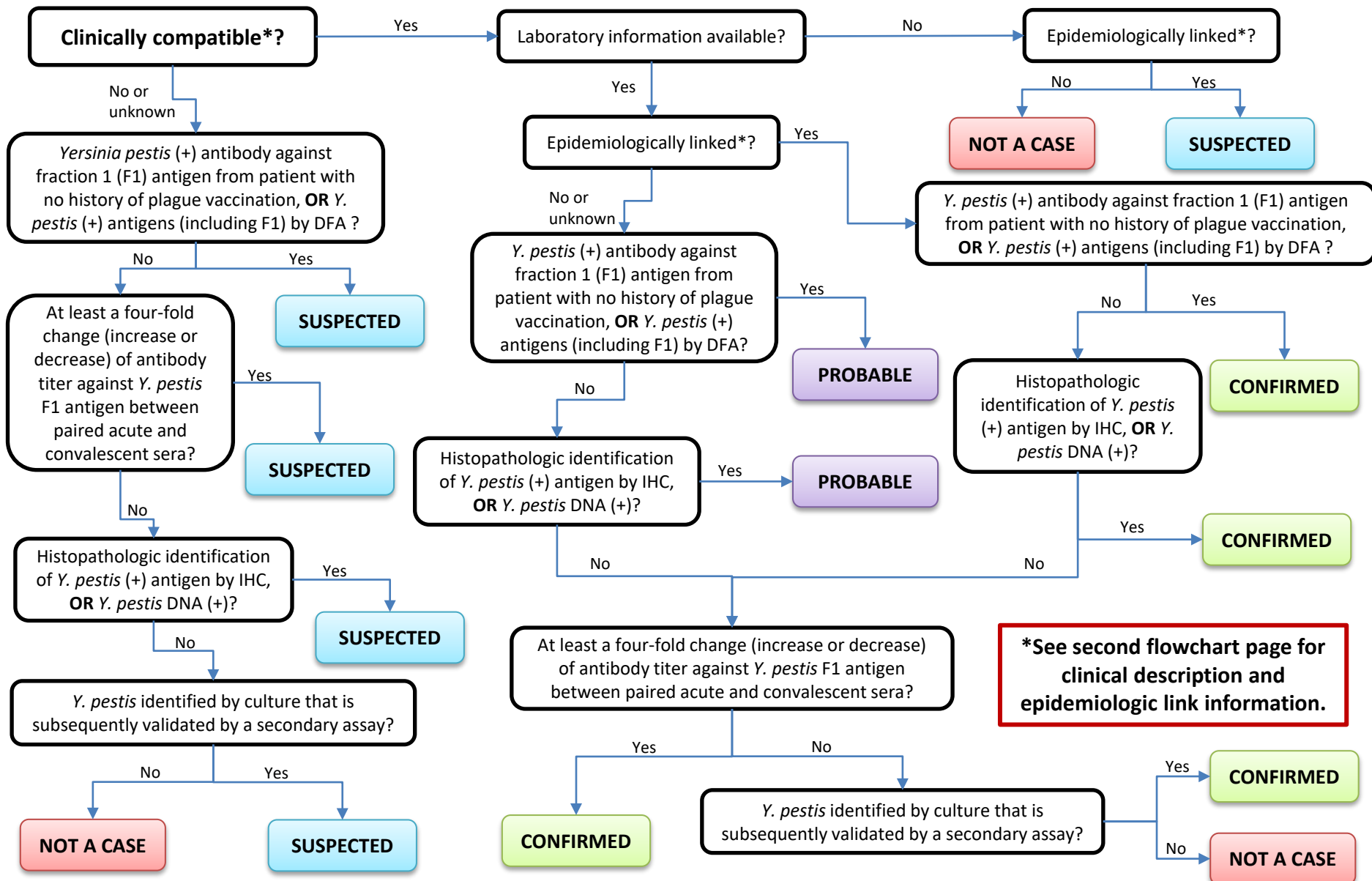


Plague



Plague

Clinical Description, Critical Reporting Elements, and Comments

Clinical Description:

An illness characterized by fever as reported by the patient or healthcare provider with or without one or more of the following specific clinical manifestations:

- **Bubonic:** Regional lymphadenitis (bubo) around the infected flea bite. Most often (> 90%) inguinal; alternatively cervical or axillary.
- **Septicemic:** Without an evident bubo. May be a complication of any of the other forms of plague or may be the presenting syndrome.
- **Pneumonic:** Pneumonic plague, resulting from hematogenous spread in bubonic or septicemic cases (secondary pneumonic plague) or inhalation of infectious droplets (primary pneumonic plague).
- **Pharyngeal:** Pharyngitis and cervical lymphadenitis resulting from exposure to larger infectious droplets or ingestion of infected tissues.

***Epidemiologically linked** cases include any of the following:

- A person who is epidemiologically linked to a person or animals with laboratory evidence within the prior 2 weeks of symptom onset date; or
- Close contact with a confirmed pneumonic plague case, including but not limited to presence within 6 feet of a person with active cough due to pneumonic plague; or
- A person that lives in, or has traveled within 2 weeks of illness onset to a geographically-localized area with confirmed plague epizootic activity in fleas or animals as determined by the relevant local authorities

Critical Reporting Elements and Comments:

- Document the clinical form of the infection.
- Document relevant travel and deployment history occurring within the incubation period (1–3 days for primary pneumonic plague, 2–8 days for bubonic plague. Unclear incubation periods for septicemic and pharyngeal manifestations).
- Document the circumstances under which the case patient was exposed including duty exposure, occupational activities, environmental exposures, or other high-risk activities.

NOTE: Serial or subsequent plague infections in one individual should only be reported as a new case if there is a new epidemiologically-compatible exposure and new onset of symptoms.