

PLAGUE

Case Definition

Confirmed Case:

Clinical evidence of illness with laboratory confirmation of infection:

- Isolation of *Yersinia pestis* from body fluids.
- OR**
- A significant (i.e. fourfold or greater) rise in serum antibody titre to *Y. pestis* fraction 1 (F1) antigen by EIA or passive hemagglutination/inhibition titre.

Probable Case:

Clinical evidence of illness with any of:

- Demonstration of elevated serum antibody titre(s) to *Y. pestis* F1 antigen (without documented significant [i.e. fourfold or greater] change) in a patient with no history of plague immunization.
- OR**
- Demonstration of *Y. pestis* F1 antigen by immunofluorescence.
- OR**
- Detection of *Y. pestis* nucleic acid.
- OR**
- >1:10 passive hemagglutination/inhibition titre in a single serum sample in a patient with no history of vaccination or previous infection.
- OR**
- Detection of *Y. pestis* antibody by EIA

Clinical Evidence

Characterized by fever, chills, headache, malaise, prostration and leukocytosis, and is manifest in one or more of the following principal forms:

Bubonic plague: Regional lymphadenitis

Septicemic plague: Septicemia with or without an evident bubo

Primary pneumonic plague: inhalation of infectious droplets

Secondary pneumonic plague: Pneumonia, resulting from hematogenous spread in bubonic or septicemic cases

Pharyngeal plague: Pharyngitis and cervical lymphadenitis resulting from exposure to larger infectious droplets or ingestion of infected tissues

Reporting Requirements

- Report confirmed or probable cases **immediately** to DHW Surveillance Team.
- Enter into Panorama.

Additional Forms

None.

Data Entry

Complete data entry in Panorama.