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Emergency Plan of Action (EPoA) Comoros: Preparedness for Plague outbreak

 International Federation
of Red Cross and Red Crescent Societies

DREF n° MDRKM006	
Operation start date October 2017	Expected timeframe: 3 months
Category allocated to the of the disaster or crisis: Yellow / Orange / Red	
DREF allocated: CHF 64,937	
Total number of people affected: 819,286 (Population at risk)	Number of people to be assisted: 204,821 (25% of the caseload)
Operation Manager (responsible for this EPoA): Marshal Mukuvare DM Delegate, Eastern Africa and Indian Ocean Islands Cluster	Point of contact: Ali Daniel Soumaili, Secretary General
Host National Society presence: 3,000 volunteers, 56 staff members in the Island's 3 regional Committees and 28 local committees directly support the operation. Some 200 volunteers will be mobilized and trained to support the response.	
Red Cross Red Crescent Movement partners actively involved in the operation: IFRC, French Red Cross, PIROI and ICRC	
Other partner organizations actively involved in the operation: WHO and Ministry of Public Health	

A. Situation analysis

Description of the disaster

Madagascar regularly experiences seasonal outbreaks of bubonic plague and the outbreaks normally extend from August to April each year. In 2017 however, the first cases of person-to-person to transmission via pneumonic plague have occurred. The first death of a patient infected with the plague was notified on 27 August. A total of 20 districts across Madagascar have reported cases of the plague and as of 12 October, a total 684 cases (suspected, probable and confirmed) including 57 deaths (CFR 8.3%) have been reported from 35 out of 114 districts. Of these, 474 were clinically classified as pneumonic plague.

The occurrence of pneumonic transmission in urban areas increases the risk of substantial spread and high caseload significantly and requires urgent and comprehensive response to save lives.

Specimens from suspected cases were submitted to the *Institute Pasteur de Madagascar* and confirmed cases were identified by either polymerase chain reaction or rapid diagnostic tests. Antananarivo is one of the most affected areas followed by the port city of Toamasina, and the rural district of Faratsiho. Of the total deaths from the plague, one is a foreigner who was visiting Madagascar, and to date 8 health care workers have been infected.

Plague can be a very severe disease in people, particularly in its septicemic and pneumonic forms, with a case-fatality ratio of 30%-100% if left untreated. The pneumonic form is invariably fatal unless treated early, is especially contagious and can trigger severe epidemics through person-to-person contact via droplets in the air.¹

Untreated pneumonic plague can be rapidly fatal, so early diagnosis, referral and treatment is essential for survival and reduction of transmission and complications. Antibiotics and supportive therapy are effective against plague if patients are diagnosed in time. Pneumonic plague can be fatal within 18 to 24 hours of disease onset if left untreated.²

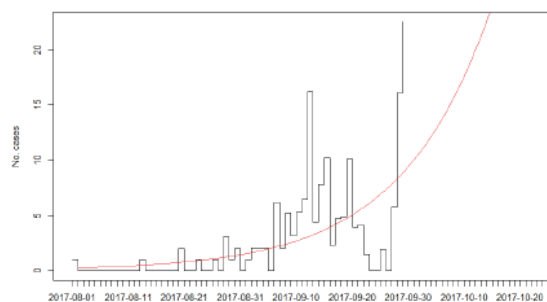
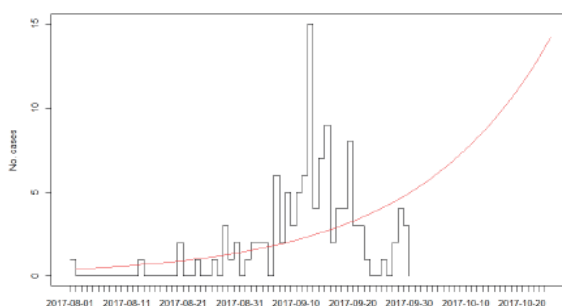
¹ <http://www.who.int/csr/disease/plague/en/>

² <http://www.who.int/mediacentre/factsheets/fs267/en/>

Based on the Epidemiological modeling done for the outbreak in Madagascar the following may happen:

Assuming no reporting delay ($R_0=1.30$), estimates 219 additional cases in next 24 days, or **9 new cases per day**.

Assuming a one-week reporting delay ($R_0=1.44$), estimates 577 additional cases in next 24 days, or **24 new cases per day**.



The above projections are however on the lower side because the total number of new cases reported after the modeling (issued on 6 October 2017) show that within 1 week the number of plague cases had reached nearly half of the projected estimates for a three week period i.e. on 6 October (231 cases, 33 deaths, CFR 14.3%), 30 September (133 cases, 24 deaths, CFR 18.0%). Based on number of new cases being reported it is most likely that the total number of cases over 24 days will be 960 against the projected 219 and 577 in the modelling.

