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# Plague Transmission from Corpses and Carcasses

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Knowing whether human corpses can transmit plague will inform policies for handling the bodies of those who have died of the disease. We analyzed the literature to evaluate risk for transmission of *Yersinia pestis*, the causative agent of plague, from human corpses and animal carcasses. Because we could not find direct evidence of transmission, we described a transmission pathway and assessed the potential for transmission at each step. We examined 3 potential sources of infection: body fluids of living plague patients, infected corpses and carcasses, and body fluids of infected corpses. We concluded that pneumonic plague can be transmitted by intensive handling of the corpse or carcass, presumably through the inhalation of respiratory droplets, and that bubonic plague can be transmitted by blood-to-blood contact with the body fluids of a corpse or carcass. These findings should inform precautions taken by those handling the bodies of persons or animals that died of plague.

Plague is an ancient disease that has killed millions of persons including one third of the population of Europe during the Black Death pandemic in the 14th century (1). Plague remains a threat in many parts of the world (2) and has been categorized by the World Health Organization as a reemerging disease (3). Caused by *Yersinia pestis*, a nonmotile, gram-negative coccobacillus, this zoonotic disease has its main reservoir in rodents (4,5). Humans become infected by *Y. pestis* through bites from infected fleas or animals, handling or ingesting infected animals or humans, or inhaling aerosolized droplets from infected tissues (Figure 1) (6–10). Plague has 3 main clinical syndromes: bubonic plague, which is characterized by inflammation of lymph nodes after a flea bite or scratch from an infected animal (11,12); pneumonic plague, which is spread by inhalation of droplets

from infected humans or animals; and septicemic plague, which results from the hematogenous spread of bubonic or pneumonic plague (13).

To inform World Health Organization recommendations on personal protective equipment (PPE) for healthcare workers, we evaluated whether corpses of plague patients might be infectious. Little is known about the potential infectiousness of corpses, the duration of risk for infection to humans handling corpses, or possible transmission routes. Information on infectiousness of human corpses can guide development of protective measures for healthcare staff and relatives who might not use PPE during traditional funeral rituals (14). We know of 3 possible transmission routes: direct contact with infectious body fluids, such as through open wounds or inhalation; indirect contact through contaminated clothing; and bites from infected fleas from corpses or their clothes. In this review, we sought to estimate the risk for *Y. pestis* transmission from body fluids of corpses. Because little direct evidence for plague transmission from corpses exists, we assessed evidence for potential transmission by body fluids of living plague patients, corpses and carcasses, and body fluids of corpses and carcasses. We also analyzed the potential duration of infectiousness of body fluids from corpses and carcasses (Figure 2) (15).

## Methods

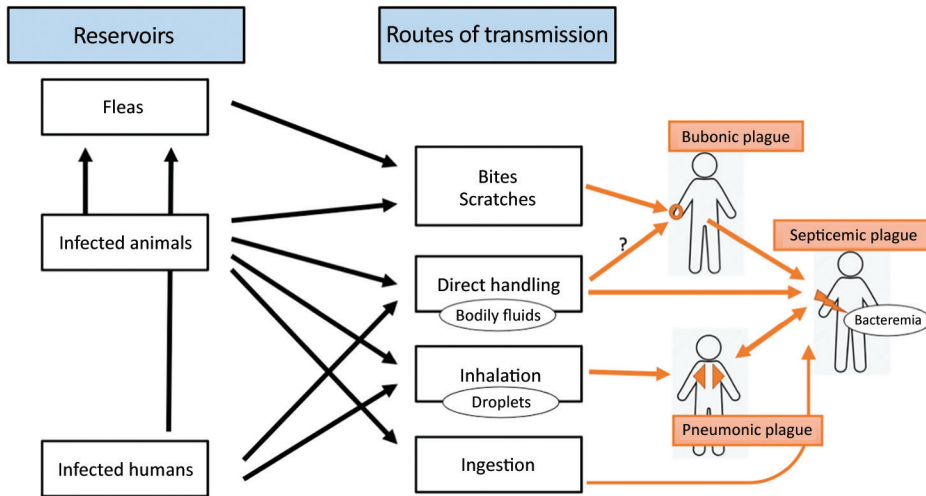
We used different inclusion criteria for each potential transmission pathway (Table 1). Because we assumed that the consumption of human corpses was rare, we excluded cases caused by the consumption of infected meat. We also excluded cases caused by transmission from vectors, such as fleas.

We searched PubMed, Embase, Science Citation Index, and Scopus for literature published by May 20, 2019, and identified all relevant studies regardless of language, publication status, or publication date (Appendix, <https://wwwnc.cdc.gov/EID/article/27/8/20-0136-App1.pdf>). We also manually

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**Figure 1.** Reservoirs of *Yersinia pestis* and transmission routes leading to different forms of plague. Black arrows indicate links between infection sources and transmission routes. Orange arrows indicate causality of different plague syndromes according to transmission routes.

searched the reference lists of all identified papers and contacted relevant researchers.

**Study Selection**

First, we (2 review authors) independently screened the abstracts of articles retrieved by the search strategy and classified them using predefined eligibility criteria (Table 1). For the second stage of screening, we retrieved full-text copies and applied the same criteria. We assessed manuscripts in French, Russian, German, and Chinese with the help of native-speaking authors and plague experts or through online translation. We resolved any discrepancies through discussion and excluded studies that did not meet the inclusion criteria (Figure 3; Appendix Table 1).

**Data Extraction, Bias Assessment, and Analysis**

For each included study, we (2 review authors) extracted data on protocol and other characteristics (Appendix Tables 4–57). We also considered each study’s limitations by assessing risk for bias using 6 questions

modified from the quality appraisal tool developed by Cho et al. (16) (Appendix Table 3). We did not find suitable data for statistical analysis.

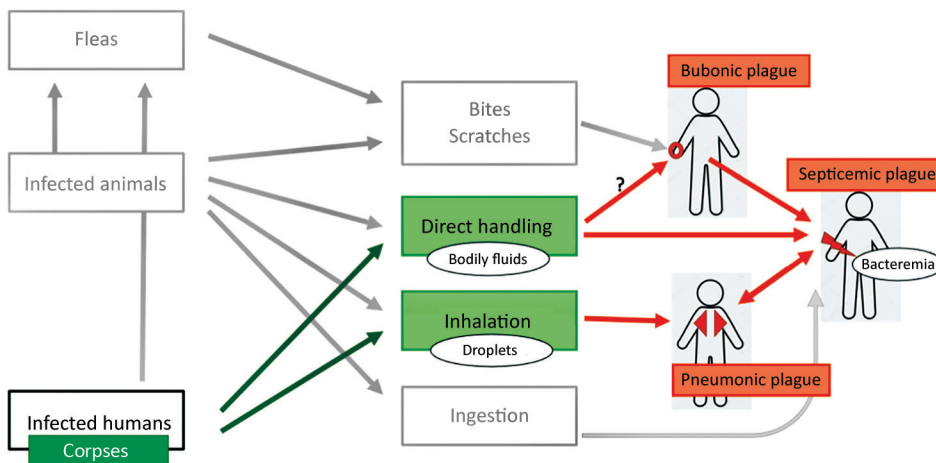
**Results**

We identified 644 studies (616 in the literature search, after removal of duplicates, and 28 in the manual search) and used 25 in the final review (Figure 3). Ten studies addressed potential transmission by body fluids of living persons who had plague, 16 addressed potential transmission from corpses and carcasses, and 2 addressed potential transmission from body fluids of human corpses and animal carcasses. Three studies addressed  $\geq 1$  research question.

**Infectiousness of Body Fluids of Living Plague Patients**

**Study Descriptions**

We found 10 studies that documented direct human-to-human transmission of *Y. pestis* (Appendix Table



**Figure 2.** Potential plague transmission routes from human corpses. Black arrows indicate links between infection sources and transmission routes. Orange arrows indicate causality of different plague syndromes according to transmission routes.

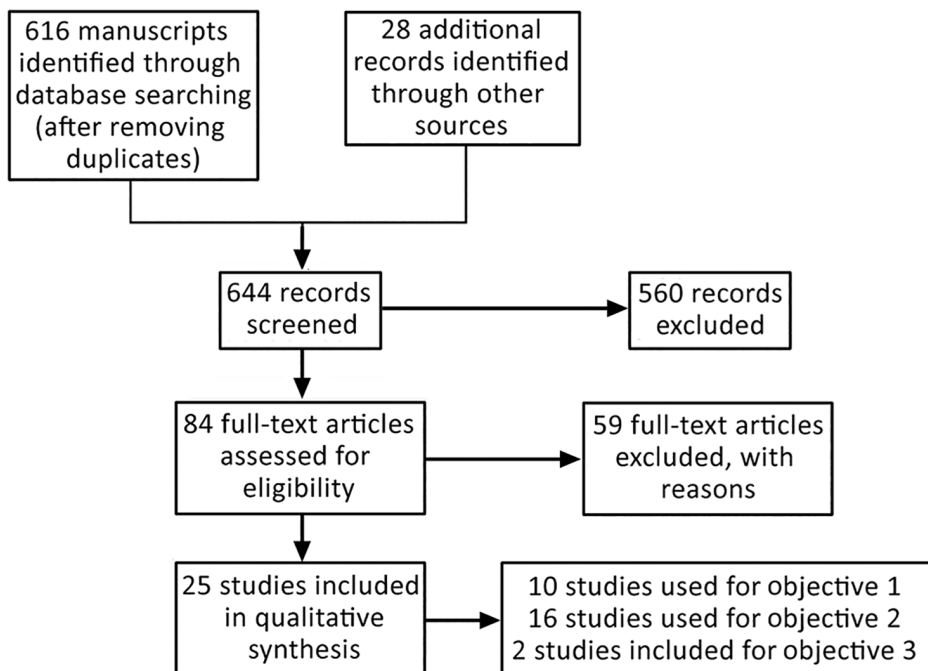
**Table 1.** Inclusion criteria for literature review on transmission of plague from human corpses

| Research topic     | Infectiousness of body fluids of living plague patients   | Infections acquired from corpses and carcasses   | Infectiousness of body fluids of corpses and carcasses  |
|--------------------|---|--|---|
| Study type         | Descriptive (including surveillance data, case series, and case reports)  | Descriptive (including case series and case reports)   | Descriptive (including case series and case reports)  |
| Participants       | Persons who have laboratory-confirmed plague  | Persons or animals that died of laboratory-confirmed plague  | Persons or animals that died of laboratory-confirmed plague   |
| Outcomes           | New case of confirmed plague attributed to direct transmission from an infected human (i.e., human-to-human transmission) | New case of confirmed plague attributed to direct transmission from an infected corpse or carcass                                | New case of confirmed plague attributed to direct transmission from an infected corpse or carcass, with a specified period between the time of death of the plague victim and time of contact with corpse<br>Isolation of <i>Yersinia pestis</i> by culture from body fluids from an infected corpse or carcass, with a specified period between the time of death of the plague victim and the time of <i>Y. pestis</i> identification |
| Exclusion criteria | None  | Studies reporting only cases of plague attributed to consumption of infected meat, or cases transmitted by vectors such as fleas | Studies examining the persistence of <i>Y. pestis</i> DNA in corpses or carcasses that were previously buried, in the soil, or on environmental surfaces  |

4). In total, 4 studies described plague cases during the 20th century in Brazil (17), South Africa (18), and the United States (19,20) and 6 reported outbreaks during 1997–2017 in Madagascar (21–24), Uganda (25), and the Democratic Republic of the Congo (26). Altogether, the 10 studies described 2,388 plague cases caused by direct human-to-human contact, including 1,861 cases documented during an outbreak in Madagascar (21). Nearly all the patients had primary pneumonic plague, except for 4 patients who had septicemic plague (18,26) and 6 who had a mixed form described as probable pneumonic affectation secondary to buboes (18).

**Risk for Bias**

Six studies included adequate descriptions of patient characteristics such as age, sex, and form of plague; 3 had inadequate descriptions; and 1 did not provide such information. Four studies described efforts to trace contacts from the index case, suggesting a perception of contagiousness. All 10 studies met our inclusion criterion by providing a description of laboratory methods used to confirm cases, although 2 studies included only partial descriptions. We used the quality appraisal tool to judge whether the suggested transmission route and causative relationship to infection was plausible for 8 studies. We could not



**Figure 3.** Flowchart of study on plague transmission from human corpses. Study examined 3 potential sources of infection: body fluids of living plague patients (objective 1), infected corpses and carcasses (objective 2), and body fluids of infected corpses (objective 3).

make definitive judgements for 2 studies that comprised 50 cases but lacked sufficient data (Table 2; Appendix Tables 6, 8, 10, 12, 14, 16, 18, 20, 22, 24).

**Findings**

Various studies reported bloody sputum from the index patient (23,25), infected contacts (18,22), or both (24). Transmission was attributed to respiratory droplets for 1,893 combined cases (20,21,23,25) and to aerosolized bacteria for 311 combined cases (24,26). A combination of 3 studies found that 63 cases were consistent with human-to-human transmission, but the studies did not provide further details (17,19,22).

To assess the contagiousness of plague patients, we extracted data about uninfected contacts. Across 4 studies that provided such information, a total of 51 contacts were infected by 5 index patients (although however, some infected contacts then acted as index patients for additional infections), whereas 341 contacts of those 5 index patients did not become ill (22–25). The study authors estimated incidence proportions of 8%, 8.4%, and 55% (23–25). One study estimated the transmission rate to be 0.41 susceptible persons/day (22). Some studies reported that infected contacts had close and prolonged exposure to index patients (18,20,23–25). Four studies from South Africa and Madagascar attributed plague transmission to funerary activities, such as preparing bodies for funerals or active participation in the funerals (18,21–23). Uninfected contacts included family members who slept in the same bed as the patient until the night before the patient’s death (24,25); some of these contacts slept with their heads <2 meters from the coughing plague patient (25).

**Summary**

In total, 6 studies described 2,204 cases of direct *Y. pestis* transmission through infective cough droplets from living plague patients. Some direct transmission

occurred only after close and prolonged exposure. We found no publication describing human-to-human transmission of plague through other body fluids, such as blood (although patients with pneumonic plague can produce respiratory droplets from bloody sputum), urine, feces, sweat, or bubo pus.

**Plague Transmitted by Corpses and Carcasses**

**Study Descriptions**

We analyzed 16 retrospective case reports and series published during 1930–2019 (Appendix Tables 25–57). The studies documented a total of 250 cases in 7 countries: 114 in China (27–29), 96 in the United States (8,19,30–35), 17 in Libya (36), 12 in Kazakhstan (37), 9 in Madagascar (23), 1 in South Africa (38), and 1 in Saudi Arabia (39). Plague was more common among men than women, and patient ages ranged from 1–69 years. The combined studies reported 125 cases of primary bubonic plague (mostly with axillary buboes), 70 of primary pneumonic plague, 8 of primary septicemic plague, and 2 of primary intestinal plague.

**Risk for Bias**

Ten studies adequately described the main characteristics of participants (Table 3; Appendix Tables 27, 29, 31, 33, 35, 37, 39, 41, 43, 45, 47, 49, 51, 53, 55, 57). Twelve studies did not describe efforts to trace all contacts of the index patient. These studies provided no information on whether other persons were exposed but did not get infected, complicating our assessment of corpse contagiousness. Eight studies had missing or partial descriptions of laboratory methods used for defining confirmed cases of plague; however, patients with unconfirmed infection were highly suspected to have plague because of clinical and epidemiologic data. Using the quality appraisal toll, we judged the proposed transmission route and causative relationship to infection to be highly

**Table 2.** Risk for bias in studies on human-to-human transmission of plague\*

| Study                      | Were patient characteristics adequately reported? | Was there some effort to trace all contacts from the index case? | Were the methods used for tracing contacts adequate? | Were the laboratory methods used for defining a confirmed case of plague reliable? | Was the route of transmission plausible? | Was the cause-effect of transmission plausible? |
|----------------------------|---|--|--|--|--|---|
| Almeida et al. (17)        | Partial   | Unknown  | NA   | Yes  | No                                       | Unknown   |
| Begier et al. (25)         | Yes   | Yes  | Yes  | Partial  | Yes                                      | Yes   |
| Bertherat et al. (26)      | No  | Partial  | Unknown  | Yes  | Yes                                      | Yes   |
| Evans et al. (18)          | Yes   | Unknown  | NA   | Yes  | Yes                                      | Yes   |
| Kellogg et al. (20)        | Yes   | Unknown  | NA   | Yes  | Yes                                      | Yes   |
| Kugeler 2015 (19)          | Partial   | Unknown  | NA   | Yes  | Unknown                                  | Unknown   |
| Rabaan et al. (21)         | Partial   | Partial  | Unknown  | Yes  | Yes                                      | Yes   |
| Ramasindrazana et al. (22) | Yes   | Yes  | Yes  | Yes  | Yes                                      | Yes   |
| Ratsitorahina et al. (23)  | Yes   | Yes  | Unknown  | Partial  | Yes                                      | Yes   |
| Richard et al. (24)        | Yes   | Yes  | Unknown  | Yes  | Yes                                      | Yes   |

\*NA, not applicable.

