

# Typhus - Scrub

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>O. tsutsugamushi</i> antigen by immunofluorescence antibody (IFA), Weil-Felix slide agglutination (<i>proteus</i> OX-K), enzyme immunoassay (EIA), or immunoperoxidase test in acute- and convalescent-phase specimens ideally taken greater than or equal to 3 weeks apart</li> <li>▪ Positive PCR assay to <i>O. tsutsugamushi</i> (when available) from blood or CSF</li> <li>▪ Isolation of <i>O. tsutsugamushi</i> from blood (animal inoculation)</li> </ul>
Probable Case	<p>Clinical illness<sup>1</sup> with a single high 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 primary skin ulcer (eschar) corresponding to the site of mite attachment. This is followed by tender lymphadenopathy in the region of the bite wound and sudden onset of fever, severe headache, and myalgia. Ocular pain, conjunctival infection, dry cough, or CNS changes may occur. A maculopapular eruption appears on the trunk and extends to the extremities.