It has also been noted that the recent cases were without an apparent epidemiological link to the index case ([WHO Response Plan](#)). This may imply multiple separate outbreaks, aerosolized transmission (as compared to person-to-person), or that existing contact tracing remains incomplete, thereby further supporting the assumption of a case identification lag.

There is moderate risk that the outbreak could be a regional outbreak with Seychelles already having one confirmed case of its citizen who travelled from Madagascar and another citizen who died from the plague in Madagascar. As there is regular travel and contact between the Comoros Islands and Madagascar there is potential that the plague may be imported into the Comoros and therefore there is need to prepare the Comoros Red Crescent Society (CRCo) to respond to the epidemic.

The CRCo seeks CHF 64,937 for preparedness on plague for community surveillance for 204,821 (25% of the caseload) people at risk through provision of training of volunteers on the plague, mass awareness and community engagement and accountability activities.

Summary of the current response

Overview of Host National Society

The CRCo is a humanitarian organisation whose focus is on supporting and implementing programmes on youths, first aid, health activities and promotion of humanitarian principles and values, water and sanitation and hygiene, disaster risk reduction, vulnerability and capacity assessment in the communities of Comoros Islands. The National Society (NS) has strong community presence through its volunteers' network in 28 committees across the three Islands of Comoros. The NS collaborates with government departments in the implementation of its community-based interventions.

The CRCo, as an auxiliary to the public authorities, was mobilized from the first monitoring meetings on the risk of the epidemic spreading; the experience gained from previous epidemics through the Ebola Preparedness Fund from IFRC to CRCo in April 2015.

Following the outbreak of the plague in Madagascar the CRCo has been participating at national level in preparedness activities in the drafting of a national contingency plan. A total of 41 volunteers have been deployed, after having been trained on the signs of the disease, to ports and airports for passenger sensitization on the 3 islands.

Overview of Red Cross Red Crescent Movement in country

The French Red Cross has been present in the Comoros since 2000. It has supported the CRCo, a member of the PIROI programme during disasters such as cholera epidemics in 2002 and 2007, the air crash, floods in 2003 and 2012 and cyclone Hellen in 2014.

The French Red Cross, with the CRCo, has been developing a programme of strengthening the health system, improving quality of care and to raise awareness of good health practices.

Through this project, prevention activities are being carried out, which focus on the reduction of the epidemic risks: raising awareness and sensitization on hygiene, organization of “clean village” days to combat the spread of vectors. At the level of community health, populations are informed and encouraged to visit the health facilities in case of infection.

The project thus has a pool of 72 volunteers, trained in First Aid and Community-Based Health and IEC, who can quickly integrate the plan of prevention.

The IFRC is supporting the CRCo to strengthen its capacity to respond to the plague outbreak through the plague preparedness DREF operation.

Overview of non-RCRC actors in country

At governmental level, a preparedness plan for the plague epidemic was developed. Technical restricted meetings (Ministry of the Health / WHO) and multi-sectoral took place on 05, 06 and 07 October to propose a document. As a result, a crisis unit under the responsibility of the Secretary General for Health was set up. The unit meets every day to monitor the situation and makes the corresponding decisions. The vice-president in charge of transport published a note to suspend the movement of small merchant’s boats between the Comoros and Madagascar on 09 October.

Disinfection procedures have been implemented in ports and airports. Teams consisting of Emergency Relief and Preparedness Centre (COSEP) volunteers, CRCo, a doctor and the paramedics are deployed upon arrival of passengers from Madagascar to sensitize them on clinical signs and the necessity of consulting a doctor with the slightest symptoms.

At the regional level, the Indian Ocean Commission's (IOC) Health Surveillance Unit has set up a preparation plan for IOC Member States at risk:

- Supply to the competent administrations of Comoros, Mauritius and Seychelles via the *Institut Pasteur de Madagascar*, kits of fast diagnosis in case of suspected infection of a traveller returning to Madagascar;
- Supply of 50 personal protective equipment kits (PPE) to the Comoros Ministry of Health;
- Daily updates on the epidemic situation and dissemination of protocols for surveillance, response and management through the Indian Ocean Commission (IOC) and its SEGA (Epidemic Surveillance and Alert Management) network.

Needs analysis, targeting, scenario planning and risk assessment

Needs analysis

Following the outbreak of the plague in Madagascar there are two cases where one Seychelles citizen died from the epidemic and another tested positive on arrival in Seychelles after travelling from Madagascar. These two cases demonstrate there is a moderate risk that the plague outbreak could be a Regional Outbreak given proximity and regular travel and contact between the Indian Ocean Islands countries.

