PLAGUE

Disease Category: Zoonotic disease

Timeframe to follow-up: Immediately

See the link to the Disease Investigation Process document

Signs and Symptoms[6,7,8]	There are 3 major clinical syndromes associated with plague: bubonic plague, septicemia plague and pneumonia plague. Individuals can progress from one clinical syndrome to another. Bubonic plague: Fever, headache, chills, and weakness, along with one or more painful swollen lymph nodes (called buboes). Septicemic plague: Fever, chills, extreme weakness, abdominal pain, shock, and bleeding into skin and other organs. Necrosis of skin and tissues such as fingers, toes and nose. Pneumonic plague - can be primary or secondary: Fever, headache, weakness, and rapidly developing pneumonia with shortness of breath, chest pain, cough, and sometimes bloody or watery mucous.
Incubation[9]	Usually 2-8 days for bubonic plague, 1-3 days for pneumonic plague, incubation period for septicemic plague is poorly defined but likely within days of exposure.
Case Classification	Clinical criteria: Acute onset of fever with or without other clinical presentations such as lymphadenitis, septicemia, or pneumonia. Suspect case: • A clinically-compatible case with epidemiologic linkage without laboratory evidence, OR • Confirmed or presumptive laboratory evidence without any associated clinical information. Probable case: • A clinically-compatible case with presumptive laboratory evidence without epidemiologic linkage in absence of an alternative diagnosis Confirmed case: • A clinically-compatible case with confirmatory laboratory evidence, OR • A clinically-compatible case with presumptive laboratory evidence AND epidemiologic linkage.
Differential Diagnosis[10]	Depends on clinical syndrome of plague. Bubonic plague: Tularemia, cat-scratch disease, mycobacterial infection,

	chancroid or other sexually transmitted disease. Septicemic plague: Meningococcemia, bacterial endocarditis, hantavirus pulmonary syndrome, severe acute respiratory syndrome (SARS). Pneumonic plague: Mycoplasma pneumonia, legionnaires' disease, staphylococcal or streptococcal pneumonia, tularemia pneumonia, and Q fever. Only form of plague that can spread person to person.
Treatment[7,11]	It is important to begin antibiotic therapy as soon as plague is suspected. The preferred antibiotic regimen depends on the clinical syndrome. Gentamicin and fluoroquinolones are first-line treatments in the United States. Treatment duration is usually 10 to 14 days. Post-exposure prophylaxis with antibiotics is indicated for individuals with known exposure to plague, and duration of treatment is usually 7 days.
Duration[11]	Symptoms usually improve within 1 to 2 weeks of taking antibiotics, but treatment can be extended for patients with ongoing fever or other concerning signs.
Exposure[12]	• Bite from infected flea from rodents with plague, or any animal infected with plague, including domesticated animals (i.e., cats and dogs). • Contact with contaminated fluid or tissue after handling a tissue of body fluids of a plague-infected animal. • Droplet transmission from people or animals infected with pneumonic plague.
Laboratory Testing	Local Health Authority can arrange testing if an outbreak is suspected OR for contacts: • Nevada State Public Health Laboratory (NSPHL) Yersinia pestis (Plague), NAAT • Southern Nevada Public Health Laboratory (SNPHL) Yersinia pestis • Clinical Testing and Diagnosis for Plague | CDC; Test Order Directory Yersinia pestis | CDC
Control of Contacts[8,13]	• All people with exposure to known or suspected plague source in the previous 6 days should be offered antibiotic prophylaxis or be cautioned to report fever greater than 38.3^{0}C (101^{0}F) or other illness to their physician. • For confirmed or suspected cases of pneumonic plague, all close contacts should be provided post-exposure prophylaxis and placed under surveillance for 7 days. Those who refuse treatment should be placed in strict isolation with careful surveillance for 7 days.
Key areas of focus during investigation	• Travel history- travel to an area known to have cases of plague or a recent epizootic (large scale disease outbreak) in animal population susceptible to plague. • Location- live near wild rodents or have a rodent infestation. • Occupation/hobbies- outdoor activities such as hunting or farming in areas with plague.