**Table 3.** Risk for bias summary in studies on plague acquired from corpses and carcasses\*

| Study ID  | Were patient characteristics adequately reported? | Was there some effort to trace all contacts from the index case? | Were the methods used for tracing contacts adequate? | Were the laboratory methods used for defining a confirmed case of plague reliable? | Was the route of transmission plausible? | Was the cause-effect c transmission plausible? |
|---|---|--|--|--|--|--|
| Centers for Disease Control and Prevention (30) | Yes   | Unknown  | NA   | Yes  | Yes                                      | Yes  |
| Christie et al. (case series 1; 37)             | Partial   | Unknown  | NA   | Partial  | Yes                                      | Yes  |
| Christie et al. (case series 2; 37)             | Partial   | Unknown  | NA   | Partial  | Partial                                  | Partial  |
| Gage et al. (31)                                | Yes   | Unknown  | NA   | Yes  | Yes                                      | Yes  |
| Ge et al. (case report; 27)                     | Yes   | Yes  | Yes  | Yes  | Yes                                      | Yes  |
| Ge et al. (case series; 27)                     | Partial   | Unknown  | NA   | Unknown  | Partial                                  | Partial  |
| Kartman et al. (33)                             | Partial   | Unknown  | NA   | No   | Yes                                      | Yes  |
| Kartman et al. (32)                             | Partial   | Unknown  | NA   | Unknown  | Yes                                      | Yes  |
| Kugeler et al. (34)                             | No  | Unknown  | NA   | Unknown  | Partial                                  | Partial  |
| Mitchell et al. (39)                            | Yes   | Unknown  | NA   | Unknown  | Yes                                      | Yes  |
| Poland et al. (35)                              | Yes   | Yes  | Yes  | Yes  | Yes                                      | Yes  |
| Ratsitorahina et al. (23)                       | Yes   | Yes  | Unknown  | Yes  | Yes                                      | Partial  |
| Saeed et al. (40)                               | Yes   | Yes  | Yes  | Yes  | Yes                                      | Yes  |
| Sagiev et al. (38)                              | No  | Unknown  | NA   | Unknown  | Unknown                                  | Unknown  |
| Von Reyn et al. (36)                            | Yes   | Yes  | Yes  | Yes  | Yes                                      | Yes  |
| Wong et al. (8)                                 | Yes   | Yes  | Yes  | Yes  | Yes                                      | Yes  |
| Wu et al. (28)                                  | Yes   | Unknown  | NA   | Yes  | Yes                                      | Partial  |
| Zhang et al. (29)                               | Partial   | Unknown  | NA   | Partial  | Unknown                                  | Partial  |

\*ID, identification; NA, not applicable.

plausible in 11 studies. Although the remaining 5 studies and case series described in an additional 2 sources also proposed transmission routes, they lacked the information needed to judge plausibility. Furthermore, some case series could not fully exclude fleaborne transmission in all patients.

**Findings**

Corpses were described as the source of exposure in 3 studies comprising up to 42 cases (23,38). Axillary bubonic plague developed in 1 patient after he had conducted a postmortem examination of 2 infected corpses during the 1920s (38). It is unclear whether the examiner had skin lesions on the hands, was wearing PPE during the autopsy, or how soon the autopsies were conducted after death. The second study described 9 persons who contracted pneumonic plague after attending the funeral of someone who died of plague (23). Eight of these contacts had lodged at the house of the deceased person for 2 days after the patient’s death and might have had contact with the deceased person’s wife and son, who also died of plague shortly after. Although the authors concluded that “infection resulted from active participation in the funeral ceremonies and attendance on patients,” it is difficult to distinguish between human-to-human and corpse-to-human transmission in this scenario (23). The third study reported 32 persons infected by contact with plague patients or corpses; this study

provided no disaggregated data nor further details on the route of transmission (29).

The remaining 13 studies reported 208 cases of plague transmitted by carcasses of camels, goats, cats, a bobcat, a fox, a coyote, a mountain lion, Tibetan sheep, marmots, dogs, rabbits, squirrels, and other rodents. Most exposures consisted of carcass-related activities, such as killing the animal, skinning the carcass, or conducting a necropsy, all of which require relatively long and close exposure to the infection source.

Only 1 study directly specified the duration of time between the death of the infected animal and exposure, a period of ≈35 hours (8). Three studies described a total of 11 cases in which exposure occurred ≤24 hours after the death of the infected animal (23,34,39). In addition, 3 other studies described 26 patients who had killed the infected animal, implying immediate exposure (32,33,36).

Of the patients who had bubonic plague, 5 had open skin lesions on their hands or arms while they handled the carcass with bare hands (33,34,35,39). Other persons who had no skin lesions were exposed to the same infection source but were not infected (34,35). Most cases of bubonic plague were axillary, consistent with the inoculation of *Y. pestis* through cuts in the hands or arms. Two studies attributed transmission of primary pneumonic plague to inhalation of aerosols generated by handling the carcass,

including 1 study that theorized aerosol inhalation during necropsy (8,27).

### Summary

Limited evidence exists for plague transmission from human corpses. Ten studies reported plague transmission through direct skin contact with blood from animal carcasses, leading to 121 cases of bubonic plague. Persons who had cuts or skin abrasions had an increased risk of contracting plague. The potential infectiousness of other body fluids remains unknown. It is possible that pneumonic plague might be spread by actions that cause aerosolization of infected body fluids, but this process would require considerable manipulation of the corpse or carcass.

### Infectiousness of Body Fluids of Corpses or Carcasses

We identified 2 studies that detailed the infectious period of plague-infected animal carcasses; however, we could not find any studies documenting the duration of infectiousness of human corpses. One experimental study from Madagascar published in 1965 isolated *Y. pestis* from rodents that died of septicemic plague and were buried in laterite alone or in laterite enriched with manure to simulate local conditions (40). *Y. pestis* was successfully isolated after 5 and 10 days, but not 15 days, after the death and burial of the rodents. Another study reported the case of a wildlife biologist who was in contact with a mountain lion carcass  $\approx 35$  hours after the animal had died (8). The time of death was identified from a mortality signal transmitted from the animal's radio-collar after recording no movement for 6 hours. *Y. pestis* was isolated by culture of the animal's tissues and subtyped by pulsed-field gel electrophoresis. The same strain was later isolated from the biologist, indicating that the mountain lion was the source of the biologist's infection. We judged both studies to be at low risk for bias.

In summary, we do not know how long *Y. pestis* can survive in the body fluids of persons that die of plague, and thus we do not know how long the human corpse might be contagious. Because 1 study documented transmission from an animal 35 hours after death, we surmise the risk for infection from animal carcasses period might extend beyond 24 hours (8).

### Discussion

Historical narratives of plague outbreaks suggest that human-to-human transmission is common for pneumonic plague, but more modern researchers have contested this claim (41). Kool (42) summarized data from historical records and contemporary experiences

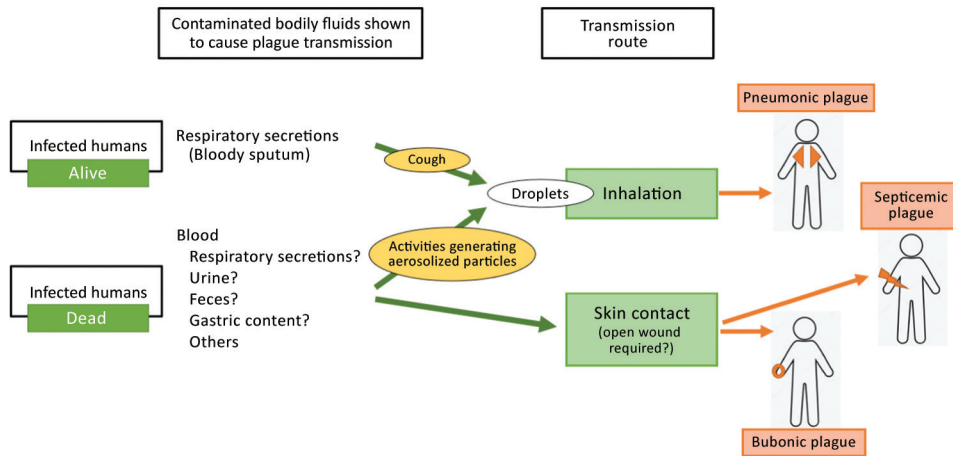
and used qualitative analysis to conclude that "pneumonic plague is not easily transmitted from one person to another." Some analysts have estimated transmission potential of plague using mathematical models based on historical data (43,44). The studies in this review, which examine mostly modern plague outbreaks (many earlier reports did not provide sufficient detail to meet our inclusion criteria), provide evidence that pneumonic plague is transmissible from human to human, but only after close and prolonged exposure. Historical records that did not meet inclusion criteria also provided useful information on the transmissibility of pneumonic plague. For example, some excluded studies demonstrated the isolation of *Y. pestis* from sputum of patients who had pneumonic plague (45,46), suggesting the potential for transmission of plague through inhalation of infected sputum.

We found that bloody sputum was clearly reported as the source of plague transmission in several studies. In studies describing plague transmitted from corpses, the types of contaminated body fluids causing plague transmission, although presumably blood, were not clearly described. Activities reported as the cause of infection included skinning, butchering, and flaying carcasses, as well as conducting post-mortem examinations, all of which result in contact with blood. However, transmission could potentially occur through other body fluids, such as urine, feces, gastric content, or bubo pus.

We did not find evidence that plague can be transmitted by body fluids other than sputum and blood. In addition, the length of time that *Y. pestis* can survive in body fluids or that the corpse is contagious is unknown. We found only 1 study describing plague transmission from an animal that had been dead for  $\approx 35$  hours before patient exposure.

The studies in this review described 2 main routes of transmission. The first is the inhalation of particles, which can result in pneumonic plague. Plague patients generate contaminated droplets by coughing, which is associated with bloody sputum. Corpses do not produce contaminated droplets by cough, but handling the corpse in preparation for autopsy or funeral can generate contaminated droplets of body fluids, mainly blood. Regardless, a close and prolonged exposure is probably needed for disease transmission.

The second route of transmission is through the handling of corpses, such as prolonged exposure during invasive procedures. Some studies documented skin cuts or abrasions on the hands of the persons who became infected, although other studies have not commented on the presence of open wounds. Thus, it is difficult to know whether transmission



**Figure 4.** Summary of the transmission routes described in study on plague transmission from human corpses.

through intact skin can occur, although such transmission seems improbable. We did not find any study describing plague acquired through contact with mucosa.

In some cases, we could not distinguish between transmission routes from corpses, such as whether transmission occurred through body fluids, clothing contaminated with body fluids, or fleas on the body or clothing from the corpse. Our examination of documented plague transmission from the body fluids of living plague patients found that all such reports were of primary pneumonic plague, suggesting the inhalation of particles as the transmission route. Our examination of the infectiousness of body fluids of corpses and carcasses showed that it is difficult to totally exclude the possibility that some cases of bubonic plague were transmitted by fleas. Although most patients were infected by animals (thus excluding the possibility of fleas carried on clothes), the corpses themselves might have had fleas. However, our inclusion criteria limited the likelihood of fleaborne transmission, and we appraised the plausibility of the proposed transmission route for each study. We excluded studies associated with fleas or unknown sources of transmission (30). We noted instances when studies reported an absence of flea bites (33) or when fleaborne transmission might not have been fully excluded (19).

In summary, we provide evidence for plague transmission from human corpses (Figure 4). Inhalation of respiratory droplets produced by intense manipulation of the corpse or carcass could result in pneumonic plague, especially after close and prolonged exposure. Direct skin contact with infected body fluids (mainly blood; it is unclear whether other body fluids might also be infectious) could cause

bubonic plague, or when a person has cuts on their hands, eventually septicemic plague. These findings suggest that persons handling the corpses of those who have died of plague should use PPE, including an adequate mask, gloves, and gown.

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#### About the Author

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## etymologia

### *Culex quinquefasciatus* [*'kyō leks 'kwinkwə fa she 'ah tus*]

Sarah Anne J. Guagliardo, Rebecca S. Levine

In 1823, the American entomologist Thomas Say described *Culex* (Latin for “gnat”) *quinquefasciatus*, which he collected along the Mississippi River. Originally written as “C. 5-fasciatus,” the name refers to 5 (“quinque”) black, broad, transverse bands (“fasciatus” or “fasciae”) on the mosquito’s dorsal abdomen. The name remains despite later revelations of more than 5 fasciae, thanks to improved microscopy. Although *quinquefasciatus* is the official scientific name, there are at least 5 synonymous names for this species.

Say described this species as “exceedingly numerous and troublesome.” “Quinx” are among the world’s most abundant peridomestic mosquitoes, earning the nickname “southern house mosquito.” *Cx. quinquefasciatus* is found throughout subtropical and tropical areas worldwide, except for exceedingly dry or cold regions. This mosquito is a principal vector of many pathogens, transmitting the phlebovirus Rift Valley fever virus and the 2 flaviviruses St. Louis encephalitis virus and West Nile virus, in addition to filarial worms and avian malarial parasites.

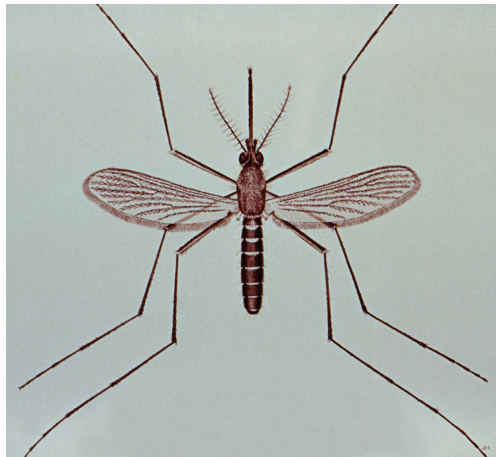


Figure. Female *Culex quinquefasciatus* mosquito. Image credit: CDC Public Health Image Library, 1976.

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# Plague Transmission from Corpses and Carcasses

## Appendix

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**Appendix Table 1.** Search strategy in study on plague transmission from corpses and carcasses

| Step | Search description  |
|------|---|
| 1    | plague.mp. or *plague/  |
| 2    | yersinia pestis.mp. or Yersinia pestis/   |
| 3    | Step 1 or 2   |
| 4    | (transmission or transmitted).ab. or (transmission or transmitted).ti.  |
| 5    | disease transmission.mp. or disease transmission/   |
| 6    | (contamination or contaminated or spread*).ab. or (contamination or contaminated or spread*).ti.  |
| 7    | (infection or infectious).ab. or (infection or infectious).ti.  |
| 8    | Step 4 or 5 or 6 or 7   |
| 9    | Steps 3 and 8   |
| 10   | cadaver/ or cadaver*.mp.  |
| 11   | corpse*.mp. or corpse dismemberment/  |
| 12   | remains.ab. or remains.ti.  |
| 13   | carcass*.ab. or carcass*.ti.  |
| 14   | body fluid*.ab. or body fluid*.ti.  |
| 15   | posthumous care/ or burial/ or burial*.mp.  |
| 16   | (cemetery or cemeteries).mp. [mp = title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading word, candidate term word] |
| 17   | funeral*.mp.  |
| 18   | entombment.mp.  |
| 19   | Step 10 or 11 or 12 or 13 or 14 or 15 or 16 or 17 or 18   |
| 20   | Steps 9 and 19  |

Note: the term "Pasteurella pestis" is indexed under "Yersinia pestis."

