

# Typhus - Louseborne

Disease Case Classification	
Confirmed Case	<p>Clinical illness<sup>1</sup> with laboratory confirmation of infection:</p> <ul style="list-style-type: none"> <li>▪ Fourfold or greater rise in antibody titre to <i>Rickettsia prowazekii</i> antigen by immunofluorescence antibody (IFA), complement fixation (CF), enzyme immunoassay (EIA), or toxin-neutralization in acute- and convalescent-phase specimens ideally taken greater than or equal to 3 weeks apart</li> <li>▪ Positive PCR to <i>R. prowazekii</i> (when available)</li> <li>▪ Isolation of <i>R. prowazekii</i> from clinical specimen</li> <li>▪ Demonstration of positive immunofluorescence of skin lesion (biopsy) or organ tissue (autopsy)</li> </ul>
Probable Case	<p>Clinical illness<sup>1</sup> with a single high IFA serologic titre  <b>OR</b>            Clinical illness<sup>1</sup> 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

<sup>1</sup> Clinical illness is characterized by a usually sudden and marked onset of symptoms, including headache, chills, prostration, fever, and myalgia. A maculopapular rash appears on the upper trunk and extremities (about day 6) and spreads centrifugally. The face, palms and soles are spared.