

Bubonic plague ravages Madagascar

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Since August 1, 171 people have died in Madagascar after becoming infected with a virulent strain of bubonic plague. As of November 10, according to the World Health Organization (WHO), there are 2,119 confirmed cases of people infected in Madagascar. While the rate of infection has declined, the WHO is expecting more cases going into early next year.

Professor Jimmy Whitworth, an international public health scientist at the London School of Hygiene and Tropical Medicine, stated, "This outbreak is the worst for 50 years or more."

The current manifestation of the strain has been particularly resistant to antibiotic treatment. The plague has swept into the capital city Antananarivo, surprising medical personnel, as traditionally the strain usually does not develop in heavily populated areas.

The so-called Black Plague, a virulent infection mainly spread by bacteria in mammals and fleas, can be treated with a regimen of antibiotics, if the disease is discovered early. The bubonic strain of the plague, the so-called "Black Death", threatened human existence and decimated entire civilizations across Medieval Europe and Eurasia, claiming an estimated 75-200 million lives in the 14th century.

There are three forms of the plague; bubonic, pneumonic, and septicemic. The most common form of the disease is bubonic, the form currently in Madagascar. Septicemic is the most deadly, with a 100 percent fatality rate. The pneumonic form of the disease materializes when the bubonic form is left untreated, and the disease moves to the victim's lungs, making it the most contagious. People infected by the plague generally experience headaches, dizziness, fever and flu-like symptoms.

The WHO reports that 62 per cent of all reported cases of the current outbreak in Madagascar are pneumonic plague, the form most contagious, as persons who become infected will cough and sneeze,

making the disease airborne. According to figures published by WHO, the outbreak in Madagascar has a fatality rate of 8 per cent.

In the period of August 1 to November 10, 1,618 cases and 72 deaths in the country have been clinically classified as pneumonic plague; 324 cases classified as bubonic plague; and one case as septicemic plague. Also during the same period, 16 (out of a total 22) regions in Madagascar have reported plague cases, with the Analamanga region, which includes the capital city, Antananarivo, being the most affected, with 72 per cent of all cases.

The outbreak in Madagascar has a high potential to erupt into a full-scale pandemic, as the country is ill-equipped to deal with such virulent outbreaks, due to a lack of vital health care services and poor infrastructure. The WHO has made a mere \$4.9 million available to deal with the catastrophic epidemic.

Professor Michael Bayliss of the Institute of Infection and Global Health at Liverpool University, suggested that the plague's surprising spread was due to the heavy rains and flooding brought about by El Niño.

Bayliss told the UK *Express*, "We have suspicions--and it is no more than a suspicion--that it could be related to the El Niño we had a year ago."

The WHO weighed in, suggesting the popular Malagasy religious practice of "Famadihana," a ceremony which prescribes the digging up of graves of ancestors to rewrap the corpses and dance around the tomb with them before reburying them, contributed to the spread of the plague.

Madagascar's health minister, Willy Randriamarotia, told reporters, "If a person dies of pneumonic plague and is then interred in a tomb that is subsequently opened for a Famadihana, the bacteria can still be transmitted and contaminate whoever handles the body."

While cultural practices and environmental factors,

such as those brought about by climate change, may exacerbate the effects of plague and other pandemics, it is the configuration of impoverished conditions of life for the Malagasy masses, and the lack of access to decent health care and facilities, which assumes the largest role in contributing to the severity of the plague raging through Madagascar.

Of the 24 million people who make up the Malagasy population, the majority live in abject poverty. According to the most recent figures published in 2012 by UNICEF, 81 percent of the population lives on \$1.25 per day or less. While the country's GDP is nearly \$10 billion annually, less than 3 percent is allocated towards health care. The infant mortality rate is roughly 42 per 1,000 live births, and the neonatal mortality rate is 22. Only 48.1 per cent of the population has access to sanitary water facilities.

Hospitals and clinics, where they exist in the country, suffer an acute lack of equipment and properly trained staff necessary to deliver proper health care. Many rural residents are many miles from a doctor or clinic. Due to a starvation of funding made available for quality, adequate medical care, the ability to treat and contain pandemics is severely impacted.

In the midst of such glaring poverty, a mere ten people in the country sit atop an obscene pile of wealth. The ten own a variety of business concerns, including banking and manufacturing, which generate annual revenue of more than \$3 billion. In contrast, less than \$300 million is allocated for health care in a nation of 24 million, which equates to a pitiful \$12.50 per person annually.

That such pandemics as bubonic plague run rampant in the modern era stands as an indictment of not only a privatized-for-profit medical system, but the entire existing setup in which the capitalist politicians in Antananarivo oversee and facilitate the criminal enrichment of a tiny layer of wealthy parasites at the top of Malagasy society, at the expense of the impoverished Malagasy population.



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