**Appendix Table 2.** Characteristics of excluded studies in a literature review on plague transmission from human corpses and carcasses

| Study                         | Year | Reason for exclusion   |
|-------------------------------|------|--|
| Aikimbajev et al.             | 2003 | Transmission of plague from fleas and slaughtering; no further information on the corpses or carcasses.  |
| Ainiwaer et al.               | 2011 | Report of <i>Yersinia pestis</i> strain isolated from rodent carcass; no details when the rodent died; no subsequent infection of human plague.  |
| Arbaji et al.                 | 2005 | Cases caused by consumption of raw meat from an infected camel.  |
| Asaku et al.                  | 2016 | No report of new case of plague; rodent carcasses with no specific isolation of <i>Y. pestis</i> by culture; no details on time between death and testing.   |
| Baltazard<br>Bahmanyar et al. | 1960 | Description of interhuman transmission by parasites.   |
| Baltazard<br>Seydian et al.   | 1960 | Description of interhuman transmission by parasites.   |
| Bannerman et al.              | 1906 | Not enough details provided.   |
| Biggins et al.                | 2019 | Study on maintenance of disease among rodents.   |
| Boegler et al.                | 2018 | Rodent carcass surveillance program; no description of direct plague transmission to humans; nor identification of <i>Y. pestis</i> from the carcasses by culture; no details on time between death and testing.   |
| Boisier et al.                | 2002 | No direct information on method of interhuman transmission.  |
| Boone et al.                  | 2009 | Study of carcass removal by carnivores showed that carcasses were uninfected.  |
| Chalmers et al.               | 1900 | No clear data on human-to-human transmission of plague.  |
| Cohn et al.                   | 2018 | No direct evidence on transmission by corpses.   |
| Danforth et al.               | 2016 | Two new cases transmitted by rodents and fleas (no direct transmission).   |
| Davis et al.                  | 2007 | Plague transmission within burrow systems.   |
| Didelot et al.                | 2017 | No description of real cases of direct transmission.   |
| Doll et al.                   | 1912 | Full-text report not available.  |
| Easterday et al.              | 2012 | Study of genetic changes in plague bacilli.  |
| Esposito et al.               | 1992 | Although the paper mentions "plague has been reported in individuals who have come into contact with the infected carcasses of deer, antelope, foxes, bobcats and coyotes" no further details provided that would enable inclusion in this manuscript. Reference cited for this statement was checked. |
| Evans et al.                  | 2018 | Letter to the editor on transmission by respiratory droplets of parasites.   |
| Ganière et al.                | 2001 | Study looking at zoonoses transmitted by living cats and dogs.   |

| Study               | Year | Reason for exclusion  |
|---------------------|------|---|
| George et al.       | 1941 | Description of transmission to rodents via parasites with no details on persistence or infection from rodent carcasses.   |
| Gimlette et al.     | 1909 | Transmission route is unclear; infection might have been brought from imported clothing with fleas; reports of rat migration and fleas.   |
| Graf et al.         | 2006 | No description of real cases of direct transmission.  |
| Healing et al.      | 1995 | Description of infection hazards of human corpses from both old interments and the recently deceased; no cases of plague transmission described from the recently deceased.   |
| Jellison et al.     | 1939 | Study of bird infection when eating infected rodents.   |
| Krishnaswami et al. | 1972 | Prevalent rodent and flea fauna in the area; no direct evidence on transmission route was reported.   |
| Kuznetsov et al.    | 2018 | Cartography applied for natural foci of plague.   |
| Lynteris et al.     | 2018 | No direct evidence of transmission from corpses.  |
| Madras et al.       | 1917 | Report on veterinary services with no description of plague transmission.   |
| Matsuo et al.       | 1912 | No clear mode of transmission described; exposure to living infected animal.  |
| Mayevsky et al.     | 1999 | Description of transmission of plague among sousliks by fleas through winter.   |
| Mitra et al.        | 1907 | Description of a plague outbreak with no laboratory confirmation of the disease; possibility of transmission from a corpse, however, author reports: "How this man contracted plague is a mystery;" "I have heard a story;" and "there are 2 probable stories." |
| Nishiura et al.     | 2006 | Mode of transmission not described.   |
| Njunwa et al.       | 1989 | Study on rodents and parasites with no details on time between death and testing.   |
| Nyirenda et al.     | 2017 | Investigated potential risk factors associated with facilitating, maintaining, and transmitting sylvatic and murine plague to humans in the study area.   |
| Poleykett et al.    | 2018 | No evidence on transmission by corpses.   |
| Reed et al.         | 1970 | Cases attributed to fleaborne transmission.   |
| Reynolds et al.     | 2011 | No evidence provided on transmission of plague from animals.  |
| Richgels et al.     | 2016 | Simulating plague transmission through animal carcasses; no description of real cases of direct transmission.   |
| Rollo-Koster et al. | 2018 | No direct evidence on transmission from corpses.  |
| Russo et al.        | 1930 | Study based on experimental investigation of plague in insects.   |
| Simpson et al.      | 1909 | Full-text manuscript could not be retrieved.  |
| Sludsky et al.      | 2018 | No description of any human case of plague attributed to corpses or carcasses.  |
| Sotnikov et al.     | 1973 | Full-text manuscript could not be retrieved.  |
| Stepanov et al.     | 1990 | Potential fleaborne transmission.   |
| Strobel et al.      | 2004 | No description of cases of plague transmission.   |
| Strong et al.       | 1912 | No description of human-to-human plague transmission.   |
| Suchkdv et al.      | 1965 | Full-text manuscript could not be retrieved.  |
| Teh et al.          | 1923 | No description of human-to-human plague transmission.   |
| Titus et al.        | 2016 | No information provided on mode of transmission.  |
| Van Arsdel et al.   | 1987 | Letter to the editor.   |
| Vasin et al.        | 2014 | No direct description of cases.   |
| Walsh et al.        | 2015 | No direct cases of plague transmitted by carcasses.   |
| Webb et al.         | 2006 | No cases of plague attributed to direct transmission by carcasses.  |
| Werner et al.       | 1984 | Transmission through direct contact with live cat.  |
| Whittles et al.     | 2016 | Cases not confirmed; incorporates direct transmission and parasitic transmission together.  |
| Zhongliang et al.   | 2016 | Historical narrative manuscript on a doctor involved in plague.   |
| Zou et al.          | 2005 | No evidence of human-to-human transmission.   |

**Appendix Table 3.** Adapted quality appraisal tool for literature review in a study on plague transmission from corpses and carcasses

| For the following questions, tick answer in one of the columns.                    | Yes | Partial | No | Not applicable | Notes |
|--|-----|---------|----|----------------|-------|
| Were patient characteristics adequately reported?                                  |     |         |    |                |       |
| Was there some effort to trace all contacts from the index case?                   |     |         |    |                |       |
| Were the methods used for tracing contacts adequate?                               |     |         |    |                |       |
| Were the laboratory methods used for defining a confirmed case of plague reliable? |     |         |    |                |       |
| Was the route of transmission described plausible?                                 |     |         |    |                |       |
| Was the cause-effect of transmission plausible?                                    |     |         |    |                |       |

**Appendix Table 4.** Studies describing infectiousness of body fluids from living persons who have plague\*

| Study                     | Pub. year | Location (date)                                    | Index case(s), no. (type) | Infected contact(s), no. (type) | Uninfected contacts             | Contagiousness                  | Contaminated body fluids and transmission route (according to study authors)   |
|---------------------------|-----------|--|---------------------------|---------------------------------|---------------------------------|---------------------------------|--|
| Almeida et al. (1)        | 1981      | Brazil (1977–1979)                                 | 1 (BP)                    | 1 (PPP)                         | NA                              | NA                              | NA   |
| Begier et al. (2)         | 2006      | Uganda (2004)                                      | 2 (SPP)                   | 2 (PPP)                         | 23 (no PEP)                     | Attack rate 8%                  | “Respiratory droplets rather than aerosols.”   |
| Bertherat et al. (3)      | 2011      | Democratic Republic of the Congo (2004–2005; 2006) | NA                        | 292 (290 PPP, 2 SP)             | NA                              | NA                              | Not directly stated; assumed transmission from sputum and “aerosolized bacteria spread through coughing”   |
| Evans et al. (4)          | 2018      | South Africa (1904)                                | Unable to be traced       | 121 (113 PP, 2 SP, 6 mixed)     | NA                              | R <sub>i</sub> : peak of 2–4    | “There is little evidence to confirm the conventional view that such cases originated through airborne transmission from patients with bubonic plague in whom secondary pneumonic plague had developed (mixed cases).” |
| Kellogg et al. (5)        | 1920      | USA (1919)   | 1 (BP, SPP)               | 13 (PPP)                        | NA                              | NA                              | “Droplet infection and personal contact.”  |
| Kugeler et al. (6)        | 2015      | USA (1900–1925)                                    | NA                        | 49 (PPP)                        | NA                              | NA                              | “Human-to-human transmission.”   |
| Rabaan et al. (7)         | 2019      | Madagascar (2017)                                  | 1 (SPP)                   | 1,861 (PPP)†                    | NA                              | NA                              | “Via respiratory droplets.”  |
| Ramasindrazana et al. (8) | 2017      | Madagascar (2015)                                  | 1 (SPP)                   | 13 (PPP)                        | 123 from index case (PEP in 35) | R <sub>0</sub> : 1.44; TR: 0.41 | “The matched genetic grouping between the 2 human samples is consistent with human-to-human transmission.”   |
| Ratsitorahina et al. (9)  | 2000      | Madagascar (1997)                                  | 1 (SPP)                   | 17 (PPP)                        | 154 (PEP)                       | Attack rate 8.4%                | “Direct transmission of <i>Y. pestis</i> through infective cough droplets.”  |
| Richard et al. (10)       | 2015      | Madagascar (2011)                                  | 1 (PP)                    | 19 (PPP)                        | 41 (PEP in 39)                  | Attack rate 55%                 | Not directly stated; assumed that “pathogen is transmitted as an aerosol by droplets or by contaminated dust.”   |

\*BP, bubonic plague; NA, not available; PEP, postexposure prophylaxis; PP, pneumonic plague; PPP, primary pneumonic plague; pub, publication; R<sub>0</sub>, reproductive number; R<sub>i</sub>, estimation of time varying, which is the average number of secondary infections resulting from an infectious person; SP, septicemic plague; SPP, secondary pneumonic plague; TR, transmission rate, in susceptible persons per day; *Y. pestis*, *Yersinia pestis*.

†2,417 cases of plague were registered during this outbreak, including pneumonic and bubonic forms of plague. In another manuscript describing the same outbreak, authors mentioned that pneumonic plague was confirmed in 77% of patients (10). This table documents the reported number of patients with pneumonic plague.

**Appendix Table 5.** Characteristics of Almeida et al. (1) analyzed in a study on plague transmission from corpses and carcasses

| Characteristic                                     | Description   |
|--|---|
| <b>Basic information</b>                           |   |
| Setting  | Brazil (states of Ceara, Pernambuco, and Paraiba)   |
| Date   | Dec 1977–May 1979   |
| Summary  | This manuscript reported cases of plague in Brazil during a 2-year period. We included one case of plague attributed to human-to-human transmission. The other cases described are bubonic cases, and no other case can be ascertained to be associated with human-to-human transmission. |
| <b>Index patient(s)</b>                            |   |
| No.  | 1   |
| Form(s)  | Bubonic plague (no further details)   |
| Description  | Whether respiratory symptoms developed in the index patient is not reported. None of the patients with confirmed plague had severe illness.   |
| <b>Persons infected by index patient(s)</b>        |   |
| No.  | 1   |
| Form(s)  | Primary pneumonic plague  |
| Description  | Woman 33 years of age who was family contact of the index case. Absence of buboes but signs of pneumonia.   |
| Transmission route (as described by study authors) | Not reported  |
| <b>Plague diagnosis</b>                            |   |
| Definition(s)                                      | Not reported  |
| Laboratory findings                                | The secondary patient had a positive sputum culture for <i>Yersinia pestis</i> and positive serologic results during convalescence.   |
| <b>Contacts</b>                                    |   |
| No.  | Not reported  |
| Attack rate  | Not reported  |
| Method of contact                                  | Not reported  |
| <b>tracing</b>                                     |   |
| Definition of contact                              | Not reported  |
| Other relevant data                                | None  |
| Other relevant notes                               | None  |

**Appendix Table 6.** Quality appraisal of Almeida et al. (1) in a study on plague transmission from corpses and carcasses

| Appraisal question   | Judgment       | Support for judgment  |
|--|----------------|---|
| Were patient characteristics adequately reported?                                  | Partial        | Some data are given for the infected contact, but no information is provided on the index patient other than diagnosis of bubonic plague.   |
| Was there some effort to trace all contacts from the index case?                   | Unknown        | Not reported  |
| Were the methods used for tracing contacts adequate?                               | Not applicable | Not applicable  |
| Were the laboratory methods used for defining a confirmed case of plague reliable? | Yes            | The diagnosis of the infected contact was confirmed by a positive sputum culture for <i>Yersinia pestis</i> and positive serologic assay on samples taken during convalescence.   |
| Was the route of transmission plausible?   | No             | The index patient had bubonic plague; few other details provided to assess plausibility of route of transmission. The secondary case had primary pneumonic plague. Although we can assume that secondary pneumonic plague developed in the index patient, this diagnosis is not mentioned. Authors notes that “none of the cases with confirmed plague got severely ill.” |
| Was the cause-effect of transmission plausible?                                    | Unknown        | Unknown route of transmission considered to judge the plausibility of the cause-effect transmission.  |

**Appendix Table 7.** Characteristics of Begier et al. (2) analyzed in a study on plague transmission from corpses and carcasses

| Characteristic                                     | Description   |
|--|---|
| Basic information                                  |   |
| Setting  | Uganda  |
| Date   | Dec. 2004   |
| Summary  |   |
| Index patient(s)                                   |   |
| No.  | 2 (patients A and B)  |
| Form   | Secondary pneumonic plague (primary bubonic plague in patient A, probable bubonic plague in patient B [fever and tender lymphadenopathy without another cause of lymphadenopathy]).   |
| Description  | No social link found between index patients; no contact in the week before disease onset.<br>Both index cases had productive cough progressing to grossly bloody sputum.<br>Patients survived >1 wk without appropriate treatment; patients became severely ill and died.   |
| Persons infected by index patient(s)               |   |
| No.  | 2   |
| Form   | Primary pneumonic plague  |
| Description  | The primary caregiver/mother of patient A; the primary caregiver/sister of patient B.   |
| Transmission route (as described by study authors) | "respiratory droplets, rather than aerosols."   |
| Plague diagnosis                                   |   |
| Definition(s)                                      | Probable pneumonic plague case: respiratory illness of acute onset; accompanied by cough producing grossly bloody sputum.<br>Definite pneumonic plague case: probable case with laboratory evidence of plague infection.  |
| Laboratory findings                                | Three patients had been buried already at time of outbreak identification. One patient had a PCR-positive sputum sample, negative culture results, and positive immunochromatography results.   |
| Contacts   |   |
| No.  | 25  |
| Attack rate  | 8%  |
| Method of contact tracing                          | Prospective active surveillance in the affected region; additional retrospective pneumonic plague surveillance by interviewing private drug shop owners, business owners, traditional healers, and other area residents.  |
| Definition of contact                              | Close contact: person in contact with an index patient (i.e., touched) after onset of cough producing bloody sputum and before patient death.   |
| Other relevant data                                | The contacts did not receive antimicrobial prophylaxis because "more than a week had passed since the index patients' deaths when the outbreak was reported."<br>Uninfected contacts included 3 family members who slept in the same bed as infected cases the night before the death of the infected cases, including persons who slept with their heads <2 m from the coughing plague patient.<br>"In addition, around 200 people attended the 2 cases' funeral and around 75 persons touched the blanket that wrapped one index patient's body, the same blanket that was used during the patient's final days of illness. No contacts used masks, gloves, or any other form of respiratory protection."<br>"No additional pneumonic plague cases were identified during December and in the weeks after the outbreak report. However, through active surveillance we identified 3 probable bubonic plague patients who came to the subcounty's local health center in the first half of January, an increase from a baseline of 0 cases per month in the preceding 3 mo." |
| Other relevant notes                               | "Our patients' clinical course provides clues to why pneumonic plague patients usually infect few persons and why, for example, an air travel-associated outbreak would be unlikely. Our case-patients were visibly short of breath, coughing grossly bloody sputum, and barely ambulatory before transmitting the disease. Thus, when patients are substantially contagious, they are unlikely to be traveling by air and, if so, would appear ill enough to alarm nearby passengers. In most settings, persons this ill are at home or in the hospital. Recent reviews support this observation because most reported pneumonic plague transmissions involve family, friends, or medical professionals caring for ill persons at home or in the hospital."  |



**Appendix Table 8.** Quality appraisal of Begier et al. (2) in a study on plague transmission from corpses and carcasses

| Appraisal question   | Judgment | Support for judgment  |
|--|----------|---|
| Were patient characteristics adequately reported?                                  | Yes      | Form of plague and relationship between index cases and contacts are clearly reported.  |
| Was there some effort to trace all contacts from the index case?                   | Yes      | Contacts are well defined, traced, and described.   |
| Were the methods used for tracing contacts adequate?                               | Yes      | Prospective active surveillance and retrospective pneumonic plague surveillance conducted through interviews.                         |
| Were the laboratory methods used for defining a confirmed case of plague reliable? | Partial  | 3 cases were already buried and therefore no samples were analyzed.<br>1 case was confirmed by PCR and immunochromatographic methods. |
| Was the route of transmission plausible?   | Yes      | Inhalation of infected "respiratory droplets."  |
| Was the cause-effect of transmission plausible?                                    | Yes      | Both index cases are described to develop cough and "grossly bloody sputum."  |

**Appendix Table 9.** Characteristics of Bertherat et al. (3) analyzed in a study on plague transmission from corpses and carcasses\*

| Characteristic                       | Description   |
|--------------------------------------|---|
| Basic information                    |   |
| Setting                              | Democratic Republic of the Congo: diamond mining camp in a remote area with no previous cases of plague reported in the area (2005); gold mining camp (2006).   |
| Date                                 | Dec. 2004–Mar 2005; Aug–Nov 2006  |
| Summary                              |   |
| Index patient(s)                     |   |
| No.                                  | Not reported  |
| Form                                 | Not reported  |
| Description                          | Not reported  |
| Persons infected by index patient(s) |   |
| No.                                  | 130 (2005); 162 (2006)  |
| Form                                 | 128 pneumonic cases, 2 septicemic cases (2005)  |
| Description                          | Not reported  |
| Transmission route                   | Not reported  |
| (as described by study authors)      |   |
| Plague diagnosis                     |   |
| Definition(s)                        | Definitions established by WHO†   |
| Laboratory findings                  | Suspicion of plague outbreak was based on clinical evolution and outbreak characteristics. After WHO team arrival, researchers conducted microbiological testing on blood and sputum samples, immunochromatographic assays on sputum samples, and serologic assays on paired serum samples. Findings revealed 5 confirmed, 10 probable, and 115 suspected cases (2005) and 23 confirmed, 22 probable, and 117 suspected cases (2006). |
| Contacts                             |   |
| No.                                  | Not reported  |
| Attack rate                          | Not reported  |
| Method of contact tracing            | WHO intervention (identification of around 25 close contacts for each suspected case)   |
| Definition of contact                | Not reported  |
| Other relevant data                  | Close contacts received chemoprophylaxis  |
| Other relevant notes                 | "Pneumonic plague is of serious concern because of the potential for human- to-human transmission from aerosolized bacteria spread through coughing. Pneumonic plague can lead to localized outbreaks, or even devastating epidemics, because the infectious dose can be as low as 100–500 organisms."  |

\*WHO, World Health Organization.