Public Health Actions	Reports of plague cases must be made to the Local Health Authority immediately following identification of the case. Local Health Authority to notify Office of State Epidemiology (dpbhepi@health.nv.gov) or call 775-400-0333 if outbreak suspected. For individual confirmed or probable cases: • Confirm diagnosis, if possible • Identify potential exposures • Prepare a case report and submit to the Chief Medical Officer (through OSE) within 7 days after completing the case investigation • Identify potential outbreaks from common sources • Provide education about how to prevent transmission • Determine if infection is related to intentional release/bioterrorism event to inform appropriate federal partners. • Help coordinate post-exposure prophylaxis as indicated for exposed individuals. To the best of the local health authority's ability, each step of the investigation should be completed immediately or in alignment with NAC 441A.
Key Partner Agencies	Local Health Authorities Nevada State Public Health Laboratory (NSPHL) Southern Nevada Public Health Laboratory (SNPHL) Nevada Department of Agriculture (NDA)/Nevada Department of Wildlife (NDOW) Centers for Disease Control and Prevention (CDC) Public Health Preparedness (PHP) Nevada Board of Pharmacy

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PLAGUE

I. DISEASE REPORTING

A. Legal Reporting Requirements

A report to the health authority may be made by telephone; telecopy (in the form prescribed by the health authority); or any form of electronic communication identified by the health authority, following the specified format and procedure.[1]

1. Health Care Providers and Health Care Facilities

Health providers and facilities must notify the health authority where provider is located immediately after identifying the case. [1-3]

2. *Laboratories*

Laboratories must notify the health authority immediately after identifying the case.[1] If the lab is located outside of Nevada, notify the Nevada Chief Medical Officer through the Office of State Epidemiology (OSE) within the same timeframe.[1,4]

3. Local Health Authority (LHA)

LHA's must notify the Office of State Epidemiology (OSE) within 7 days after completing the case investigation.[5]

II. THE DISEASE AND ITS EPIDEMIOLOGY

A. Background

Plague is a zoonotic infection of rodents and wild and domestic animals and is transmitted by fleas.[14] Plague has affected humans for thousands of years with 3 notable global pandemics.[14-15]

1) Plague of Justinian in 6th century resulting in 30-50 million deaths.
2) Black Death in 14th century killing up to 1/3 of the European population.
3) The Third Plague in 19th century following spread of infection from China.

Plague can cause severe disease, and bubonic plague has a case fatality ratio of 30%-60% if untreated. Septicemic and pneumonic plague are always fatal if left untreated.

B. Etiologic Agent

Plague is caused by a bacteria called *Yersinia pestis*, a gram-negative coccobacillus.[14] *Y. pestis* is a member of the *Enterobacterales* order, along with the more common Yersinia species and other enteric bacteria.[13]

C. Description of Illness

Plague is classified into 3 major clinical syndromes: bubonic plague, septicemic plague, and pneumonic plague.[6-7]

Bubonic Plague: accounts for 80-95% of plague cases.[7] Characterized by sudden onset of fever, chills, weakness, and headache following intense pain and swelling in a lymph node-bearing area (bubo). Inguinal region is most frequently involved site, and axillary or cervical regions may be involved.

Septicemic Plague: can occur without preceding bubo in 10-20% of cases. Can be difficult to diagnose in a timely manner if characteristic clinical clues such as a bubo, are not present. Individuals develop fever, chills, extreme weakness, abdominal pain, shock, and bleeding into skin and other organs with multiorgan failure developing in the later stages of the illness. Skin and other tissues may turn black and die, especially on fingers, toes, and nose.[6]

Pneumonic Plague: is rare and can be primary or secondary. Primary pneumonic plague can be acquired by inhalation of respiratory secretions or aerosolized droplets from infected animals or humans, or by laboratory exposure. Secondary pneumonic plague is more common and arises via spread of bacteria from bubo or other source. In the U.S., secondary pneumonic plague occurs in 10% of plague patients, usually as the result of delayed treatment of bubonic infection.[7] Pneumonic plague is the most serious and only form of plague that can spread person to person.

Other manifestations of plague include meningitis, pharyngitis and tonsillitis associated with anterior cervical lymphadenitis following ingestion of *Y. pestis*.[7]

D. Disease Burden in Nevada

An average of 5 human plague cases is reported each year in the U.S.[17] Over 80% of U.S. cases have been the bubonic form. Plague occurs in the western U.S., with human cases acquired in 2 regions:

- Northern New Mexico, northern Arizona, and southern Colorado
- California, southern Oregon, and far western Nevada.

E. Reservoirs

Wild rodents are the natural vertebrate host of plague and play a key role in maintaining plague cycles by serving as source of infection for flea vectors.[8] Other mammals including lagomorphs (rabbits and hares), wild carnivores, and domestic cats and dogs may become infected through flea bites and act as a source of infection for people.

F. Modes of Transmission

There are 3 main modes of transmission:[12]

1. Flea bites – during plague epizootics-large scale outbreak leading to many rodent deaths, causing fleas to seek other blood sources. Peoples and animals in places where rodents have recently died from plague are at risk of being infected from flea bites. Dogs and cats may also bring plague-infected fleas into the home.
2. Contact with contaminated fluid or tissue – Humans can become infected when handling tissue or body fluids of a plague-infected animal.
3. Infectious droplets – humans and animals with pneumonic plague can cough droplets containing plague bacteria into the air and can infect another person if

inhaled. This requires direct close contact with the person or animal with pneumonic plague.

