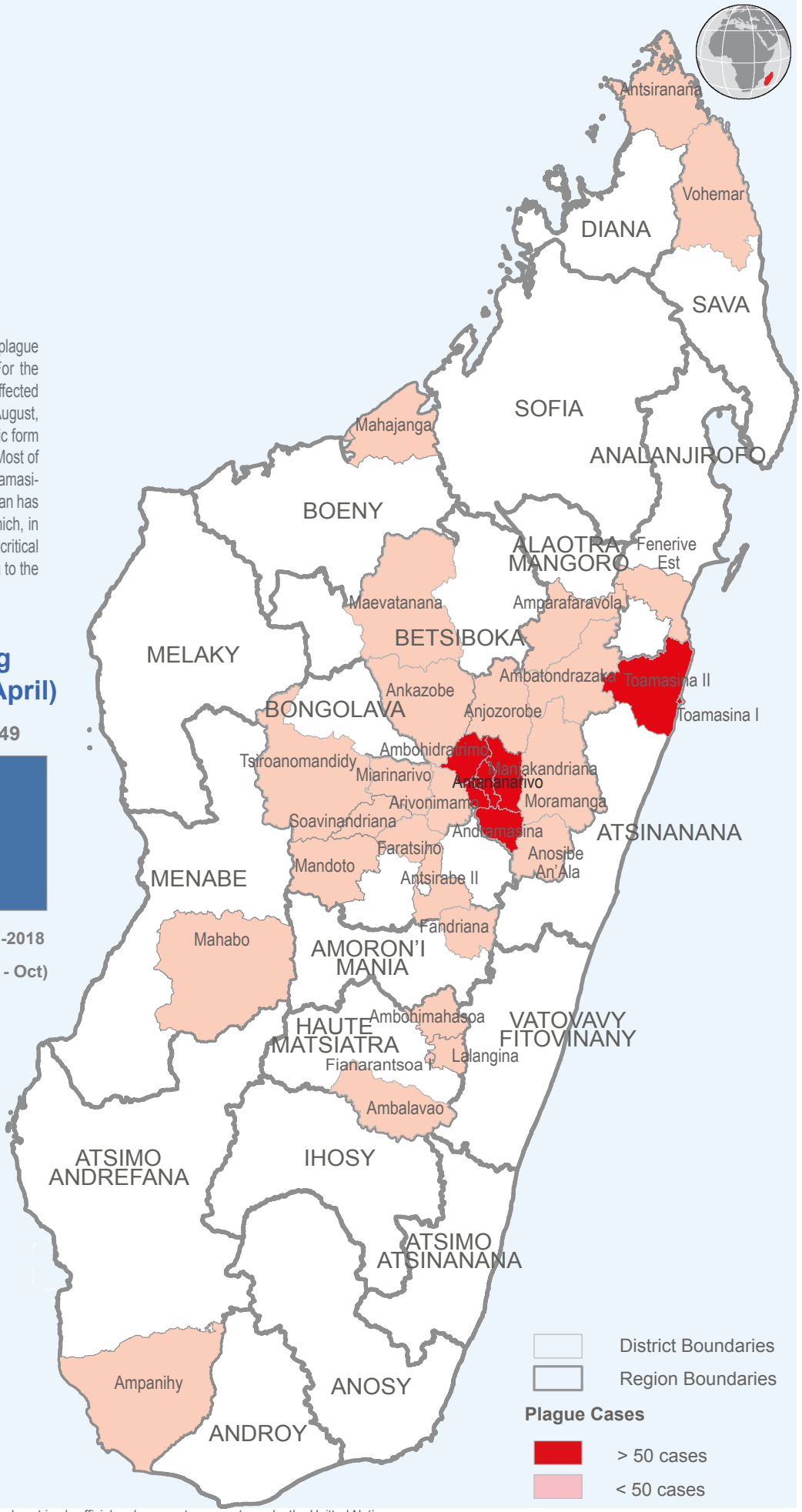
Evolution of the epidemic during the last 04 seasons (August to April)



FUNDING

US$ **9,5** million requested





The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the Unitted Nations

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