†World Health Organization. International meeting on preventing and controlling plague: the old calamity still has a future. 2006 [cited 2019 Jul 30]. <https://apps.who.int/iris/handle/10665/233148>.

**Appendix Table 10.** Quality appraisal of Bertherat et al. (3) in a study on plague transmission from corpses and carcasses

| Appraisal question   | Judgment | Support for judgment   |
|--|----------|--|
| Were patient characteristics adequately reported?                                  | No       | Description of index cases and infected contacts not reported (other than number of forms of plague in infected contacts).   |
| Was there some effort to trace all contacts from the index case?                   | Partial  | Although the index case is not reported, contacts were traced beginning when the World Health Organization team reached the outbreak setting and put adequate measures in place. |
| Were the methods used for tracing contacts adequate?                               | Unknown  | Not reported   |
| Were the laboratory methods used for defining a confirmed case of plague reliable? | Yes      | Cases were defined as confirmed, probable and suspected cases of plague according to the World Health Organization definitions.*   |
| Was the route of transmission plausible?   | Yes      | Although the index case is not reported, transmission is assumed to be "human to human transmission from aerosolized bacteria spread through coughing."                          |
| Was the cause-effect of transmission plausible?                                    | Yes      | Context of pneumonic plague outbreak following the route of transmission described above.  |

\*World Health Organization. International meeting on preventing and controlling plague: the old calamity still has a future. 2006 [cited 2019 Jul 30]. <https://apps.who.int/iris/handle/10665/233148>.

**Appendix Table 11.** Characteristics of Evans et al. (4) analyzed in a study on plague transmission from corpses and carcasses\*

| Characteristic                                     | Description  |
|--|--|
| <b>Basic information</b>                           |  |
| Setting  | Johannesburg, South Africa   |
| Date   | Jan–Mar 1904   |
| Other notes  | The study authors modeled their manuscript on the Rand Plague Committee Report† "that documented the principal findings together with the data on which their inferences were based."  |
| <b>Index patient(s)</b>                            |  |
| No.  | Unknown  |
| Form   | Unknown  |
| Description  | The investigators were unable to trace the index case(s) and speculated that "plague infected rice was imported from Bombay during December, 1903 and January 1904. From this rice a few Indians were infected with the pneumonic form of plague."   |
| <b>Persons infected by index patient(s)</b>        |  |
| No.  | 121  |
| Form   | 113 primary pneumonic plague, 6 mixed, 2 septicemic plague; the manuscript also described 40 cases of bubonic plague attributed to a "low-key epizootic of rats."  |
| Description  | Mainly "Indians," but also "whites," "natives," and "coloreds." Mostly men. In total, 31 persons survived bubonic plague and 2 survived pneumonic plague. Before death, patients with primary pneumonic plague had "scanty but blood-stained expectorations."  |
| Transmission route (as described by study authors) | "Investigations of the Indian community identified 16 probable transmissions involving nursing, preparing bodies for funerals, attending funerals, or close family members."<br>"...transmission seemed to follow relationship pathways involving intimate contact."<br>"There is little evidence to confirm the conventional view that such cases originated through airborne transmission from patients with bubonic plague in whom secondary pneumonic plague had developed (mixed cases) and no evidence that a person from outside Johannesburg introduced pneumonic plague into the area." |
| <b>Plague diagnosis</b>                            |  |
| Definition(s)                                      | "Pure pneumonic cases were those in which no buboes could be found, but in which there was definite bronchopneumonia. The mixed cases were those in which there was definite bronchopneumonia, as well as buboes, and the <i>B. Pestis</i> [sic] was recovered both from the foci in the lungs and from the bubo. The septicaemic cases were those without either signs of pneumonia or buboes."   |
| Laboratory findings                                | " <i>Y. pestis</i> in samples of sputum or tissues from organs including the lung, spleen, and liver. Bacteria were cultured, identified morphologically, and subsequently confirmed by inoculation into rabbits and guinea pigs."   |
| <b>Contacts</b>                                    |  |
| No.  | Unknown  |
| Attack rate  | Not calculated. $R_t$ of 2–4.  |
| Method of contact tracing                          | "Inspectors were appointed to search for additional sick persons."   |
| Definition of contact                              | Not reported   |
| Other relevant data                                | "The decrease in estimated transmissibility coincides with the start of the isolation process on March 18, suggesting that this strategy was probably effective;"<br>"A particularly noteworthy aspect of this outbreak of primary pneumonic plague was that none of the 9 escapees from the Coolie Location transmitted the disease to the wider population; the RPCR also lists lack of transmission by many other case-patients. Nevertheless, within social networks characterized by family connections, employment, caste, and so on, the disease spread rapidly."                         |

| Characteristic       | Description   |
|----------------------|---|
| Other relevant notes | <p>"Transmission rates rapidly diminished after implementation of control measures, including isolation and safer burial practices;"</p> <p>"As the outbreak progressed, most deaths occurred in hospitals that allowed some control of burial practices. The RCPR states that '... in the case of Hindoos and the Mohammedans [sic]. The former were allowed to bury their dead: the latter, who have certain religious functions to perform were given a room in the mortuary to perform the rite. They were warned of the dangers of handling the cadavers, and it was suggested to them that the washing should be performed with a solution of corrosive sublimate;"</p> <p>"...pattern in which the disease is transmitted to relatives, friends, or caregivers but not to more loosely associated contacts..."</p> <p>"It is well known that primary pneumonic plague rapidly incapacitates the patient, who is then incapable of reaching potential contacts within the most infectious period. Nevertheless, this study shows that relatively high rates of transmission were achieved in Johannesburg in 1904, as demonstrated by the peak values for the estimated time-varying <math>R_t</math>."</p> |

\*RPCR, Rand Plague Committee Report;  $R_t$ , estimate of time varying; *Y. pestis*, *Yersinia pestis*.

†Report upon the outbreak of plague on the Witwatersrand March 18th to July 31st, 1904. Johannesburg (South Africa): Angus Printing and Publishing Company Ltd.; 1905.

**Appendix Table 12.** Quality appraisal of Evans et al. (4) in a study on plague transmission from corpses and carcasses

| Appraisal question   | Judgment       | Support for judgment   |
|--|----------------|--|
| Were patient characteristics adequately reported?                                  | Yes            | Although the index case could not be traced, characteristics of the infected contacts are well-reported.   |
| Was there some effort to trace all contacts from the index case?                   | Unknown        | Not reported   |
| Were the methods used for tracing contacts adequate?                               | Not applicable | Not applicable   |
| Were the laboratory methods used for defining a confirmed case of plague reliable? | Yes            | Isolation of <i>Yersinia pestis</i> from biological samples.   |
| Was the route of transmission plausible?   | Yes            | Although the index case was not traced, transmission among humans attributed to spreading mechanisms of pneumonic plague.  |
| Was the cause-effect of transmission plausible?                                    | Yes            | Context of pneumonic plague outbreak spread by human-to-human transmission of pneumonic plague.<br>Cases of bubonic plague were also reported and attributed to flea- and rat-associated transmission. |

**Appendix Table 13.** Characteristics of Kellogg et al. (5) analyzed in a study on plague transmission from corpses and carcasses

| Characteristic                                     | Description   |
|--|---|
| Basic information                                  |   |
| Setting  | Oakland, California, USA  |
| Date   | Aug–Sep 1919  |
| Other notes  |   |
| Index patient(s)                                   |   |
| No.  | 1 (patient A)   |
| Form   | Bubonic plague with secondary pneumonic plague  |
| Description  | Man who went hunting 2 and 4 d before symptoms onset. Symptoms were fever, chest pain, and right axillary bubo. Died on day 6.  |
| Persons infected by index patient(s)               |   |
| No.  | 13; 1 (patient B) by the index patient (A), 12 (C–G) in contacts of patient B; 7 (H–N) by subsequent contacts.  |
| Form   | Primary pneumonic plague  |
| Description  | 9 men, 4 women. All had direct close contact, such as visiting, nursing, treating, or living with an infected person. Only 1 person survived  |
| Transmission route (as described by study authors) | "...droplet infection and personal contact with the other victims."   |
| Plague diagnosis                                   |   |
| Definition(s)                                      | Not reported  |
| Laboratory findings                                | "The first three or four of this series were thought to be influenza with pneumonia." These patients did not have microbiological diagnosis because plague was not suspected yet; autopsy of case J showed "numerous bipolar staining bacilli resembling plague" in lung; autopsy of case M showed bacterial identification of plague in culture from guinea pig inoculated with patient lung tissue; sputum samples of case H reported with identification of pneumococci. |

| Characteristic        | Description  |
|-----------------------|--------------|
| Contacts              |              |
| No.                   | Not reported |
| Attack rate           | Not reported |
| Method of contact     | Not reported |
| tracing               |              |
| Definition of contact | Not reported |
| Other relevant data   | None         |
| Other relevant notes  | None         |

\*R<sub>i</sub>, estimate of time varying; *Y. pestis*, *Yersinia pestis*.

**Appendix Table 14.** Quality appraisal of Kellogg et al. (5) in a study on plague transmission from corpses and carcasses

| Appraisal question   | Judgment       | Support for judgment   |
|--|----------------|--|
| Were patient characteristics adequately reported?                                  | Yes            | Description of index cases and infected contacts were adequately reported.   |
| Was there some effort to trace all contacts from the index case?                   | Unknown        | Not reported   |
| Were the methods used for tracing contacts adequate?                               | Not applicable | Not applicable   |
| Were the laboratory methods used for defining a confirmed case of plague reliable? | Yes            | Initially, plague was not suspected. After suspicion of plague, patients were isolated and the outbreak was controlled. The diagnosis was confirmed with laboratory methods in 1 case by a positive culture for <i>Yersinia pestis</i> from guinea pig inoculated with lung tissue of the infected case. The autopsy of "one of the other cases of the series" included smears from lung and spleen that showed numerous typical bipolar staining organisms. Although microbiological confirmation was not performed for the other cases, the clinical and epidemiologic context together with microbiological confirmation of plague in 1 case is highly suggestive of an outbreak of pneumonic plague. |
| Was the route of transmission plausible?   | Yes            | Respiratory route  |
| Was the cause-effect of transmission plausible?                                    | Yes            | Context of pneumonic plague outbreak driven by respiratory route, beginning with an index patient with secondary pneumonic plague.   |

**Appendix Table 15.** Characteristics of Kugeler et al. (6) analyzed in a study on plague transmission from corpses and carcasses

| Characteristic                       | Description   |
|--------------------------------------|---|
| Basic information                    |   |
| Setting                              | USA   |
| Date                                 | 1900–2012 (no human-to-human transmission recorded during 1926–2012)  |
| Other notes                          | This manuscript summarized the cases of plague in the United States from 1900–2012 on the basis of reports by the US Public Health Service, the Centers for Disease Control and Prevention, state reports, and peer-reviewed publications. We report here the cases of plague from this manuscript associated with person-to-person transmission during 1900–1925.  |
| Index patient(s)                     |   |
| No.                                  | Not reported  |
| Form                                 | Not reported  |
| Description                          | Not reported  |
| Persons infected by index patient(s) |   |
| No.                                  | 49  |
| Form                                 | Pneumonic plague  |
| Description                          | No disaggregated data among the 496 cases of plague during this period (1900–1925).   |
| Transmission route                   | Not reported  |
| (as described by study authors)      |   |
| Plague diagnosis                     |   |
| Definition(s)                        | "...clinically compatible human illness and at least 1 of the following: 1) <i>Y. pestis</i> isolated from or detected in a clinical specimen, 2) elevated antibody titer to <i>Y. pestis</i> F1 antigen in >1 serum specimen, or 3) supportive epidemiologic and other laboratory evidence (e.g., visualization of typical <i>Y. pestis</i> morphology on a stained slide)...;"<br>"The clinical form of plague (e.g., bubonic, pneumonic, septicemic) was determined on the basis of explicit notations in the case records or from available clinical details; only the primary clinical form was considered. For example, patients who had primary bubonic plague and secondary pneumonic plague were classified as having bubonic plague." |
| Laboratory findings                  | Not reported  |

| Characteristic        | Description  |
|-----------------------|--------------|
| Contacts              |              |
| No.                   | Not reported |
| Attack rate           | Not reported |
| Method of contact     | Not reported |
| tracing               |              |
| Definition of contact | Not reported |
| Other relevant data   | None         |
| Other relevant notes  | None         |

\**Y. pestis*, *Yersinia pestis*.

**Appendix Table 16.** Quality appraisal of Kugeler et al. (6) in a study on plague transmission from corpses and carcasses

| Appraisal question   | Judgment       | Support for judgment  |
|--|----------------|---|
| Were patient characteristics adequately reported?                                  | Partial        | Description of the plague cases are well-reported for the overall cases reported in the manuscript, but with no disaggregated data for the cases of plague attributed to human-to-human transmission. |
| Was there some effort to trace all contacts from the index case?                   | Unknown        | Not reported  |
| Were the methods used for tracing contacts adequate?                               | Not applicable | Not applicable  |
| Were the laboratory methods used for defining a confirmed case of plague reliable? | Yes            | Clear definitions of plague are provided.   |
| Was the route of transmission plausible?   | Unknown        | The route of infection is described to be "person-to-person" without providing further information.   |
| Was the cause-effect of transmission plausible?                                    | Unknown        | The route of infection is described to be "person-to-person" without providing further information.   |

**Appendix Table 17.** Characteristics of Rabaan et al. (7) analyzed in a study on plague transmission from corpses and carcasses\*

| Characteristic                                     | Description  |
|--|--|
| Basic information                                  |  |
| Setting  | Madagascar, in a nonendemic area and in large urban centers, including the capital city of Antananarivo  |
| Date   | Aug–Nov 2017   |
| Other notes  |  |
| Index patient(s)                                   |  |
| No.  | 1  |
| Form   | Not fully detailed, but respiratory symptoms indicate secondary pneumonic plague.  |
| Description  | "...a 31-y-old man from Toamasina who developed malaria-like symptoms." Respiratory symptoms developed 4 d later and the man died. Respiratory symptoms developed while traveling in a public taxi.  |
| Persons infected by index patient(s)               |  |
| No.  | 31 persons infected by index case; 2,417 cases in total.   |
| Form   | Pneumonic plague   |
| Description  | Not reported   |
| Transmission route (as described by study authors) | "...ready transmission by airborne droplets..."<br>"...pneumonic transmission occurs person-to-person via respiratory droplets, facilitated by the densely populated nature of the urban centers."   |
| Plague diagnosis                                   |  |
| Definition(s)                                      | Definitions established by World Health Organization†  |
| Laboratory findings                                | Not reported at an individual level. Cases classified by isolation of <i>Yersinia pestis</i> , serologic assays, immunochromatography assays, and PCR, according to World Health Organization definitions.   |
| Contacts   |  |
| No.  | Not reported   |
| Attack rate  | Not reported   |
| Method of contact                                  | Not reported. Active surveillance conducted as previously established in Madagascar.   |
| tracing  |  |
| Definition of contact                              | Not reported   |
| Other relevant data                                | None   |
| Other relevant notes                               | "For the index case, initially there was no suspicion of plague and so his body was prepared for burial using traditional methods, without any special precautions. Funerary practices have been previously observed to coincide with plague onset in Madagascar, in particular spread of pneumonic plague;"<br>"Pneumonic plague patients should be isolated, masks should be provided for both patients and HCWs to reduce droplet transmission, bedding, clothing, sputum and excreta should be treated with chlorinated solution, and infection prevention and control measures should be observed by HCWs;"<br>"The current plague outbreak in Madagascar highlights the rise in importance of pneumonic plague and how its transmission from person to person can have devastating impacts in the context of overcrowded urban communities." |

\*HCW, healthcare worker.

