

NOTIFIABLE MEDICAL CONDITIONS (NMC) CASE DEFINITIONS FLIPCHART

Category 1: Immediate reporting telephonically followed by written or electronic notification within 24hrs of diagnosing a case

PLAGUE

Why is surveillance necessary?	Who must notify and when?	Suspected case definition	Probable case definition	Confirmed case definition
<p>Plague is caused by the bacterium <i>Yersinia pestis</i>. Humans usually get plague after exposure to saliva or feces of fleas that are carrying the plague bacterium or by handling an animal infected with plague. The last human cases of plague in South Africa were in 1982.</p> <p>Plague is notifiable because it is rapidly fatal (with a 90-95% case fatality rate) and has potential for person-to-person spread through respiratory droplets. Bubonic plague presents with swollen painful lymph nodes in the groin or neck and has a lower mortality, but may spread locally to become septicaemic or pneumonic.</p>	<p>The clinician who suspects the diagnosis should notify authorities and the NICD immediately on clinical suspicion.</p> <p>Post-exposure prophylaxis with antibiotics may be administered to contacts of persons with confirmed plague</p>	<p>A person with exposure in a compatible epidemiological scenario, with fever, chills, headache, malaise, prostration, a raised white cell count and any of</p> <ul style="list-style-type: none"> regional lymphadenitis in the groin, armpit or neck septicemia without an evident bubo pneumonia. <p>OR clinical compatible case with clinical specimens that contain Gram-negative coccobacilli that exhibit bipolar-staining with Wayson or Wright's Giemsa stains</p>	<p>A person with clinically compatible illness with</p> <ul style="list-style-type: none"> a positive result with immunofluorescence or other validated assay; OR a single serum specimen positive for anti-F1 antibody by ELISA; OR an epidemiological link to a confirmed case. 	<p>A clinically compatible case that is laboratory-confirmed by:</p> <ul style="list-style-type: none"> Culture Isolation of <i>Yersinia pestis</i> from clinical specimens; OR IgG seroconversion in a serum specimen from a clinically compatible case; OR <p>A ≥ 4-fold rise in titre of anti-F1 antibody level over 2 weeks in a serum specimen from a clinically compatible case</p>
<p>Additional notes Clinicians who suspect plague should contact the NICD 24-hour hotline (082-883-9920) for assistance with specimen collection and diagnosis.</p>				
<p>Additional resources A frequently-asked questions document is available at https://www.nicd.ac.za/plague-frequently-asked-questions-2/.</p>				