

Plague Epidemic, Response and tips of Prevention

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World memory still tired with Ebola, the last outbreak accrued in west Africa and now we are facing another outbreak started slowly and again in Africa but in the east part. Black Death or plague it's a one of the historic disease known even before 6th century CE. History told much about the epidemic and pandemic over centuries. Plague is caused by the bacteria *Yersinia pestis*, a zoonotic bacteria usually found in small mammals and their fleas, this is could be found everywhere since there is no a particular home land for this causative agent. Infected persons started developing sign and symptoms after 7 days and the main sings are respiratory and *lymphnodes* changes.

Plague is associated with high fatality ratio and it could reach 30% to 60% for the bubonic type, and is always fatal for the pneumonic kind when left untreated. World health organization mentioned in their report that from 2010 to 2015 there were 3248 cases reported worldwide, including 584 deaths (1).

Plague is associated with movement of people and cargo by sea or land. It is possible for a person to acquire the disease and become ill thousands of miles away where plague would be least suspected. Man has no natural immunity. Immunity after recovery is relative.

Risk factors associated with plague

According to WHO published we revealed that, Plague epidemics have occurred in Africa, Asia, and South America; but after the 1990s, most cases have occurred in Africa (1). The three most endemic countries are the Democratic Republic of Congo, Madagascar, and Peru. Madagascar is the last epidemic country so fare (2).

A mean temperature of 20 to 25 deg. C and a relative humidity of 60 per cent and above are considered favorable for the spread of plague. Wild rodents such as field mice, gerbils, skunks and other small animals are the natural reservoirs of plague. These are found in mountains, deserts, cultivated areas and forests in temperate and tropical regions.

Poor housing and environment are also considered as great contribution factors for increasing the possibility of transmission and increase the numbers of cases among human and increasing the rodents and fleas density. Fleas may remain infective for months under suitable conditions of temperature and humidity. In countries with poor established health facilities and poor services provided the frequency of disease spreading excepted to be higher than well-established health services program also the degree of clinician and health workers awareness of plague plays a great role in determining the level of prevention and control of the epidemic.

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Measure of prevention and control

Strengthen surveillance system is a core of prevention and control of the outbreak. Early case detection and searching for new cases considered as the pillars of surveillance in addition to extend the surveillance network by increasing the number of notify site. Special attention should paid to community based surveillance and enhancing community participation to detect new cases. To stop active transmission the health authorities should work hardly in case management, case isolation, and quarantine and disinfection measurement. Those measurements applied to decrease the number of secondary cases.

In health services practice there should special precaution under infection control measure that is because studies shown that during such outbreak cases increased among the health workers and co-patients. All health facilities which providing health and medical services should be informed regularly regarding the outbreak progress.

Acceleration the International health regulation (IHR) it's important to stop cross border transmission specially through flights, there is special articles in the (IHR) dealing with cases, suspected case and suspected vehicles to insure high level of global security. Finally we can say that, plague outbreak is global threatening outbreak and it's required global attention and collaboration assisting with political concern.

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