

*Plague

Disease Case Classification	
Confirmed Case	<p>Clinical illness¹ and laboratory confirmation of infection:</p> <ul style="list-style-type: none"> ▪ Isolation of <i>Yersinia pestis</i> from body fluids <p>OR</p> <ul style="list-style-type: none"> ▪ A 4-fold or greater rise in serum antibody titre to <i>Y. pestis</i> fraction 1 (F1) antigen <p>OR</p> <ul style="list-style-type: none"> ▪ Demonstration of antigen or genome by other accepted laboratory tests <p>Clinical Case</p> <p>Clinical illness¹ with one of the following laboratory confirmations of infection:</p> <ul style="list-style-type: none"> ▪ Demonstration of elevated serum antibody titre(s) to <i>Y. pestis</i> F1 antigen (without documented 4-fold or greater change) in a patient with no history of plague immunization <p>OR</p> <ul style="list-style-type: none"> ▪ Demonstration of F1 antigen in a clinical specimen by fluorescent assay
Probable Case	
National Surveillance	Confirmed, Probable, Suspect and Clinical Cases
Provincial Surveillance	Confirmed, Probable, Suspect and Clinical Cases
Type of Surveillance	Case-by-Case
Comments	
Date of Development	June 2003

¹ Clinical illness: the disease is characterized by fever, chills, headache, malaise, prostration, and leukocytosis that is manifest in one or more of the following principal clinical forms:

- Regional lymphadenitis (bubonic plague)
- Septicemia without an evident bubo (septicemic plague)
- Plague pneumonia, resulting from hematogenous spread in bubonic or septicemic cases (secondary pneumonic plague) or inhalation of infectious droplets (primary pneumonic plague)
- Pharyngitis and cervical lymphadenitis resulting from exposure to larger infectious droplets or ingestion of infected tissues (pharyngeal plague)