



Luxembourg, 23 October 2017

Audio meeting of the Health Security Committee – 13 October

Flash report

Outbreak of pneumonic plague in Madagascar: recent introduction in the Seychelles

Chair: Wolfgang Philipp, Head of Unit, SANTE C3

Audio participants: BE, DE, EL, FR, HR, IE, IT, LV, LT, MT, NO, PL, PT SE, TR, DG SANTE C3, DG ECHO, ECDC, WHO/Europe/HQ/Lyon

Since 23 August 2017 Madagascar has been experiencing an outbreak of plague, and as of 12 October 2017, 560 cases and 57 deaths (case fatality rate 10.1%) have been reported. Of these cases, 394 are pneumonic plague, 143 bubonic plague, one is a septicaemic plague and for 22 the clinical presentation is undetermined. Cases have been mainly reported in the capital Antananarivo and the port city of Toamasina on the east coast. In addition, sporadic cases of pneumonic plague without apparent epidemiological links with the initial chain of transmission have been reported in several regions across the country.

On 11 October, MoH of the Seychelles report one case in a returning traveller from Madagascar. The case returned to the Seychelles on 6 October and had onset of symptoms on 9 October. In addition, on 12 October, authorities in the Seychelles report a case with a positive rapid test for which the laboratory confirmation is pending. This case, a non-citizens of the Seychelles, is not linked to the first one.

- C3 organised an audio with the HSC to discuss the ECDC risk assessment and to gather information from Member States on their preparedness and preventive measures in reaction to the plague outbreak and spread in Madagascar and one travel associated case in the Seychelles. The risk assessment considers the spread of plague in Madagascar high, in the region as moderate, and the risk of importation of cases into the EU as low, at the current stage.

- The EMERGE consortium a joint action funded through the health programme participated in the meeting. The project partners are highly specialized laboratories on the identification of risk group 3 bacteria and risk group 4 viruses. EMERGE reported good laboratory capacities and capabilities in the EU for the detection and characterisation of plague. They are developing a recommendation for sample handling and diagnostics to be posted on the EMERGE website. This MS are invited to contact this consortium in

need of further information or support for microbiological capacities in relation to plague.

- DG ECHO monitors the situation closely and updated the HSC on their activities in the field with the EU DEL and key international partners such as UNICEF, WHO, Red Cross.

- France has a considerable population of Madagesy, about 140.000 people, and in 2016 about 75% of all tourists from the EU to Madagascar flew from France. The French Ministry of Health updated the HSC on a very complete preparedness and awareness package, targeting travellers, airline crews, authorities, including for entry screening. This is particular relevant as French oversea departments are located in the Indian ocean. We asked France to share the training advice for airline crews with the HSC.

WHO HQ updated the HSC on measures regarding exit screening at airports in Madagascar, where WHO support local forces, and on points of entry where training materials are adapted by AFRO. WHO Lyon office is working with AFRO, preparing training materials and harmonized guidance on entry and exit screening. WHO considers the risk for international spread of plague to be very low and advises against any restrictions to travel and trade with Madagascar based on the information to date.

The HSC was also informed about the work of the AIRSAN and SHIPSAN consortium regarding discussion about the plague outbreak in their experts' forum, and technical support for the development of specific guidance on key issues related to the preparedness and response to plague at ports. They have been contacted today by WHO HQ. In response to a question from Norway, no countries recommended or implemented post-exposure prophylaxis measures for travellers so far.

We informed the HSC that we further observe the situation and share any relevant material with the HSC. We call for further audios if need be, as we expect the situation to develop.