The health delivery system in the Comoros has limited capacity to cope with the potential outbreak. Therefore, there is a need to support the NS to work with local authorities to implement preparedness activities to be better prepared against potential plague outbreak. The preparedness activities will focus on:

- Regular coordination with the Ministry of Public Health;
- Continuous surveillance / monitoring and assessment of the situation;
- NS Volunteer and staff capacity building through provision of training;
- Prepositioning of essential response equipment including PPEs in the country;
- Communication – community sensitization on the plague using IEC and visibility materials.

Targeting

The DREF operation will target the staff and volunteers of the CRCo who will be mobilized and deployed to respond in the event that the plague outbreak affects 204,821 people in the Comoros. The activities will target people in the most at-risk locations.

Operation Risk Assessment

There are no anticipated risks that will affect the implementation of the operation. The National Society has access to all the targeted branches and volunteers.

B. Operational strategy³

Overall Operational objective:

The overall objective of the operation is to build the preparedness capacity of the CRCo to respond to the potential Plague outbreak.

This objective will be achieved through:

- Strengthened coordination with local health partners and WHO;
- Continuous monitoring of the Plague response in Madagascar;
- Through IFRC and PIROI, CRCo will develop and roll out trainings for volunteers and staff of the NS;
- Through support from IFRC, the NS will procure and preposition materials for response.

³ The plan should be prepared by the National Society, with support from the Secretariat technical departments and support services.

C. Detailed Operational Plan



Health

People targeted: 819,286

Male:

Female:

Requirements (CHF) 64,937

Needs analysis:

The Comoros has limited knowledge on the plague as they have not experienced an outbreak of the plague in recent years. The country's health delivery system has limited capacity to deal with potential outbreak of the plague. The population in the Comoros do not have any capacity to determine or identify the symptoms and signs of the plague. Therefore, there is a need to support the CRCo through strengthening the capacity of its volunteers on the plague using the ECV, contact tracing, community based surveillance and social mobilization to enhance their capacity to respond to the outbreak.

Population to be assisted:

The NS will mobilize and train 200 volunteers from 28 branches/villages at risk. The NS will also be supported to procure and preposition PPEs for the volunteers and staff who will be deployed to support the response.

Programme standards/benchmarks: The capacity building of CRCo volunteers will be guided by the training materials and lessons from the on-going response to the Plague in Madagascar

P&B Output Code	Health Outcome 1: Vulnerable people's health and dignity are improved through increased access to appropriate health services.	# of people reached with community-based epidemic prevention and control activities															
	Health Output 1.1: Communities are supported by NS to effectively detect and respond to infectious disease outbreaks	# of volunteers trained by NS in epidemic control															
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP021	Train 200 volunteers on the Plague																
AP021	Train same 200 volunteers in contact tracing and community based surveillance																
AP021	Train same 200 volunteers in social mobilization and communication																
P&B Output Code	Health Output 1.2: Communities are provided by NS with services to identify and reduce health risks	# of people reached by NS with services to reduce relevant health risk factors															
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

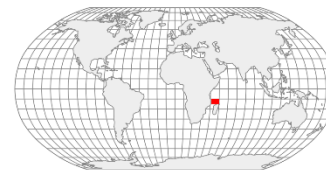
Budget

	Budget Group	Multilateral Response	Appeal Budget CHF
500	Shelter - Relief	0	0
501	Shelter - Transitional	0	0
502	Construction - Housing	0	0
503	Construction - Facilities	0	0
505	Construction - Materials	0	0
510	Clothing & Textiles	0	0
520	Food	0	0
523	Seeds & Plants	0	0
530	Water, Sanitation & Hygiene	10,360	10,360
540	Medical & First Aid	11,000	11,000
550	Teaching Materials	0	0
560	Ustensils & Tools	0	0
570	Other Supplies & Services	0	0
571	Emergency Response Units	0	0
578	Cash Disbursements	0	0
	Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	21,360	21,360
580	Land & Buildings	0	0
581	Vehicles	0	0
582	Computer & Telecom Equipment	0	0
584	Office/Household Furniture & Equipment	0	0
587	Medical Equipment	0	0
589	Other Machinery & Equipment	0	0
	Total LAND, VEHICLES AND EQUIPMENT	0	0
590	Storage, Warehousing	0	0
592	Distribution & Monitoring	2,500	2,500
593	Transport & Vehicle Costs	0	0
594	Logistics Services	0	0
	Total LOGISTICS, TRANSPORT AND STORAGE	2,500	2,500
600	International Staff	9,250	9,250
661	National Staff	0	0
662	National Society Staff	0	0
667	Volunteers	300	300
669	Other Staff Benefits	0	0
	Total PERSONNEL	9,550	9,550
670	Consultants	0	0
750	Professional Fees	0	0
	Total CONSULTANTS & PROFESSIONAL FEES	0	0
680	Workshops & Training	13,806	13,806
	Total WORKSHOP & TRAINING	13,806	13,806
700	Travel	3,000	3,000
710	Information & Public Relations	10,348	10,348
730	Office Costs	50	50
740	Communications	360	360
760	Financial Charges	0	0
790	Other General Expenses	0	0

