

Typhus - Murine

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>R. typhi</i> or <i>R. felis</i> antigen by immunofluorescence antibody (IFA), latex agglutination (LA), enzyme immunoassay (EIA), or toxin-neutralization in acute- and convalescent-phase specimens ideally taken greater than or equal to 3 weeks apart² ▪ Positive PCR assay to <i>R. typhi</i> (when available) ▪ Isolation of <i>R. typhi</i> from skin lesion or blood ▪ Demonstration of positive immunofluorescence of skin lesion (biopsy) or organ tissue (autopsy)
Probable Case	<p>Clinical illness¹ with a single high IFA serologic titre OR 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 Clinical illness is similar to that seen with epidemic typhus, except that it is milder. As well, only about 50% of patients develop a rash, and it may be present on the palms and soles.

² The IFA is the most sensitive and specific method. However, it does not discriminate between Louseborne and Murine typhus unless extra pre-steps are done.