

## \* Anthrax

Disease Case Classification	
Confirmed Case	Clinical illness <sup>1</sup> with laboratory confirmation of infection: <ul style="list-style-type: none"> <li>▪ Isolation of <i>Bacillus anthracis</i> from an appropriate clinical specimen</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>▪ Demonstration of <i>B. anthracis</i> in a clinical specimen by immunofluorescence</li> </ul>
Probable Case	Suspected case that has <ul style="list-style-type: none"> <li>▪ A positive reaction to allergic skin test (in non-vaccinated individuals)</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>▪ Positive PCR for <i>B. anthracis</i><sup>2</sup></li> </ul>
Suspect Case	Clinical illness <sup>1</sup> in a person who is epidemiologically linked to a confirmed or suspected animal case or contaminated animal product
Suspected Deliberate Release	Two or more suspect cases that are linked in time and place, especially geographically related groups of illness following a wind direction pattern
National Surveillance	Confirmed, Probable and Suspect Cases
Provincial Surveillance	Confirmed, Probable and Suspect Cases
Type of Surveillance	Case-by-Case
Comments	
Date of Development	June 2003

<sup>1</sup> Clinical illness: acute onset of symptoms characterized by several distinct clinical forms, including the following:

**Cutaneous:** a skin lesions evolving during a period of 2-6 days from a papule, through a vesicular stage, to a depressed black eschar;

**Inhalation:** a brief prodrome resembling a viral illness, followed by development of hypoxia and dyspnea, with radiographic evidence of mediastinal widening;

**Intestinal:** severe abdominal distress characterized by nausea, vomiting, anorexia and followed by fever and signs of septicemia;

**Oropharyngeal:** mucosal lesion in the oral cavity or oropharynx, cervical adenopathy, edema and fever

<sup>2</sup> PCR will be used to confirm cases as it becomes available