799	Shared Office and Services Costs	0	0
	Total GENERAL EXPENDITURES	13,758	13,758
		0	0
830	Partner National Societies	0	0
831	Other Partners (NGOs, UN, other)	0	0
	Total TRANSFER TO PARTNERS	0	0
599	Programme and Services Support Recovery	3,963	3,963
	Total INDIRECT COSTS	3,963	3,963
	TOTAL BUDGET	64,937	64,937
	Available Resources		
	Multilateral Contributions		0
	Bilateral Contributions		0
	TOTAL AVAILABLE RESOURCES	0	0
	NET EMERGENCY APPEAL NEEDS	64,937	64,937

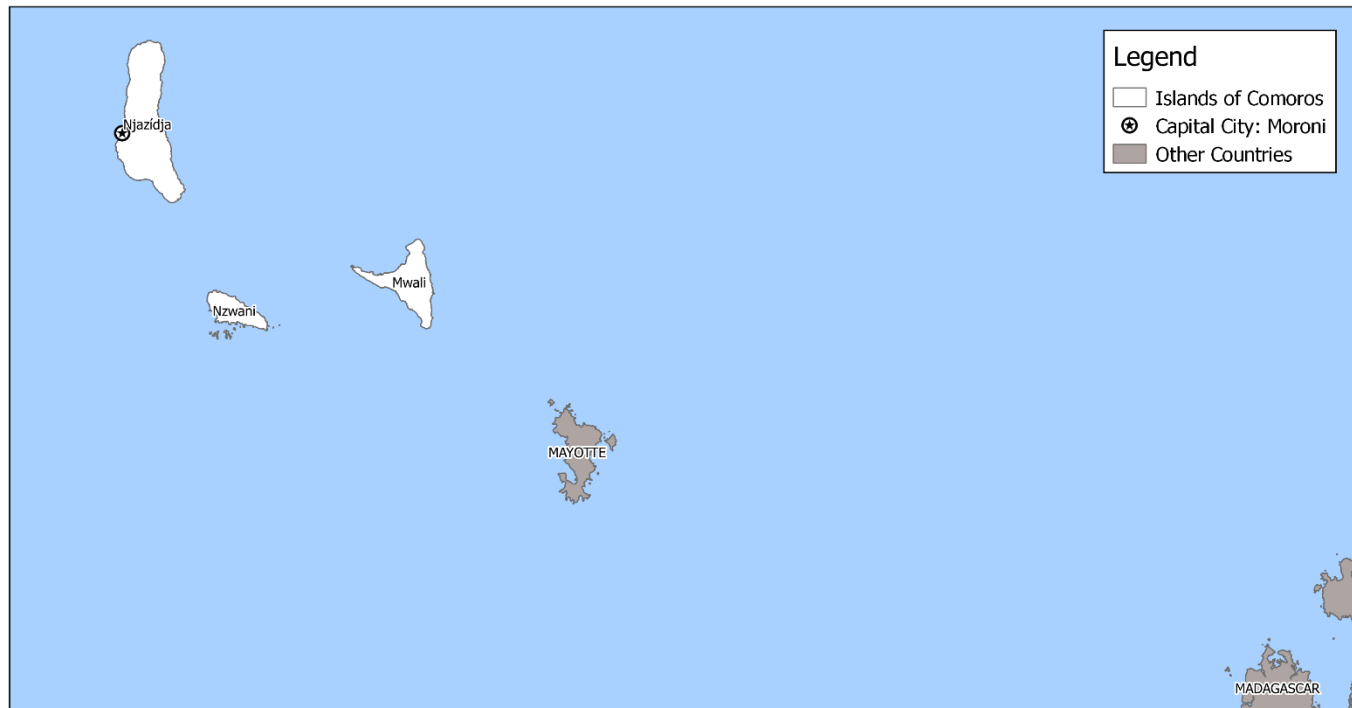


International Federation of Red Cross and Red Crescent Societies
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 Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
 الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر



Comoros: Plague Preparedness

16 October 2017



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 Map produced by: IFRC Africa Regional Office, Nairobi



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