

Rocky Mountain Spotted Fever

Disease Case Classification	
Confirmed Case	<p>Clinical illness¹ with laboratory confirmation of infection:</p> <ul style="list-style-type: none"> ▪ Fourfold or greater rise in antibody titre to <i>Rickettsia rickettsii</i> antigen by immunofluorescence antibody (IFA), complement fixation (CF), latex agglutination (LA), microagglutination (MA), or indirect hemagglutination antibody (IHA) test in acute- and convalescent-phase specimens ideally taken greater than or equal to 3 weeks apart ▪ Positive PCR assay to <i>R. rickettsii</i> (when available) from blood or skin biopsy) ▪ Demonstration of positive immunofluorescence of skin lesion (biopsy) or organ tissue (autopsy) ▪ Isolation of <i>R. rickettsii</i> from clinical specimen
Probable Case	<p>Clinical illness¹ with a single IFA serologic titre of greater than or equal to 64 or a single CF titre of greater than or equal to 16 or other supportive serology²</p> <p>OR</p> <p>Clinical illness¹ in a person epidemiologically linked to a confirmed case</p>
National Surveillance	
Provincial Surveillance	Confirmed Cases
Type of Surveillance	Case-by-Case
Comments	
Date of Development	June 2003

¹ RMSF is the prototype disease of the spotted fever group. It is characterized by acute onset of fever and is usually accompanied by accompanied by malaise, myalgia, headache, chills, conjunctival injection and rash. The rash is initially maculopapular (on the palms and soles with rapid centripetal spread) and two-thirds of patients then develop a petechial exanthem.

² A fourfold rise in titre or a single titre greater than or equal to 320 by Proteus OX-19 or OX-2, or a single titre greater than or equal to 128 by an LA, IHA, or MA test.