

Plague Surveillance and Outbreak Response

*Report of an Informal Intercountry Consultation
Bangalore, India, 15-17 July 2002*

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1. INTRODUCTION

An Informal Consultation on Plague Surveillance and Control was organized at Bangalore, India from 15 to 17 July 2002. The participants included epidemiologists, bacteriologists, entomologists, programme managers and media professionals from three countries of the South-East Asia Region - India, Indonesia and Myanmar. Experts from India, Russia, Myanmar, WHO South-East Asia Regional Office and WHO Headquarters-Geneva, facilitated this consultation.

2. OBJECTIVES

- (1) To review and approve Regional Operational Guidelines on plague;
- (2) To develop an outline of a Plan of Action for plague surveillance and control in SEA Region, and
- (3) To develop appropriate media strategies in relation to plague.

3. INAUGURAL PROGRAMME

Inaugurating the workshop, Dr N Kumara Rai, Director, Department of Communicable Diseases, WHO South-East Asia Regional Office, New Delhi, read out the address of Dr Uton Muchtar Rafei, Regional Director. Referring to the plague outbreak in India during 1994 and its economical and social impact, he emphasized the importance of strengthening surveillance and improving skills in meeting the challenge of plague. It is estimated that the Surat outbreak resulted in a loss of US\$ 3 billion to India, mainly due to import/export and travel bans/restrictions. He stressed the special significance of plague in view of the panic it can create. He also informed that this consultation was a follow up of the actions initiated after the recent outbreak in India in 2002. He assured that WHO shall continue to provide technical support to its Member Countries in enhancing their state of preparedness and in sustaining effective surveillance.

Dr MVH Gunaratne, Regional Advisor, Communicable Disease Surveillance and Response (CSR), described the objectives and mechanism of the workshop. He said that the workshop was unique, since it would provide a common platform to technical and media professionals and was aimed at achieving synergy in their efforts to control and prevent plague. Dr. Derek Lobo, Communicable Disease Dept, SEARO introduced the main speakers and facilitators. (See list of participants at Annex 1. The detailed programme of work has been appended as Annex 2.)

4. GLOBAL AND REGIONAL PLAGUE SITUATION

4.1. Status of Plague

Dr E Tikhomirov, WHO consultant, gave an overview of the global and regional situation of plague. He described six criteria that can be used to prioritize a disease. These included impact on health (mortality and morbidity caused), capability of the agent to cause epidemic, potential for prevention and cure, international importance, economical impact and potential for deliberate use. Plague fulfils all the criteria and hence should be a priority.

During the second half of the previous century, more than 85000 cases of human plague with 7000 deaths from 38 countries were officially reported. These figures are obviously underestimates of the real situation because of inadequate surveillance and reluctance of many countries to notify to WHO, for fear of adverse impact on trade and commerce. Maximum cases (6004) were reported in 1967 and minimum (200) in 1981. During the last decade, eleven countries namely Brazil, Democratic Republic of Congo, Kazakhstan, Madagascar, Mongolia, Peru, United Republic of Tanzania, USA and Vietnam have reported plague cases every year. Till 1995, Myanmar also reported cases virtually every year.

Seven countries from Asia namely China, India, Indonesia, Kazakhstan, Laos, Mongolia, Myanmar and Vietnam reported 6818 cases and 402 deaths during 1980 to 1999. These constituted almost 20% of global cases. Large outbreaks of plague occurred in India in 1954, 1963 and 1994.

Dr M Santamaria, Group Leader, Epidemic Bacterial Diseases, Department of Communicable Diseases, WHO/HQ described various facets of the social, economical and public health and its effects on trade and commerce,

as well as the possibility of deliberate use of this bacterium in causing harm to human beings. She informed the participants about the role WHO Collaborating Centres were playing in providing technical support to the countries.

4.2 Plague in India: Lessons Learnt

Dr Shiv Lal, Director, National Institute of Communicable Diseases of India (NICD) reviewed the two outbreaks of plague reported in India during the past decade. The lessons learnt from the first outbreak (1994) were translated into improvements in various fields of plague control and this was amply demonstrated in the rapid containment of the second outbreak (2002). Following were the lessons learnt:

- Need to strengthen surveillance;
- Use of standard case definitions as given by WHO;
- Strengthening laboratory services;
- Orientation of clinicians in endemic states;
- Availability of clear guidelines;
- Positive role of mass media;
- Treatment of patients at local sites;
- Compliance of chemoprophylaxis;
- Interstate coordination;
- Institution of appropriate control measures;
- Indigenous production of diagnostic kits, and
- Networking.

4.3 Role of Laboratory

Dr Rajesh Bhatia, WHO/SEARO, discussed the vital role that laboratories play in establishing diagnosis, determining appropriate treatment and in supporting plague surveillance. The reasons for the period of more than one week taken by laboratories to announce confirmed diagnosis were explained. The requirements of biosafety in the laboratory were also shared with the participants. The potential role of the deliberate use of plague bacilli as an instrument of bio-terrorism was also briefly discussed.

4.4 Role of the Media

Mr S Narendra, former Principal Information Officer to the Government of India & Information Adviser to the Prime Minister of India, together with Mrs.Harsaran Pandey, Information Officer-WHO/ SEARO, made a presentation on the role of the media and the interaction required between the health administrators and the media during an outbreak and during inter-epidemic periods.

The role of media in obtaining information from the technical professionals and health administrators and providing information to the public was discussed at length with the help of real illustrations and newspaper cuttings. Both print and electronic media now have extensive reach and since electronic media is on air for all 24 hours, the requirement of information has grown manifold and has to be met appropriately. The media was also advised to cross-check the information they obtained from independent reliable sources. The importance of mutual trust between the media and the health administrators was highlighted.

4.5 Environmental and Public Health Measures

Mr SR Rao, ex-Commissioner of Surat, who during the post-plague period in 1994/95, did a commendable job in implementing environmental measures to convert Surat into one of the cleanest cities of India, explained the various environmental and public health measures undertaken by him and his team. He stressed the importance of environmental measures in preventing outbreaks.

5. COUNTRY PRESENTATIONS

5.1 India

Dr RL Ichhpujani, Head, Zoonosis Division, National Institute of Communicable Diseases (NICD) Delhi presented the infrastructure currently

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