†World Health Organization. International meeting on preventing and controlling plague: the old calamity still has a future. 2006 [cited 2019 Jul 30]. <https://apps.who.int/iris/handle/10665/233148>.

**Appendix Table 18.** Quality appraisal of Rabaan et al. (7) in a study on plague transmission from corpses and carcasses

| Appraisal question   | Judgment | Support for judgment   |
|--|----------|--|
| Were patient characteristics adequately reported?                                  | Partial  | Some data are provided for the index patient, but very limited characteristics are reported regarding the infected contacts. The number of cases with pneumonic plague was found from another manuscript.* |
| Was there some effort to trace all contacts from the index case?                   | Partial  | Active surveillance from Madagascar is assumed but not clearly reported.   |
| Were the methods used for tracing contacts adequate?                               | Unknown  | Not reported   |
| Were the laboratory methods used for defining a confirmed case of plague reliable? | Yes      | Cases were defined as confirmed, probable and suspected cases of plague according to World Health Organization definitions.†   |
| Was the route of transmission plausible?   | Yes      | Authors attributed the transmission to “respiratory droplets.”   |
| Was the cause-effect of transmission plausible?                                    | Yes      | Context of pneumonic plague outbreak spread by respiratory droplets.   |

\*World Health Organization (WHO). Plague – Madagascar. 2017 [cited 2019 Jul 30]. <https://www.who.int/csr/don/27-november-2017-plague-madagascar/en>

†World Health Organization. International meeting on preventing and controlling plague: the old calamity still has a future. 2006 [cited 2019 Jul 30]. <https://apps.who.int/iris/handle/10665/233148>

**Appendix Table 19.** Characteristics of Ramasindrazana et al. (8) analyzed in a study on plague transmission from corpses and carcasses

| Characteristic                                     | Description   |
|--|---|
| <b>Basic information</b>                           |   |
| Setting  | Madagascar, in a remote area that had been free of human plague for 13 y  |
| Date   | Aug 2015  |
| Other notes  |   |
| <b>Index patient(s)</b>                            |   |
| No.  | 1 (patient A)   |
| Form   | Authors suggest that patient A had contracted bubonic plague from rodents or fleas. Secondary pneumonic plague then developed in patient A.   |
| Description  | Chest pain, fever, and cough developed in a man 22 y of age 1 week after returning home from traveling. He died and “was buried in a traditional manner with a 2-night wake, exposing the family and community to the pathogen and initiating a chain of transmission.”   |
| <b>Persons infected by index patient(s)</b>        |   |
| No.  | 11 persons (2 from immediate family, 6 from extended family, 3 from the community) infected by patient A; 2 additional cases were infected from these secondary cases.  |
| Form   | Pneumonic plague  |
| Description  | 9 men and 4 women, median age of 22.5 y (range 15–80 y). All had cough, 93% had blood-stained sputum.   |
| Transmission route (as described by study authors) | “The matched genetic grouping between the 2 human samples is consistent with human-to-human transmission.”  |
| <b>Plague diagnosis</b>                            |   |
| Definition(s)                                      | “...according to the international standards definitions.”*   |
| Laboratory findings                                | 4 cases of confirmed plague (2 by culture, 2 by seroconversion), 1 presumptive, 9 suspected (no samples were collected from the 9 persons who died).  |
| <b>Contacts</b>                                    |   |
| No.  | 123 by patient A  |
| Attack rate  | Not reported; reproductive number of 1.44 and transmission rate of 0.41 susceptible persons/d.  |
| Method of contact tracing                          | In accordance with outbreak investigation protocol established by the Institut de Pasteur de Madagascar and the Malagasy Ministry of Health.  |
| Definition of contact                              | Not reported  |
| Other relevant data                                | Postexposure prophylaxis was given to the 35 contacts with positive serologic results.  |
| Other relevant notes                               | “During pneumonic plague outbreaks, person-to-person transmission facilitates the spread from the initial infected person to family members and the wider community.”<br>“Pneumonic plague is rare but persists as a threat in Madagascar, where poor healthcare systems and traditional burial practices promote these outbreaks.” |

\*World Health Organization. International meeting on preventing and controlling plague: the old calamity still has a future. 2006 [cited 2019 Jul 30]. <https://apps.who.int/iris/handle/10665/233148>.

**Appendix Table 20.** Quality appraisal of Ramasindrazana et al. (8) in a study on plague transmission from corpses and carcasses

| Appraisal question   | Judgment | Support for judgment  |
|--|----------|---|
| Were patient characteristics adequately reported?                                  | Yes      | Description of index cases and infected contacts were adequately reported.  |
| Was there some effort to trace all contacts from the index case?                   | Yes      | Contacts were traced and reported.  |
| Were the methods used for tracing contacts adequate?                               | Yes      | Following the outbreak investigation protocol established by the Institut de Pasteur de Madagascar and the Malagasy Ministry of Health.                             |
| Were the laboratory methods used for defining a confirmed case of plague reliable? | Yes      | Cases were defined according to "international standard definitions" and classified as confirmed, presumptive and suspected, with laboratory confirmation detailed. |
| Was the route of transmission plausible?   | Yes      | Although not directly stated, authors assume respiratory transmission.  |
| Was the cause-effect of transmission plausible?                                    | Yes      | Index case with respiratory symptoms and exposed to the family and community as he was "buried in a traditional manner with a 2-night wake."                        |

**Appendix Table 21.** Characteristics of Ratsitorahina et al. (9) analyzed in a study on plague transmission from corpses and carcasses

| Characteristic                                     | Description  |
|--|--|
| Basic information                                  |  |
| Setting  | Madagascar, in a remote village of the central highlands   |
| Date   | Oct–Nov 1997   |
| Other notes  |  |
| Index patient(s)                                   |  |
| No.  | 1  |
| Form   | Suspected bubonic plague with secondary pneumonic plague   |
| Description  | Fever and tender axillary adenitis, then chest pain, blood-stained sputum, and cough developed in a woodcutter who died.   |
| Persons infected by index patient(s)               |  |
| No.  | 17   |
| Form   | Primary pneumonic plague   |
| Description  | 18 persons, 9 were male and 9 were females; patients had median age of 37 y; 2 patients were children (data includes index patient).<br>The healer who had been in direct contact with the index patient "incised the patient's epigastric region and sucked out some blood;" "...[the healer had] severe fever, dyspnea, chest pain, diarrhea, and coughing with foamed and bloody sputum."<br>All patients had been in close contact with the index patient. Patients included the healer, healer's family, another patient of the healer, and villagers who had stayed in the healer's house for the funeral ceremony, and persons who had attended the healer's funeral or nursed plague patients.   |
| Transmission route (as described by study authors) | "The contamination between patients is due to the direct transmission of <i>Yersinia pestis</i> through infective cough droplets."   |
| Plague diagnosis                                   |  |
| Definition(s)                                      | Not reported   |
| Laboratory findings                                | Samples tested by culture, immunochromatographic assays, direct F1 antigen ELISA of sputum samples, and serologic assays. No samples were collected from the first 5 patients because they were buried before plague was suspected. Only 1 patient was negative for all the tests done; it was concluded that this patient did not have plague.  |
| Contacts   |  |
| No.  | 154 (not including those who get infected)   |
| Attack rate  | 8.4%   |
| Method of contact tracing                          | Not reported (other than national active surveillance)   |
| Definition of contact                              | Not reported   |
| Other relevant data                                | Postexposure chemoprophylaxis was given to the identified contacts.  |
| Other relevant notes                               | "[The patients' infections] resulted from their active participation in the funeral ceremonies and attendance on patients. Patients with pneumonic plague are known to be contagious at the end-stage of the disease and the number of passages of <i>Y pestis</i> in human lungs seems to increase its virulence;"<br>"The risk of spreading pneumonic plague is actually not as high as may be thought. By the use of IgG anti-F1 ELISA, of which the specificity was 98.5% in Madagascar, we were able to estimate the infection rate in the contact population as 8.4%. The chance of a previous exposure to <i>Y pestis</i> is negligible since human plague has not been seen in these villages for 50 y;"<br>"Elementary hygiene measures to protect family members or health workers, such as the isolation of the patient and wearing of a mask, easily prevent contagion." |

**Appendix Table 22.** Quality appraisal of Ratsitorahina et al. (9) in a study on plague transmission from corpses and carcasses

| Appraisal question   | Judgment | Support for judgment   |
|--|----------|--|
| Were patient characteristics adequately reported?                                  | Yes      | Description of index cases and infected contacts were adequately reported.   |
| Was there some effort to trace all contacts from the index case?                   | Yes      | Contacts were traced and reported.   |
| Were the methods used for tracing contacts adequate?                               | Unknown  | Not reported   |
| Were the laboratory methods used for defining a confirmed case of plague reliable? | Partial  | Some cases were retrospectively diagnosed with no laboratory diagnosis because the patients had already died and been buried; efforts were made to confirm plague in other patients by reliable methods. |
| Was the route of transmission plausible?   | Yes      | Inhalation of "infective cough droplets."  |
| Was the cause-effect of transmission plausible?                                    | Yes      | The index case presented "blood-stained sputum and cough" and the primary pneumonic plague developed in the infected contact.  |

**Appendix Table 23.** Characteristics of Richard et al. (10) analyzed in a study on plague transmission from corpses and carcasses

| Characteristic                                     | Description   |
|--|---|
| Basic information                                  |   |
| Setting  | Madagascar, in a Northern remote region that was supposedly free of <i>Yersinia pestis</i>  |
| Date   | 2011  |
| Other notes  |   |
| Index patient(s)                                   |   |
| No.  | 1 (patient A)   |
| Form   | Primary or secondary pneumonic plague (no bubo described)   |
| Description  | Fever, headache, and chills developed in boy 13 y of age as he returned home (a 50-km distance) after working in a copper mine. Severe chest pain, cough, and hemoptysis developed. He died 8 d after symptom onset.  |
| Persons infected by index patient(s)               |   |
| No.  | 19 total: 4 patients infected by patient A; 15 patients infected by secondary cases.  |
| Form   | Pneumonic plague  |
| Description  | Close contacts, including family members and caretakers. All patients had sudden onset of fever, cough, hemoptysis, and chest pain.   |
| Transmission route (as described by study authors) | Not directly stated, but authors mention in the introduction that in the context of an outbreak among humans, "if the pathogen is transmitted as an aerosol by droplets or by contaminated dust, primary pneumonic plague may result."  |
| Plague diagnosis                                   |   |
| Definition(s)                                      | Definitions established by World Health Organization*   |
| Laboratory findings                                | Limited samples collected because postmortem samples were not available; plague outbreak was declared after death of several persons. Subsequent culturing, serologic assays, immunochromatographic assays, and molecular analysis revealed 17 suspected cases, 3 confirmed cases, and 2 presumptive cases in contacts who had positive serologic results.  |
| Contacts   |   |
| No.  | 41 (not including infected cases)   |
| Attack rate  | 55%   |
| Method of contact tracing                          | Not reported  |
| Definition of contact                              | "...have interact with the patients...;"<br>"family contacts: persons who lived in the same household as an infected person during the outbreak" (some houses consisted of a single room).  |
| Other relevant data                                | Health personnel and 39 uninfected contacts received chemoprophylaxis.<br>Some contacts were people who "had spent some time with a patient or approached a patient who died during the outbreak," whereas others were direct family members living in the same household. One person shared the same bed with a plague patient until his death and was not infected. A total of 10 contacts 'had attended funerals for case-patients in different villages.'"  |
| Other relevant notes                               | "At this lethal stage of the disease, which lasts $\leq 3$ d, patients are highly infectious;"<br>"During the latency period before hemoptysis, sputum contains hardly any infectious organisms. Simple countermeasures, such as protective facial masks, are efficient in preventing transmission by droplets. Also, turning one's head away from or turning one's back toward a healthy person has a major prophylactic effect;"<br>"It has been suggested that patients with bubonic plague and patients who have died of plague are not directly infectious to other humans;"<br>"This suggestion is consistent with findings in the present study because contacts [10 of them] who only attended the funerals did not show symptoms or seroconversion." |

\*World Health Organization. International meeting on preventing and controlling plague: the old calamity still has a future. 2006 [cited 2019 Jul 30]. <https://apps.who.int/iris/handle/10665/233148>.



**Appendix Table 24.** Quality appraisal of Richard et al. (10) in a study on plague transmission from corpses and carcasses

| Appraisal question   | Judgment | Support for judgment   |
|--|----------|--|
| Were patient characteristics adequately reported?                                  | Yes      | Description of index cases and infected contacts were adequately reported.   |
| Was there some effort to trace all contacts from the index case?                   | Yes      | Contacts were traced and reported.   |
| Were the methods used for tracing contacts adequate?                               | Unknown  | Not reported.  |
| Were the laboratory methods used for defining a confirmed case of plague reliable? | Yes      | Cases were defined as confirmed, probable and suspected cases of plague according to World Health Organization definitions.                            |
| Was the route of transmission plausible?   | Yes      | Although not directly stated for these cases, authors assume that plague is generally "transmitted as an aerosol by droplets or by contaminated dust." |
| Was the cause-effect of transmission plausible?                                    | Yes      | Index case and infected contacts had pneumonic plague.   |

**Appendix Table 25.** Studies describing plague acquired from corpses and carcasses\*

| Study   | Study design (Setting, date) | Infection source                                 | No. cases (form)†                           | Time from animal death to exposure | Description of exposure  | Transmission route (as described by study authors)            |
|---|------------------------------|--|---|------------------------------------|--|---|
| Centers for Disease Control and Prevention (11) | Case series (USA, 1992)      | Ground squirrel ( <i>Spermophilus beldingi</i> ) | 1 (BP)‡                                     | Unknown                            | Patient skinned and consumed the animal.   | Not reported  |
| Christie et al. (12)                            | Case series (Libya, 1976)    | Camel  | 12 (7 BP with axillary or cervical buboes)§ | 4 immediate, 8 unknown             | Four patients slaughtered and skinned the camel, 1 distributed the meat, and 7 ate or handled the meat.  | Direct handling, consumption of camel meat                    |
|   |                              | Goat   | 5 (form not reported)                       | 1 immediate, 4 unknown             | One patient killed and skinned the goat, 1 treated the skin, and 3 lived in the same household where skin was kept. Patient buried the dead cat.   | Direct handling   |
| Gage et al. (13)                                | Case series (USA, 1984)      | Domestic cat                                     | 1 (BP with axillary buboes)                 | Unknown                            |  | Direct contact with infectious body fluids of the cat carcass |
| Ge et al. (14)                                  | Case series (China, 2000–12) | Fox, marmots, dogs                               | 32 (25 PP, 7 BP)                            | Unknown                            | Eighteen patients flayed infected animals, 12 buried infected animals, 1 fed marmot to a dog, and 1 in contact with dog that captured an infected marmot.  | Not reported  |
|   | Case report (China, 2014)    | Marmot   | 1 (PP)                                      | Unknown                            | Handled infected marmot captured by a dog  | Aerosol exposure  |
| Kartman et al. (15)                             | Case series (USA, 1908–60)   | Wild rabbits (cottontail rabbits)                | 5 (not reported)                            | Unknown                            | Patients killed and cleaned diseased animal carcasses.   | Direct handling   |
|   |                              |  | 4 (BP with axillary buboes)                 | Unknown                            | Two patients handled and skinned 6–8 rabbits, 2 shot and skinned 8 or 9 rabbits with bare hands "which became contaminated with blood, body fluids and bits of tissue;" "the hands of both men had been cut and abraded by mesquite thorns." | Direct handling   |

