

## Case Definition

### Confirmed Case:

Clinical evidence of illness<sup>1</sup> 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<sup>1</sup> 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 and probable cases **immediately** to DHW Surveillance via Panorama and the Surveillance Inbox.

## Additional Forms

None.

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<sup>1</sup> See Clinical Evidence section.