The capacity for spread of plague via aerosolization makes *Y. pestis* a potential bioterrorism agent.[7] There have been multiple efforts throughout history to weaponize plague including manufacturing large quantities of antibiotic-resistant *Y. pestis* for dissemination into the air.[18]

G. Incubation Period

Usually 2-8 days for bubonic plague, 1-3 days for pneumonic plague, incubation period for septicemic plague is poorly defined but likely within days of exposure.[9]

H. Period of Communicability

Pneumonic plague is the only form with person to person transmission through close contact, defined as less than 2 meters without use of adequate personal protective equipment per standard and droplet precautions.[6,13] Individuals with pneumonic plague should be on droplet and standard precautions up to 48 hours after initiation of effective antibiotics and until clinical improvement with decreased sputum production.[13] It is important to note that aspirate from buboes and intensive handling or invasive autopsy/necropsy of an infected corpse or carcass can allow for transmission of plague.[19] It is not known how long plague can survive in body fluids of a person who died from plague, so it is not known how long human corpse can be contagious. Risk of infection from animal carcass period may extend beyond 24 hours.[19]

I. Testing

Diagnosis of plague is confirmed by culture of *Y. pestis* from blood, bubo aspirate, sputum or another clinical specimen.[13] Biosafety level 3 practices, containment equipment, and facilities are recommended for all manipulation of suspect cultures and it is important to alert the laboratory that a suspect plague specimen is being sent for testing.[13] The Nevada State Public Health Lab and Southern Nevada public health lab performs PCR testing for plague. CDC also performs testing for *Y. pestis* including culture and serology.

Nevada State Public Health Laboratory (NSPHL) Yersinia pestis (Plague), NAAT
Southern Nevada Public Health Laboratory (SNPHL) Yersinia pestis
Test Order Directory Yersinia pestis | CDC

J. Treatment

Antibiotic treatment for all forms of plague, usually for 10 to 14 days, but can be extended for patients with ongoing fever or other concerning signs.[11] Gentamicin and fluoroquinolones are the first line therapies. Antibiotic therapy should be started as soon as plague is suspected, do not wait for laboratory results. Post-exposure prophylaxis should be considered for anyone with less than 2 meters sustained contact to a patient with pneumonic plague (who has not received at least 48 hours of effective antimicrobial therapy)[7], infected animals (veterinary staff, pet owners, and hunters) without proper PPE. Post-exposure prophylaxis should be given for 7 days.[18]

Provide most current treatment guidelines from CDC and Red Book to the healthcare provider or refer case to physician for proper treatment for plague.

III. EPIDEMIOLOGIC CASE INVESTIGATION

The public health authority should begin investigating the case of plague, step by step, immediately following notification or in alignment with NAC 441A.

A. Step 1: Review relevant information about the disease.

1. Review scientific information in Control of Communicable Diseases Manual, most recent edition.

2. Review Plague most recent case definition [Plague (Yersinia pestis) 2020 Case Definition | CDC].

B. Step 2: Begin investigating the case.

1. Contact Reporting Source and/or Reported Case

Upon receiving an initial case report, review lab test results and available clinical details and epidemiologic factors. Please make three attempts to contact the case (text and phone calls) on separate days, at different times of the day (morning, afternoon, late afternoon). Document all attempts to contact a reporting source and/or reported case, preferably in the "Encounters" tab of EpiTrax. Please use case report forms (CRF) to gather accurate information about the case. Focus on the key data elements listed above. Filling out an electronic version of the CRF in EpiTrax (called a Confidential Morbidity Report (CMR) in EpiTrax) is preferred. If used, the completed PDF version should be attached to the CMR in EpiTrax. The CRF should be completed within 7 days of completing the investigation of the case.[5]

C. Step 3: Identify potential sources of infection

The investigation focuses on exposures in the 8 days before onset. Ask about risk factors such as travel history (especially to endemic areas or an area known to have cases of plague), occupation and hobbies (i.e., hunting animals such as rabbits, prairie dogs, squirrels), and exposure to animals or humans that may have been infected with plague.