| Study                    | Study design (Setting, date)        | Infection source  | No. cases (form)†                      | Time from animal death to exposure | Description of exposure   | Transmission route (as described by study authors)   |
|--------------------------|-------------------------------------|---|--|------------------------------------|---|--|
| Kartman et al. (16)      | Case series (USA, 1908–68)          | Ground squirrel   | 1 (BP)                                 | Unknown                            | Patient hunted the animal.  | Direct handling  |
|                          |                                     | Ground squirrels, rabbits, prairie dogs, kangaroo rat, pocket gophers | 16 (BP)¶                               | Unknown                            | Twelve patients shot or killed infected animals, 1 handled a cadaver, 1 cut himself on a rabbit bone, 1 conducted an unsterile autopsy, 1 played with an infected carcass.  | Direct handling  |
|                          |                                     | Prairie dog   | 1 (not reported)                       | Unknown                            | Patient hunted the animal.  | Direct handling  |
| Kugeler et al. (6)#      | Synopsis (USA, 1900–2012)           | Animals   | 64 (58 BP)                             | Unknown                            | Patients butchered or skinned animals.  | Not reported   |
| Mitchell et al. (17)     | Report (South Africa, 1930)         | Corpses   | 1 (BP with axillary buboes)            | Unknown                            | Patient had conducted postmortem examination of 2 human corpses.  | Not reported   |
| Poland et al. (18)       | Case report (USA, 1972)             | Bobcat ( <i>Lynx rufus</i> )  | 1 (BP with epitrochlear buboes)        | <24 h                              | Animal was shot during the day and put on the vehicle. In the evening, the patient, who had open lesions on his hands, held the animal with another student while a third student eviscerated and skinned the animal. The 2 other students had no known open lesions on their hand or arms and were not infected.   | Direct contact through open wounds   |
| Ratsitorahina et al. (9) | Case series Madagascar, 1997        | Corpses   | 9 (PP)                                 | <24–36 h                           | Eight patients stayed for 2 d at the home of a healer who had died of plague and his ill wife and son. Therefore, patients were exposed to a corpse but also to live humans with the disease. One man who attended the healer's funeral was also exposed (possible human-to-human transmission). "Other villagers became infected during the funeral ceremonies." | 'Infection resulted from active participation in the funeral ceremonies and attendance on patients.' |
| Saeed et al. (19)        | Case series (Saudi Arabia, 1994)    | Camel   | 1 (BP with axillary buboes)**          | <24 h                              | Patient cut his arm while slaughtering and killing the animal.  | Not reported (probably direct contact through open wounds)   |
| Sagiev et al. (20)       | Case series (Kazakhstan, 1974–2003) | Camel, hare, saiga  | 12 (not reported)                      | Unknown                            | Eight patients slaughtered camel, 2 cut hare carcass, 1 handled hare carcass, 1 cut carcass of a sick saiga.  | Not reported   |
| Von Reyn et al. (21)     | Case report (USA, 1975)             | Coyote  | 1 (BP with axillary buboes)            | Unknown                            | Patient skinned the animal and carried the pelt. He had a forearm laceration and nailbeds exposed during the skinning.  | Direct contact through open wounds   |
| Wong et al. (22)         | Case report (USA, 2007)             | Mountain lion   | 1 (PP)                                 | ≈35 h                              | Patient carried the carcass for ≈1 km to his vehicle, then into his garage. Patient conducted necropsy with bare hands. The necropsy included the opening of the animal's thoracic cavity, which was filled with blood, and transection of the vertebral column. Necropsy lasted ≈2.5 h.  | Inhalation of aerosols generated while handling the infected animal                                  |
| Wu et al. (23)           | Case series                         | Tibetan sheep   | 25 (9 BP, 6 PP, 3 septicemic plague, 2 | Unknown                            | Patients flayed, ate, or handled animal carcasses.  | Not reported   |

| Study             | Study design (Setting, date)                            | Infection source                           | No. cases (form)†  | Time from animal death to exposure | Description of exposure  | Transmission route (as described by study authors) |
|-------------------|---|--|--|------------------------------------|--|--|
| Zhang et al. (24) | (China, 1975–2007)<br>Case series<br>(China, 1958–2005) | Marmot and cat carcasses and human corpses | intestinal plague)<br>56 (28 PP, 21 BP, 5 septicemic plague††) | Unknown                            | Twenty-four patients flayed, ate, or handled living or dead marmots or cats; 32 were infected by living patients or contact with corpse. | Not reported                                       |

\*BP, bubonic plague; PP, pneumonic plague.

†Only primary forms described.

‡Other cases of plague are reported but associated with fleaborne or unknown transmission route.

§In addition, 3 children (children of a patient) were also reported to have plague. However, 2 were sick before the contact with the infected camel; these children received a diagnosis of typhoid fever. The remaining child might have had plague but did not have direct contact with the camel.

¶Authors reported that “specific animal contact is known to have occurred a few days before illness in 35 of the 80 bubonic cases.” Of these 35 cases, this table describes 16 possibly transmitted by a dead animal and none by live animals (such as those transmitted by bites) or cases of unclear exposure source.

#This synopsis reports plague cases in the United States during 1900–2012. Exposure route was documented for 30% of the cases. This table describes cases attributed to butchering or skinning carcasses and excludes cases for which transmission from carcass was unclear (i.e., live animal handling).

\*\*In addition, 4 patients had pharyngeal plague after eating raw meat from the infected camel. The patient described in this table had not eaten the raw camel meat.

††Among 64 total cases, including 8 that were associated with an unknown transmission route and therefore excluded from this review.

**Appendix Table 26.** Characteristics of study by Centers for Disease Control and Prevention (11) analyzed in a study on plague transmission from corpses and carcasses

| Characteristic  | Description                                      |
|---|--|
| Basic information   |  |
| Setting   | USA  |
| Date  | Apr 1992   |
| Source of infection   |  |
| Species   | Ground squirrel ( <i>Spermophilus beldingi</i> ) |
| Diagnostic method   | Not reported                                     |
| Other possible  | Not reported                                     |
| sources of infection  |  |
| Exposure  |  |
| Description   | Skinned the animal carcass and consumed the meat |
| Duration  | Not reported                                     |
| Time between animal or human death and contact with patient | Not reported                                     |
| Persons infected  |  |
| No.   | 1  |
| Age, y/sex  | 16 (M)   |
| Profession  | Not reported                                     |
| Signs and symptoms  | Not reported                                     |
| Form  | Bubonic and secondary septicemic plague          |
| Diagnostic method   | Positive blood culture                           |
| Outcome   | Not reported                                     |
| Transmission route  |  |
| Attributed by authors                                       | Not reported                                     |
| Plausibility  | Not reported                                     |
| Other relevant notes  |  |
| Uninfected persons exposed to same source                   | Not reported                                     |

**Appendix Table 27.** Quality appraisal of study by Centers for Disease Control and Prevention (11) in a study on plague transmission from corpses and carcasses

| Appraisal question   | Judgment       | Support for judgment   |
|--|----------------|--|
| Were patient characteristics adequately reported?                                  | Yes            | Although more details could have been provided, adequate description of the infected patient.  |
| Was there some effort to trace all contacts from the index case?                   | Unknown        | Not reported   |
| Were the methods used for tracing contacts adequate?                               | Not applicable | Not applicable   |
| Were the laboratory methods used for defining a confirmed case of plague reliable? | Yes            | Positive blood culture   |
| Was the route of transmission plausible?   | Yes            | Not specifically described by the study authors, but possible transmission by direct contact during skinning of carcass, causing bubonic plague. |
| Was the cause-effect of transmission plausible?                                    | Yes            | Not specifically described by the study authors, but possible transmission by direct contact during skinning of carcass, causing bubonic plague. |

**Appendix Table 28.** Characteristics of Christie et al. (12) analyzed in a study on plague transmission from corpses and carcasses

| Characteristic   | Description  |  |
|--|--|--|
|  | Case series 1  | Case series 2  |
| Basic information                                      |  |  |
| Setting  | Northeast Libya  | Northeast Libya  |
| Date   | Feb 1976   | Jun 1976   |
| Source of infection                                    |  |  |
| Species  | Camel  | Goat   |
| Diagnostic method                                      | Not reported   | Not reported   |
| Other  | Not reported   | Four dead rats found in the compound   |
| possible sources of infection                          |  |  |
| Exposure   |  |  |
| Description  | Four persons (group A) slaughtered the camel; 1 person (group B) distributed the meat; 7 persons (group C) handled or ate the camel meat | One person (group A) killed and skinned the goat; 1 person (group B) treated the skin; 3 persons (group C) no direct exposure, from the same house |
| Duration   | Not reported   | Not reported   |
| Time   | Group A: before and immediately after killing; groups B and C: not specified   | Group A: immediately; groups B and C: not reported   |
| between animal or human death and contact with patient |  |  |
| Persons infected                                       |  |  |
| No.  | 12   | 5  |
| Age, y/sex   | Not reported   | Group A consisted of an adult man; group B consisted of an adult woman; group C consisted of an adult women and 2 children.                        |
| Profession   | Patient in group B was a meat dealer; professions of other patients not reported.  | Not reported   |
| Signs and symptoms                                     | Groups A and B: not reported; group C: axillary or neck buboes   | Not reported   |
| Form   | Groups A and B: not reported; group C: bubonic plague.   | Not reported   |
| Diagnostic method                                      | Groups A and B could not undergo laboratory diagnosis; 7 persons in group C received diagnosis after undergoing hemagglutination titer   | Positive serologic results in 4 persons.   |
| Outcome  | Groups A and B: death; group C: recovery   | Recovery   |
| Transmission route                                     |  |  |
| Attributed by authors                                  | Direct handling or eating of camel meat  | Direct contact   |

| Characteristic                            | Description   |                      |
|---|---|----------------------|
|   | Case series 1   | Case series 2        |
| Plausibility                              | Plausible   | Not clearly reported |
| Other relevant notes                      |   |                      |
| Uninfected persons exposed to same source | An unknown number of villagers ate the infected camel meat. | Not reported         |

**Appendix Table 29.** Quality appraisal of Christie et al. (12) in a study on plague transmission from corpses and carcasses

| Appraisal question   | Case series 1  |  | Case series 2  |   |
|--|----------------|--|----------------|---|
|  | Judgment       | Support for judgment   | Judgment       | Support for judgment  |
| Were patient characteristics adequately reported?                                  | Partial        | Some patient characteristics not described   | Partial        | Some patient characteristics not described  |
| Was there some effort to trace all contacts from the index case?                   | Unknown        | No details on other contacts   | Unknown        | No details on other contacts  |
| Were the methods used for tracing contacts adequate?                               | Not applicable | Not applicable   | Not applicable | Not applicable  |
| Were the laboratory methods used for defining a confirmed case of plague reliable? | Partial        | Laboratory diagnosis made in 7 cases   | Partial        | Positive serologic results in 4 cases   |
| Was the route of transmission plausible?   | Yes            | All infected persons had close contact with the infected animal, either by direct handling or consumption of the meat. | Partial        | Direct contact in 2 cases. Unclear transmission route for the 3 persons who did not have direct contact with the infected animal lived with patients. |
| Was the cause-effect of transmission plausible?                                    | Yes            | All infected persons had close contact with the infected animal, either by direct handling or consumption of the meat. | Partial        | Direct contact in 2 cases. Unclear transmission route for the 3 persons who did not have direct contact with the infected animal lived with patients. |

**Appendix Table 30.** Characteristics of Gage et al. (13) analyzed in a study on plague transmission from corpses and carcasses

| Characteristic  | Description   |
|---|---|
| Basic information   |   |
| Setting   | California, USA   |
| Date  | Mar 1984  |
| Source of infection   |   |
| Species   | Cat   |
| Diagnostic method   | On the basis of clinical signs and symptoms   |
| Other possible sources of infection                         | Inactive rodent burrows suggestive of epizootic transmission at the site  |
| Exposure  |   |
| Description   | Patient buried a dead cat   |
| Duration  | Not reported  |
| Time between animal or human death and contact with patient | Not reported  |
| Persons infected  |   |
| No.   | 1   |
| Age, y/sex  | 24 (M)  |
| Profession  | Not reported  |
| Signs and symptoms  | Cellulitis, axillary bubo, thrombocytopenia, gastrointestinal bleeding, acute respiratory distress syndrome, and lactic acidosis. |
| Form  | Bubonic plague  |
| Diagnostic method   | Positive bacterial culture  |
| Outcome   | Death   |
| Transmission route  |   |
| Attributed by authors                                       | Direct contact from infectious body fluids of the carcass, entry route not specified.   |
| Plausibility  | Direct contact from infectious body fluids of the cat carcass, entry route not specified.   |
| Other relevant notes  |   |
| Uninfected persons exposed to same source                   | Not reported  |

**Appendix Table 31.** Quality appraisal of Gage et al. (13) in a study on plague transmission from corpses and carcasses

| Appraisal question   | Judgment       | Support for judgment  |
|--|----------------|---|
| Were patient characteristics adequately reported?                                  | Yes            | Relevant patient characteristics described                    |
| Was there some effort to trace all contacts from the index case?                   | Unknown        | No information on contacts                                    |
| Were the methods used for tracing contacts adequate?                               | Not applicable | Not applicable  |
| Were the laboratory methods used for defining a confirmed case of plague reliable? | Yes            | Diagnosed by isolation of the organism                        |
| Was the route of transmission plausible?   | Yes            | Direct contact with infected fluids                           |
| Was the cause-effect of transmission plausible?                                    | Yes            | Axillary bubo possibly caused by handling an infected carcass |

**Appendix Table 32.** Characteristics of Ge et al. (14) analyzed in a study on plague transmission from corpses and carcasses

| Characteristic                      | Description  |   |
|-------------------------------------|--|---|
|                                     | Case report  | Case series   |
| Basic information                   |  |   |
| Setting                             | China  | China   |
| Date                                | Jul 2014   | 2000–2012   |
| Source of infection                 |  |   |
| Species                             | Marmot   | Fox, marmots, dog   |
| Diagnostic method                   | Not assessed, but 5 dogs fed with the marmot were F1 antigen positive. | Not reported  |
| Other possible sources of infection | Not reported   | Not reported  |
| Exposure                            |  |   |
| Description                         | Handled an infected marmot that was captured by a dog                  | Eighteen played infected animals, 12 buried infected animals, 1 fed a marmot to a dog, and 1 had contact with dog that captured an infected marmot. |
| Duration                            | Short period   | Not reported  |
| Time between animal or human        | Not reported, likely immediate   | Not reported  |

| Characteristic                            | Description   |   |
|---|---|---|
|   | Case report   | Case series                                       |
| death and contact with patient            |   |   |
| Persons infected                          |   |   |
| No.                                       | 1   | 32  |
| Age, y/sex                                | 38 (M)  | Not reported                                      |
| Profession                                | Shepherd  | Not reported                                      |
| Signs and symptoms                        | Fever, bilateral lung signs, left pleural effusion, pericardial effusion, dilated intestines, and shock   | Not reported                                      |
| Form                                      | Primary pneumonic plague  | 25 cases of pneumonic plague, 7 of bubonic plague |
| Diagnostic method                         | Reverse indirect hemagglutination assay for F1 antigen—positive in serum (1:40), throat (1:6400), and sputum (1:12800) samples. Positive PCR. Positive culture of sputum, throat swab, and blood samples. | Not reported                                      |
| Outcome                                   | Death   | No disaggregated data                             |
| Transmission route                        |   |   |
| Attributed by authors                     | Exposure to aerosols  | Not reported                                      |
| Plausibility                              | Probably primary pneumonic plague   | Not reported                                      |
| Other relevant notes                      |   |   |
| Uninfected persons exposed to same source | Patient's brother dismembered the carcass and fed it to the dogs  | Not reported                                      |

**Appendix Table 33.** Quality appraisal of Ge et al. (14) in a study on plague transmission from corpses and carcasses

| Appraisal question   | Case report |   | Case series    |   |
|--|-------------|---|----------------|---|
|  | Judgment    | Support for judgment  | Judgment       | Support for judgment  |
| Were patient characteristics adequately reported?                                  | Yes         | All patient characteristics described in detail                         | Partial        | Some patient characteristics not described  |
| Was there some effort to trace all contacts from the index case?                   | Yes         | Uninfected contacts described in detail                                 | Unknown        | Not described   |
| Were the methods used for tracing contacts adequate?                               | Yes         | Well-described, with paired serologic assays conducted for all contacts | Not applicable | Not applicable  |
| Were the laboratory methods used for defining a confirmed case of plague reliable? | Yes         | Several validated laboratory methods                                    | Unknown        | Not reported  |
| Was the route of transmission plausible?   | Yes         | Aerosol transmission described  | Partial        | Transmission route not described. Most pneumonic plague patients might have been exposed to aerosols generated while handling the infected carcasses. |
| Was the cause-effect of transmission plausible?                                    | Yes         | Primary pneumonic plague spread by aerosol transmission                 | Partial        | Transmission route not described. Most pneumonic plague patients might have been exposed to aerosols generated while handling the infected carcasses. |