D. Step 4: Initiate control measures for case and/or for contacts (see Section IV – Section VI below).

E. Step 5: Provide Education and Prevention messaging to the case and/or contacts (see Section IX below).

IV. CONTROL OF CASE

1. Management/Exclusions for Specific Groups or Settings

Case in a Medical Facility:

Bubonic and Septicemic plague-recommend standard precautions. If a bubo is aspirated or another procedure performed that can generate sprays of splashes, then contact and droplet precautions should also be used.[13] For pneumonic plague cases, isolate the patient and maintain droplet precautions in addition to standard precautions. The droplet precautions for a pneumonic plague patient should be continued until effective antibiotic therapy has been given for at least 48 hours and there is evidence of clinical improvement.[7] Airborne precautions are typically not necessary but are reasonable during aerosol-generating procedures in patients with pneumonic plague.[7] Plague patients transported at any point during their illness should be wearing a surgical mask.[20]

V. CONTROL OF CONTACTS

Investigate symptomatic contacts in the same manner as a case. All individuals with exposure to a known or suspected source of plague, such as *Y. pestis*-infected fleas or infectious tissues, in the previous 6 days should be offered antibiotic prophylaxis or cautioned to report a fever greater than 38.3°C (101.0°F) or other illness to their physician.[13] Post-exposure prophylaxis is recommended in the following circumstances:[18]

1. Persons who had close (<6 feet), sustained contact with a patient with pneumonic plague and not wearing adequate PPE
2. Laboratory worker accidentally exposed to infectious materials and not wearing adequate PPE
3. Person who had close (<6 feet), or direct contact with infected animals such as veterinary staff, pet owners, and hunters.

VI. CONTROL OF CARRIERS

A carrier state has not been documented for plague and thus no carrier-specific control measures are needed.

VII. MANAGEMENT OF SPECIAL SITUATIONS/OUTBREAK CONTROL

Coordinate with senior epidemiology staff to determine if an outbreak is occurring. If so, notify DPBH Environmental Health, local health authorities, or infection control, as appropriate.

Potential veterinary clinic exposure/outbreak

Notify NDA/NDOW as appropriate and work with affected veterinary clinic to contact animal owner and veterinary staff clinic that may have been exposed. Depending on exposure risk, post-exposure prophylaxis may be indicated. Staff and animal owner are advised to closely watch their health for 2 weeks following the last exposure to infected animal.[22]

Bioterrorism

Plague is recognized as a potential bioterrorism agent. Several cases of pneumonic plague in one area would prompt immediate CDC response. Additionally, any case of plague outside areas where plague naturally occurs and in people without history of travel would cause alarm.[23] In addition to coordination with CDC, PHP partners would be informed along with the Nevada Board of Pharmacy to coordinate antibiotic treatment distribution. We would reach out to NSPHL and SNPHL so inform them of potential testing surge for plague.

VIII. PREVENTION

The investigator should reference the most recent disease specific public educational materials from the CDC. The Nevada OSE website also provides information about plague.

The best way to prevent plague is to:[21]

- Reduce rodent habitat around your home, workplace, and recreational areas. Remove brush, rock piles, junk, cluttered firewood, and possible rodent food supplies, such as pet and wild animal food. Make your home and outbuildings rodent-proof.
- Wear gloves if you are handling or skinning potentially infected animals to prevent contact between your skin and the plague bacteria. Contact your local health department if you have questions about disposal of dead animals.
- Use repellent if you think you could be exposed to fleas during activities such as camping, hiking, or working outdoors. Products containing DEET can be applied to the skin as well as clothing and products containing permethrin can be applied to clothing (always follow instructions on the label). Please refer to CDC's guidance on preventing fleas.
- Keep fleas off of your pets by applying flea control products. Animals that roam freely are more likely to come in contact with plague infected animals or fleas and could bring them into homes. If your pet becomes sick, seek care from a veterinarian as soon as possible.
- Do not allow dogs or cats that roam free in endemic areas to sleep on your bed.
- Prevent flea bites especially when traveling domestically or internationally to areas with endemic plague.

Note: A plague vaccine is no longer available in the United States. New plague vaccines are in development but are not expected to be commercially available in the immediate future.

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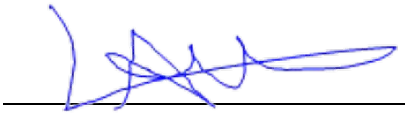
X. ACKNOWLEDGEMENTS

This document was developed based on the content and format of the disease investigation guidelines of several state and local health jurisdictions:

- Oregon Health Authority Investigative Guidelines
- Washington State Department of Health Reporting and Surveillance Guidelines
- Washoe County Health District Epidemiology and Communicable Disease Program Investigation of Communicable Disease Manual

The Nevada Office of State Epidemiology would like to acknowledge the work of these great partners.

XI. UPDATE LOG



Ihsan Azzam, Ph.D., M.D.

Chief Medical Officer

10/19/2026

Chief Medical Officer Approval Date