**Appendix Table 34.** Characteristics of Kartman et al. (15) analyzed in a study on plague transmission from corpses and carcasses

| Characteristic  | Description   |
|---|---|
| Basic information   |   |
| Setting   | California and New Mexico, USA  |
| Date  | 1908–1960   |
| Source of infection   |   |
| Species   | Wild rabbits (cottontail rabbits)   |
| Diagnostic method   | Investigation of 1 case noted that dead domestic and wild mammals in the area were collected and tested for plague. All 4 animals found dead were infected with plague, including 2 cottontail rabbits.   |
| Other possible sources of infection                         | Two patients had no evidence of flea bites; investigation of wild animals and fleas in the area identified plague-infected animals.   |
| Exposure  |   |
| Description   | For 5 patients, “the California infections were acquired after the victims killed and cleaned brush rabbits.”<br>For 1 patient, “the victim became ill 3 days after he had skinned 6 cottontail rabbits shot near Maljamar.”<br>For 1 patient, “the patient shot and dressed 8 cottontail rabbits and became ill with plague 4 days after.”<br>For 2 patients, “they had hunted rabbits” and were hospitalized 4 and 6 d after. These patients had shot and skinned one rabbit on the spot the first night, and 8 or 9 rabbits the following day, which were skinned and dressed at home. The authors report that “they [the cadavers] were dressed with bare hands which became contaminated with blood, body fluids, and bits of tissue. The evidence showed that the hands of both men had been cut and abraded by mesquite thorns, that one of them had pulled several rabbits out of burrows with his bare hands, and also had ‘cleaned’ his hands by rubbing them with soil.” |
| Duration  | Not reported  |
| Time between animal or human death and contact with patient | Not reported  |
| Persons infected  |   |
| No.   | 9   |
| Age, y/sex  | 4 adult men; other 5 patients not described.  |
| Profession  | Not reported  |
| Signs and symptoms  | Axillary buboes in 4 cases, not reported for 5 cases.   |
| Form  | Bubonic plague in 4 cases, not reported for 5 cases   |
| Diagnostic method   | On the basis of clinical symptoms in 2 cases, not reported for 7 cases.   |
| Outcome   | 1 patient died and 2 recovered; other patient outcomes were not reported.   |
| Transmission route  |   |
| Attributed by authors                                       | Direct handling of diseased animal carcasses  |
| Plausibility  | For 2 patients, “the victims in both cases had axillary buboes, which are consistent with their histories of having handled and skinned wild rabbits.”<br>For 2 patients, “the location of lymphadenopathy and the incubation period were consistent with entrance of the etiologic agent by manual contact with infected rabbits.”   |
| Other relevant notes  |   |
| Uninfected persons exposed to same source                   | Not reported  |

**Appendix Table 35.** Quality appraisal of Kartman et al. (15) in a study on plague transmission from corpses and carcasses

| Appraisal question   | Judgment       | Support for judgment  |
|--|----------------|---|
| Were patient characteristics adequately reported?                                  | Partial        | Characteristics, including form of plague, are given for 4 cases but not the other 5 cases.   |
| Was there some effort to trace all contacts from the index case?                   | Unknown        | No description of contacts.   |
| Were the methods used for tracing contacts adequate?                               | Not applicable | Not applicable  |
| Were the laboratory methods used for defining a confirmed case of plague reliable? | No             | On the basis of clinical signs and symptoms, or no details on confirmed diagnosis. However, clear methodology on microbiological diagnosis of plague in animals is given.   |
| Was the route of transmission plausible?   | Yes            | Direct handling of the infected carcasses.  |
| Was the cause-effect of transmission plausible?                                    | Yes            | “The victims in both cases had axillary buboes, which are consistent with their histories of having handled and skinned wild rabbits” (2 cases);<br>“The location of lymphadenopathy and the incubation period were consistent with entrance of the etiologic agent by manual contact with infected rabbits” (2 cases). |



**Appendix Table 36.** Characteristics of Kartman et al. (16) analyzed in a study on plague transmission from corpses and carcasses

| Characteristic  | Description  |
|---|--|
| <b>Basic information</b>                                    |  |
| Setting   | USA  |
| Date  | 1908–1968  |
| <b>Source of infection</b>                                  |  |
| Species   | Ground squirrel (for group A); ground squirrels, rabbits, prairie dogs, kangaroo rat, pocket gophers (for group B); prairie dog (for group C).   |
| Diagnostic method   | Not reported   |
| Other possible sources of infection                         | Not reported   |
| <b>Exposure</b>   |  |
| Description   | Plague developed in the patient in group A 3–4 d after hunting ground squirrels.<br>For some patients in group B, “specific animal contact is known to have occurred a few days prior to illness in 35 of the 80 bubonic cases.” 4 had shot ground squirrels (2 of whom consumed the squirrels), 5 killed rabbits for sport, 1 for food, a boy cut himself on a rabbit bone, and 1 handled a rabbit brought to the house by her dog, 2 killed prairie dogs.<br>Patients in group B also included “a biologist, studying prairie dogs, [who] became ill after performing an unsterile autopsy on a dead prairie dog;”<br>“1 child [who] played with a dead kangaroo rat;” and<br>“1 man [who] killed pocket gophers.”<br>The patient in group C “had hunted prairie dog.” |
| Duration  | Not reported   |
| Time between animal or human death and contact with patient | Not reported   |
| <b>Persons infected</b>                                     |  |
| No.   | 18 (more cases are reported in the document, but with no specification on whether the persons the infecting animal was living or dead).  |
| Age, y/sex  | Patient A was an adult man; others not reported.   |
| Profession  | Patient A was a laborer; others not reported.  |
| <b>Signs and symptoms</b>                                   |  |
| Form  | Patient A had bubonic plague with secondary plague pneumonia; patients in group B had bubonic plague.  |
| Diagnostic method   | Not reported   |
| Outcome   | Not reported   |
| <b>Transmission route</b>                                   |  |
| Attributed by authors                                       | Direct handling  |
| Plausibility  | Plausible  |
| <b>Other relevant notes</b>                                 |  |
| Uninfected persons exposed to same source                   | Not reported   |

**Appendix Table 37.** Quality appraisal of Kartman et al. (16) in a study on plague transmission from corpses and carcasses

| Appraisal question   | Judgment       | Support for judgment  |
|--|----------------|---|
| Were patient characteristics adequately reported?                                  | Partial        | Some salient characteristics of patients are not described.   |
| Was there some effort to trace all contacts from the index case?                   | Unknown        | No reporting on contacts.   |
| Were the methods used for tracing contacts adequate?                               | Not applicable | Not applicable  |
| Were the laboratory methods used for defining a confirmed case of plague reliable? | Unknown        | Laboratory methods of diagnosing cases were not described.  |
| Was the route of transmission plausible?   | Yes            | Direct contact by handling infected animals (including killing, conducting necropsies, and cutting oneself with a bone), resulting in bubonic plague. |
| Was the cause-effect of transmission plausible?                                    | Yes            | Direct contact by handling infected animals (including killing, conducting necropsies, and cutting oneself with a bone), resulting in bubonic plague. |

**Appendix Table 38.** Characteristics of Kugeler et al. (6) analyzed in a study on plague transmission from corpses and carcasses

| Characteristic  | Description                         |
|---|-------------------------------------|
| Basic information   |                                     |
| Setting   | USA                                 |
| Date  | 1900–2012                           |
| Source of infection   |                                     |
| Species   | Animal carcass                      |
| Diagnostic method   | Not reported                        |
| Other possible  | Not reported                        |
| sources of infection  |                                     |
| Exposure  |                                     |
| Description   | Butchering or skinning of a carcass |
| Duration  | Not reported                        |
| Time between animal or human death and contact with patient | Not reported                        |
| Persons infected  |                                     |
| No.   | 64                                  |
| Age, y/sex  | Not reported                        |
| Profession  | Not reported                        |
| Signs and symptoms  | Not reported                        |
| Form  | Bubonic plague in 91% of cases      |
| Diagnostic method   | Not reported.                       |
| Outcome   | Not reported                        |
| Transmission route  |                                     |
| Attributed by authors                                       | Not reported                        |
| Plausibility  | Not reported                        |
| Other relevant notes  |                                     |
| Uninfected persons exposed to same source                   | Not reported                        |

**Appendix Table 39.** Quality appraisal of Kugeler et al. (6) in a study on plague transmission from corpses and carcasses

| Appraisal question   | Judgment       | Support for judgment   |
|--|----------------|--|
| Were patient characteristics adequately reported?                                  | No             | Patient characteristics not described  |
| Was there some effort to trace all contacts from the index case?                   | Unknown        | Cannot assess from available information   |
| Were the methods used for tracing contacts adequate?                               | Not applicable | Not applicable   |
| Were the laboratory methods used for defining a confirmed case of plague reliable? | Unknown        | Not reported   |
| Was the route of transmission plausible?   | Partial        | 64 cases are reported and attributed to butchering or skinning an animal. No further details are provided by the authors. Most of the cases were bubonic form of plague, with possible transmission through handling of the carcass. Other forms of plague are not described; pneumonic plague can result as inhalation of infected aerosols generated by butchering or skinning the carcass.  |
| Was the cause-effect of transmission plausible?                                    | Partial        | 64 cases are reported and attributed to butchering or skinning an animal. No further details are provided by the authors. Most of the cases were bubonic form of plague, with possible transmission through handling of the animal carcass. Other forms of plague are not described; pneumonic plague can result as inhalation of infected aerosols generated by butchering or skinning the carcass. In addition, fleaborne transmission might not have been fully excluded. |

**Appendix Table 40.** Characteristics of Mitchell et al. (17) analyzed in a study on plague transmission from corpses and carcasses

| Characteristic  | Description   |
|---|---|
| Basic information   |   |
| Setting   | South Africa  |
| Date  | Nov 1930  |
| Source of infection   |   |
| Species   | 2 human corpses   |
| Diagnostic method   | Plague confirmed by postmortem and laboratory diagnostic test (test not specified)                  |
| Other possible sources of infection                         | Field survey conducted in the area; findings indicated active transmission of plague among rodents. |
| Exposure  |   |
| Description   | Patient conducted postmortem examination of 2 persons who had died of plague.                       |
| Duration  | Not reported  |
| Time between animal or human death and contact with patient | Not reported  |
| Persons infected  |   |
| No.   | 1   |
| Age, y/sex  | Adult man   |
| Profession  | District surgeon  |
| Signs and symptoms  | Axillary buboes   |
| Form  | Bubonic plague  |
| Diagnostic method   | Not reported  |
| Outcome   | Recovery  |
| Transmission route  |   |
| Attributed by authors                                       | Not reported  |
| Plausibility  | Plausible   |
| Other relevant notes  |   |
| Uninfected persons exposed to same source                   | Not reported  |

**Appendix Table 41.** Quality appraisal of Mitchell et al. (17) in a study on plague transmission from corpses and carcasses

| Appraisal question   | Judgment       | Support for judgment  |
|--|----------------|---|
| Were patient characteristics adequately reported?                                  | Yes            | Adequate description  |
| Was there some effort to trace all contacts from the index case?                   | Unknown        | No details on other exposures.  |
| Were the methods used for tracing contacts adequate?                               | Not applicable | Not applicable  |
| Were the laboratory methods used for defining a confirmed case of plague reliable? | Unknown        | No description of which laboratory tests were used.   |
| Was the route of transmission plausible?   | Yes            | Axillary bubonic plague caused by handling infected bodies during the time involved for 2 autopsies is plausible. |
| Was the cause-effect of transmission plausible?                                    | Yes            | Axillary bubonic plague caused by handling infected bodies during the time involved for 2 autopsies is plausible. |

**Appendix Table 42.** Characteristics of Poland et al. (18) analyzed in a study on plague transmission from corpses and carcasses

| Characteristic  | Description  |
|---|--|
| <b>Basic information</b>                                    |  |
| Setting   | Northern Arizona, USA  |
| Date  | Feb 1972   |
| <b>Source of infection</b>                                  |  |
| Species   | Bobcat ( <i>Lynx rufus</i> )   |
| Diagnostic method   | <i>Yersinia pestis</i> isolated from bobcat brain tissue and bone marrow samples taken 2 weeks after death.  |
| Other possible sources of infection                         | Field survey conducted in the area; findings indicated active transmission of plague among fleas and rodents.  |
| <b>Exposure</b>   |  |
| Description   | Dead animal was in the same vehicle during the day (location unspecified). The patient and another student held the animal while a third student eviscerated and skinned the animal. The student who skinned the animal "became extensively contaminated with blood and tissue contents from the animal." The other 2 students (including the patient) "were also contaminated but to a considerably lesser degree, since their primary task was to hold the animal [for the third student]." "Following the skinning, the first student washed with soap and water; it was not ascertained how thoroughly the other 2 students (including the plague case) washed." |
| Duration  | Several hours in the car; time spent skinning the animal.  |
| Time between animal or human death and contact with patient | Same day   |
| <b>Persons infected</b>                                     |  |
| No.   | 1  |
| Age, y/sex  | 19 (M)   |
| Profession  | Student  |
| Signs and symptoms  | At symptom onset: generalized myalgia, headache, pain in right elbow and shoulder, fever, and upper respiratory symptoms;<br>at admission: fever, anorexia, nausea, diarrhea;<br>during admission: chills, fever, anxiety, continued severe pain in right arm and shoulder, and epitrochlear and axillary lymphadenopathy.   |
| Form  | Bubonic (epitrochlear) plague  |
| Diagnostic method   | <i>Y. pestis</i> identified from aspirate of the patient's right epitrochlear lymph node. Paired serum samples taken 26 d apart indicated a rise in titer for anti-F1 antibodies against <i>Y. pestis</i> from 1:4 to 1:32 by passive hemagglutination.  |
| Outcome   | Recovery   |
| <b>Transmission route</b>                                   |  |
| Attributed by authors                                       | Direct contact with contaminated animal through breaks in the skin.  |
| Plausibility  | The 2 exposed but infected students "had no known open lesions on their hands or arms." The infected student, however, "complained of 'hang- nails,' was a 'nail chewer,' and reported having numerous raw areas around his fingernails."  |
| <b>Other relevant notes</b>                                 |  |
| Uninfected persons exposed to same source                   | Two other exposed students were not infected; 2 additional persons with them during the day, but not during skinning, were not infected.   |

**Appendix Table 43.** Quality appraisal of Poland et al. (18) in a study on plague transmission from corpses and carcasses

| Appraisal question   | Judgment | Support for judgment  |
|--|----------|---|
| Were patient characteristics adequately reported?                                  | Yes      | All patient characteristics described in detail.  |
| Was there some effort to trace all contacts from the index case?                   | Yes      | Two uninfected contacts were described in detail.   |
| Were the methods used for tracing contacts adequate?                               | Yes      | Data provided for contacts present during and after the death of the infected animal.                   |
| Were the laboratory methods used for defining a confirmed case of plague reliable? | Yes      | Diagnosed by isolation of the organism.   |
| Was the route of transmission plausible?   | Yes      | Direct contact with breaks in skin.   |
| Was the cause-effect of transmission plausible?                                    | Yes      | Presence of epitrochlear nodes indicative of bubonic plague spread by direct contact through the hands. |

**Appendix Table 44.** Characteristics of Ratsitorahina et al. (9) analyzed in a study on plague transmission from corpses and carcasses

| Characteristic  | Description  |
|---|--|
| Basic information   |  |
| Setting   | Madagascar   |
| Date  | Oct 1997   |
| Source of infection   |  |
| Species   | Human  |
| Diagnostic method   | On the basis of clinical signs and symptoms  |
| Other possible sources of infection                         | Exposure to live plague patients   |
| Exposure  |  |
| Description   | Eight persons stayed in infected household for 2 d for funeral ceremony of a healer who died of plague. Plague also developed in an additional person who attended the healer's funeral. |
| Duration  | 2 d  |
| Time between animal or human death and contact with patient | <24–36 h   |
| Persons infected  |  |
| No.   | 9  |
| Age, y/sex  | 1 child (4 y), 8 adults (17–65 y); 2 men, 7 women.   |
| Profession  | Not reported   |
| Signs and symptoms  | Pneumonic syndrome (chest pain, blood-stained sputum, cough)   |
| Form  | Pneumonic plague   |
| Diagnostic method   | Rapid diagnostic test on the basis of F1 antigen positivity  |
| Outcome   | 8 patients recovered, 1 died.  |
| Transmission route  |  |
| Attributed by authors                                       | "Infection resulted from active participation in the funeral ceremonies and attendance on patients;" "Other villagers became infected during the funeral ceremonies."                    |
| Plausibility  | Plausible  |
| Other relevant notes  |  |
| Uninfected persons exposed to same source                   | 54 contacts tested: none had plague, but 13 were seropositive. Total number exposed was unclear.   |

**Appendix Table 45.** Quality appraisal of Ratsitorahina et al. (9) in a study on plague transmission from corpses and carcasses

| Appraisal question   | Judgment | Support for judgment  |
|--|----------|---|
| Were patient characteristics adequately reported?                                  | Yes      | Adequate description of patient characteristics   |
| Was there some effort to trace all contacts from the index case?                   | Yes      | Contacts were assessed clinically and serologically   |
| Were the methods used for tracing contacts adequate?                               | Unknown  | Details not provided  |
| Were the laboratory methods used for defining a confirmed case of plague reliable? | Yes      | Diagnosed using F1 rapid diagnostic test of sputum samples  |
| Was the route of transmission plausible?   | Yes      | Transmission of pneumonic plague by respiratory droplets  |
| Was the cause-effect of transmission plausible?                                    | Partial  | Pneumonic plague can be transmitted by respiratory droplets. However, it is unclear whether all the cases were infected by a corpse rather than living persons. Eight persons stayed in infected household for 2 d for funeral ceremony of a healer who died of plague. This timing coincides with the last 2 d of life of the healer's wife and son, who also died of plague. Similarly, a patient who attended the healer's funeral could also have been infected by human-to-human transmission. |

**Appendix Table 46.** Characteristics of Saeed et al. (19) analyzed in a study on plague transmission from corpses and carcasses

| Characteristic  | Description   |
|---|---|
| Basic information   |   |
| Setting   | Saudi Arabia  |
| Date  | Feb 1994  |
| Source of infection   |   |
| Species   | Camel   |
| Diagnostic method   | <i>Yersinia pestis</i> isolated from bone marrow of camel, the blood and liver of live jirds collected from the camel corral, and from fleas combed from these jirds.   |
| Other possible sources of infection                         | None  |
| Exposure  |   |
| Description   | Patient with an open cut on his arm slaughtered the infected camel.   |
| Duration  | Not reported  |
| Time between animal or human death and contact with patient | Same day  |
| Persons infected  |   |
| No.   | 1   |
| Age, y/sex  | Adult man   |
| Profession  | Not reported  |
| Signs and symptoms  | Fever, axillary lymphadenitis, and cellulitis   |
| Form  | Bubonic plague  |
| Diagnostic method   | Tested positive by indirect hemagglutination assay  |
| Outcome   | Recovery  |
| Transmission route  |   |
| Attributed by authors                                       | Not clearly stated, but probably direct contact with contaminated animal through breaks in the skin.  |
| Plausibility  | Plausible   |
| Other relevant notes  |   |
| Uninfected persons exposed to same source                   | Camel meat was distributed among 106 persons. In total, 37 persons ate camel meat, although only 6 ate raw meat and 2 of those did become infected. Disease caused by consumption of raw meat is not analyzed in this review. |

**Appendix Table 47.** Quality appraisal of Saeed et al. (19) in a study on plague transmission from corpses and carcasses

| Appraisal question   | Judgment | Support for judgment  |
|--|----------|---|
| Were patient characteristics adequately reported?                                  | Yes      | Patient characteristics described.  |
| Was there some effort to trace all contacts from the index case?                   | Yes      | Detailed.   |
| Were the methods used for tracing contacts adequate?                               | Yes      | Detailed description of contact tracing.  |
| Were the laboratory methods used for defining a confirmed case of plague reliable? | Yes      | Indirect hemagglutination assay.  |
| Was the route of transmission plausible?   | Yes      | Direct contact with breaks in skin.   |
| Was the cause-effect of transmission plausible?                                    | Yes      | Axillary lymphadenitis on same arm that had open wound, suggestive of direct contact. |

**Appendix Table 48.** Characteristics of Sagiev et al. (20) analyzed in a study on plague transmission from corpses and carcasses

| Characteristic  | Description  |
|---|--|
| Basic information   |  |
| Setting   | Kazakhstan   |
| Date  | 1974–2003  |
| Source of infection   |  |
| Species   | Camel (for group A), hare (for groups B and C), saiga (for group D)  |
| Diagnostic method   | Plague microbes isolated from body of saiga  |
| Other possible sources of infection                         | Not reported   |
| Exposure  |  |
| Description   | Group A slaughtered camel; group B cut hare carcasses; group C fed an eagle with hare carcass; group D cut a sick saiga. |
| Duration  | Not reported   |
| Time between animal or human death and contact with patient | Not reported   |
| Persons infected  |  |
| No.   | 12 persons in total: 8 in group A; 2 in group B; 1 in group C; 1 in group D.   |
| Age, y/sex  | Patient C was 13 y of age; others not reported.  |
| Profession  | Not reported   |

| Characteristic                            | Description  |
|---|--|
| Signs and symptoms                        | Not reported   |
| Form                                      | Not reported   |
| Diagnostic method                         | Plague microbes isolated from patient D. Not reported for other cases. |
| Outcome                                   | Not reported   |
| Transmission route                        |  |
| Attributed by authors                     | Not reported   |
| Plausibility                              | Not applicable   |
| Other relevant notes                      |  |
| Uninfected persons exposed to same source | Not reported   |

**Appendix Table 49.** Quality appraisal of Sagiev et al. (20) in a study on plague transmission from corpses and carcasses

| Appraisal question   | Judgment       | Support for judgment   |
|--|----------------|--|
| Were patient characteristics adequately reported?                                  | No             | Patient characteristics not described.   |
| Was there some effort to trace all contacts from the index case?                   | Unknown        | Not reported   |
| Were the methods used for tracing contacts adequate?                               | Not applicable | Not applicable   |
| Were the laboratory methods used for defining a confirmed case of plague reliable? | Unknown        | Only 1 case has details of laboratory diagnosis.   |
| Was the route of transmission plausible?   | Unknown        | Although transmission by direct handling (including cutting carcasses) is possible, no details provided on transmission route or form of plague. |
| Was the cause-effect of transmission plausible?                                    | Unknown        | Absence of details on type of plague is a limitation.  |

**Appendix Table 50.** Characteristics of Von Reyn et al. (21) analyzed in a study on plague transmission from corpses and carcasses

| Characteristic  | Description  |
|---|--|
| Basic information   |  |
| Setting   | New Mexico, USA  |
| Date  | Feb 1974   |
| Source of infection   |  |
| Species   | Coyote   |
| Diagnostic method   | Positive fluorescent antibody test of spleen and bone marrow from carcass.   |
| Other possible sources of infection                         | Patient cannot recall insect bites.  |
| Exposure  |  |
| Description   | Patient skinned the animal and carried the pelt. He had a forearm laceration and nailbeds exposed during skinning. Authors raise the possibility of animal being alive but weak at the time of exposure. |
| Duration  | Not reported   |
| Time between animal or human death and contact with patient | Not reported   |
| Persons infected  |  |
| No.   | 1  |
| Age, y/sex  | 11 (M)   |
| Profession  | Not reported   |
| Signs and symptoms  | Fever, right axillary lymphadenopathy, and wound on right middle digit. Fever, neck stiffness, and lethargy later developed.   |
| Form  | Bubonic plague, plague meningitis  |
| Diagnostic method   | Lymph nodes and cerebrospinal fluid had positive culture for plague bacilli.   |
| Outcome   | Recovery   |
| Transmission route  |  |
| Attributed by authors                                       | Direct contact with break in skin.   |
| Plausibility  | Only the person with breach in the skin was infected.  |
| Other relevant notes  |  |
| Uninfected persons exposed to same source                   | Patient's friend who joined in skinning the carcass. Several members at 2 households handled the skin.<br>Ten exposed persons tested negative for passive plague hemagglutination.                       |

**Appendix Table 51.** Quality appraisal of Von Reyn et al. (21) in a study on plague transmission from corpses and carcasses

| Appraisal question   | Judgment | Support for judgment  |
|--|----------|---|
| Were patient characteristics adequately reported?                                  | Yes      | All patient characteristics described in detail.  |
| Was there some effort to trace all contacts from the index case?                   | Yes      | Uninfected contacts described in detail, including serologic status.                    |
| Were the methods used for tracing contacts adequate?                               | Yes      | Contacts who helped to skin the coyote were traced.                                     |
| Were the laboratory methods used for defining a confirmed case of plague reliable? | Yes      | Diagnosed by isolation of the organism.   |
| Was the route of transmission plausible?   | Yes      | Direct contact with breaks in skin.   |
| Was the cause-effect of transmission plausible?                                    | Yes      | Axillary buboes were noted on the same arm as skin break, suggestive of direct contact. |

**Appendix Table 52.** Characteristics of Wong et al. (22) analyzed in a study on plague transmission from corpses and carcasses

| Characteristic  | Description   |
|---|---|
| Basic information   |   |
| Setting   | USA   |
| Date  | Nov 2007  |
| Source of infection   |   |
| Species   | Mountain lion   |
| Diagnostic method   | Samples from the liver and submandibular lymph node were PCR-positive for <i>Yersinia pestis</i> . Immunohistochemical stain identified abundant gram-negative bacilli and <i>Y. pestis</i> in subcapsular sinuses of a submandibular lymph node. Immunohistochemical stain also identified <i>Y. pestis</i> in liver and brain samples.  |
| Other possible sources of infection                         | None  |
| Exposure  |   |
| Description   | “The biologist carried the carcass for approximately 1 km to his vehicle and then into his garage, where he performed a necropsy with his bare hands; there is no evidence he wore a mask or other personal protective equipment.”<br>The necropsy included the opening of the animal’s thoracic cavity, which was filled with blood, and transection of the vertebral column. Necropsy lasted ≈2.5 h.<br>Archived specimens of the animal by the biologist included hide, 2 paws, skinned head, and liver.   |
| Duration  | Time of transport of the carcass for 1km, then in his car.<br>Then estimated 2.5h of examination.   |
| Time between animal or human death and contact with patient | The first evidence of contact between the patient and the dead mountain lion was 35 h after the death of the mountain lion (as evidenced by time-stamped photographs taken by the patient). Time of death was identified from a mortality signal, prompted by no movement for 6 h, transmitted from the animal’s radio-collar.  |
| Persons infected  |   |
| No.   | 1   |
| Age, y/sex  | 37 (M)  |
| Profession  | Wildlife biologist  |
| Signs and symptoms  | Fever, chills, nausea, myalgias, cough, and blood-tinged sputum a few hours after exposure  |
| Form  | Primary pneumonic plague  |
| Diagnostic method   | “...intravascular <i>Y. pestis</i> antigens [identified] by immunohistochemistry in multiple tissue samples, including samples of the lung, liver, heart, pharynx, and brain...”<br>“...culture of patient tissue samples (lung and liver) yielded <i>Y. pestis</i> , as confirmed by bacteriophage-lysis testing.”<br>Confluent plague bacilli admixed with an acute inflammatory infiltrate in the lung; inflammation absent from other infected organs.  |
| Outcome   | Death   |
| Transmission route  |   |
| Attributed by authors                                       | Inhalation of aerosols generated while handling the carcass   |
| Plausibility  | “The presence of heavy intra-alveolar inflammation admixed with confluent plague bacilli—in conjunction with the complete absence of inflammation in other infected organs—provides strong evidence that the lungs were the primary site of infection and that septicemia occurred secondarily;”<br>“Other findings consistent with an aerosol exposure include the development of cough and blood-tinged sputum within hours of symptom onset, consolidation of the right lung, and the absence of buboes on clinical and postmortem examination;”<br>“Isolates of <i>Y. pestis</i> cultured from the mountain lion’s tissues were subtyped by pulsed-field gel electrophoresis (PFGE) and found to be indistinguishable from isolates recovered from the biologist,” further supporting the mountain lion as the source of the biologist’s infection. |
| Other relevant notes  |   |
| Uninfected persons exposed to same source                   | None  |



**Appendix Table 53.** Quality appraisal of Wong et al. (22) in a study on plague transmission from corpses and carcasses

| Appraisal question   | Judgment | Support for judgment   |
|--|----------|--|
| Were patient characteristics adequately reported?                                  | Yes      | All patient characteristics described in detail.             |
| Was there some effort to trace all contacts from the index case?                   | Yes      | Through interviews, photographs, and cellular phone records. |
| Were the methods used for tracing contacts adequate?                               | Yes      | Through interviews, photographs, and cellular phone records. |
| Were the laboratory methods used for defining a confirmed case of plague reliable? | Yes      | Multiple methods used.                                       |
| Was the route of transmission plausible?   | Yes      | Through aerosols   |
| Was the cause-effect of transmission plausible?                                    | Yes      | Clinical picture strongly suggests aerosol exposure.         |

**Appendix Table 54.** Characteristics of Wu et al. (23) analyzed in a study on plague transmission from corpses and carcasses

| Characteristic  | Description   |
|---|---|
| Basic information   |   |
| Setting   | China   |
| Date  | 1975–2007   |
| Source of infection   |   |
| Species   | Tibetan sheep   |
| Diagnostic method   | Isolated <i>Yersinia pestis</i> strains   |
| Other possible sources of infection                         | Not reported  |
| Exposure  |   |
| Description   | Patients played, ate, or touched the carcasses of Tibetan sheep.  |
| Duration  | Not reported  |
| Time between animal or human death and contact with patient | Not reported  |
| Persons infected  |   |
| No.   | 25  |
| Age, y/sex  | 9 patients <20 y of age, 8 patients 20–45 y of age, 8 patients >45 y of age; 11 men, 14 women.  |
| Profession  | Not reported  |
| Signs and symptoms  | Not reported  |
| Form  | 12 primary bubonic, 6 primary pneumonic, 3 primary septicemic, 4 primary intestinal   |
| Diagnostic method   | By trade standard (WS279–2008):<br>A. suspected case: sudden high fever of unknown cause with associated symptoms + visited plague foci in past 10 d;<br>B. probable case: clinical symptoms + contact history + F1 antigen–positive by rapid diagnostic test, indirect hemagglutination assay or ELISA; or<br>C. laboratory-confirmed case: A or B + isolated <i>Y. pestis</i> strains or A + 4-fold increase of F1 antibody |
| Outcome   | 12 patients recovered, 13 died  |
| Transmission route  |   |
| Attributed by authors                                       | Not reported  |
| Plausibility  | Not applicable  |
| Other relevant notes  |   |
| Uninfected persons exposed to same source                   | Not reported  |

**Appendix Table 55.** Quality appraisal of Wu et al. (23) in a study on plague transmission from corpses and carcasses

| Appraisal question   | Judgment       | Support for judgment  |
|--|----------------|---|
| Were patient characteristics adequately reported?                                  | Yes            | Basic information reported  |
| Was there some effort to trace all contacts from the index case?                   | Unknown        | Not reported  |
| Were the methods used for tracing contacts adequate?                               | Not applicable | Not applicable  |
| Were the laboratory methods used for defining a confirmed case of plague reliable? | Yes            | Diagnosed by isolation of the organism  |
| Was the route of transmission plausible?   | Yes            | Cases of bubonic and pneumonic plague can be the result of close direct contact or inhalation of infected aerosols. Cases of intestinal plague are probably the result of eating contaminated meat. |
| Was the cause-effect of transmission plausible?                                    | Partial        | There is not enough information given to exclude that some cases might have been caused by human-to-human transmission.   |

**Appendix Table 56.** Characteristics of Zhang et al. (24) analyzed in a study on plague transmission from corpses and carcasses

| Characteristic  | Description  |
|---|--|
| Basic information   |  |
| Setting   | China  |
| Date  | 1958–2005  |
| Source of infection   |  |
| Species   | Plague-infected animals or humans (the original infection sources were live animals or humans)   |
| Diagnostic method   | Not reported   |
| Other possible sources of infection                         | Not reported   |
| Exposure  |  |
| Description   | In total, 24 patients were infected by flaying, eating, or touching a marmot or cat. An additional 32 patients were infected by contact with plague patients or human corpse. Disaggregated data not reported.   |
| Duration  | Not reported   |
| Time between animal or human death and contact with patient | Not reported   |
| Persons infected  |  |
| No.   | 56 (out of 64 patients, 8 had unknown transmission routes)   |
| Age, y/sex  | 1–69 (49 M, 15 F)  |
| Profession  | Not reported   |
| Signs and symptoms  | Not reported   |
| Form  | 45% pneumonic plague, 33% bubonic plague, 8% septicemic plague   |
| Diagnostic method   | Criteria for laboratory-confirmed cases:<br>Strain isolated (26 patients); clinical symptoms + F1 antibody titer $\geq 1:20$ (by indirect hemagglutination assay) (2 patients); or clinical symptoms + F1 antigen–positive by reverse indirect hemagglutination assay) (1 patient).<br>Clinical cases: symptoms + epidemiologic evidence (35 patients) |
| Outcome   | Not reported   |
| Transmission route  |  |
| Attributed by authors                                       | Not reported   |
| Plausibility  | Not applicable   |
| Other relevant notes  |  |
| Uninfected persons exposed to same source                   | Not reported   |

**Appendix Table 57.** Quality appraisal of Zhang et al. (24) in a study on plague transmission from corpses and carcasses

| Appraisal question   | Judgment       | Support for judgment  |
|--|----------------|---|
| Were patient characteristics adequately reported?                                  | Partial        | Inadequate information on some aspects.   |
| Was there some effort to trace all contacts from the index case?                   | Unknown        | Not reported  |
| Were the methods used for tracing contacts adequate?                               | Not applicable | Not applicable  |
| Were the laboratory methods used for defining a confirmed case of plague reliable? | Partial        | Diagnosis was based on clinical and epidemiologic findings for 35 cases.  |
| Was the route of transmission plausible?   | Unknown        | Very limited evidence for this judgment. Although plague transmission is plausible, no data reported on transmission route in association with different forms of plague. |
| Was the cause-effect of transmission plausible?                                    | Partial        | Not enough information provided; cannot exclude that some cases might have been caused by human-to-human transmission.  |