Appendix B: Provincial Case Definitions for Diseases of Public Health Significance

Disease: Tularemia

Effective: February 2019
Tularemia

1.0 Provincial Reporting
Confirmed and probable cases of disease

2.0 Type of Surveillance
Case-by-case

3.0 Case Classification

3.1 Confirmed Case
Laboratory confirmation of infection with clinically compatible signs and symptoms:

- Isolation of *Francisella tularensis* (*F. tularensis*) from an appropriate clinical specimen (*e.g.*, blood, sputum)
  
  OR

- A significant (*i.e.*, fourfold or greater) rise in serum antibody titre to *F. tularensis* antigen

3.2 Probable Case
Laboratory support of infection with clinically compatible signs and symptoms, and

- Detection of *F. tularensis* by nucleic acid amplification testing (NAAT)
  
  OR

- Detection of *F. tularensis* in a clinical specimen (*e.g.*, lymph node aspirates, ulcer exudate) by fluorescent assay
  
  OR

- ≥1:128 microagglutination titre or ≥1:160 tube agglutination in a single serum specimen

4.0 Laboratory Evidence

4.1 Laboratory Confirmation
Any of the following will constitute a confirmed case of tularemia:

- A significant (*i.e.*, fourfold or greater) rise in *F. tularensis* antibody titre
- Positive *F. tularensis* culture (See Section 4.2)

4.2 Approved/Validated Tests

- *F. tularensis* serology
- Standard culture for *F. tularensis*
- Direct fluorescent antibody (DFA) for *F. tularensis* cellular antigens
- *F. tularensis* NAAT
- Slide agglutination for *F. tularensis*

### 4.3 Indications and Limitations

N/A

### 5.0 Clinical Evidence

- Clinically compatible signs and symptoms are characterized by several distinct syndromes, including the following:
  - Ulcero-glandular – cutaneous ulcer with regional lymphadenopathy;
  - Glandular – regional lymphadenopathy with no ulcer;
  - Oculoglandular – purulent conjunctivitis and palpebral ulcers with preauricular lymphadenopathy;
  - Oropharyngeal – stomatitis or pharyngitis, or tonsillitis and cervical lymphadenopathy;
  - Pneumonic – primary pleuropulmonary disease; and
  - Typhoidal – febrile illness without early localizing signs and symptoms.

- Clinical diagnosis is supported by evidence or history of a tick or deerfly bite, exposure to the tissues of a mammalian host of *F. tularensis*, or exposure to potentially contaminated food or water.

### 6.0 ICD 10 Code(s)

A21 Tularaemia

### 7.0 Sources


## 8.0 Document History

### Table 1: History of Revisions

<table>
<thead>
<tr>
<th>Revision Date</th>
<th>Document Section</th>
<th>Description of Revisions</th>
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</thead>
<tbody>
<tr>
<td>December 2014</td>
<td>General</td>
<td>New template.</td>
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<tr>
<td></td>
<td></td>
<td>Title of Section 8.0 changed from “References” to “Sources”.</td>
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<tr>
<td></td>
<td></td>
<td>Section 9.0 Document History added.</td>
</tr>
<tr>
<td>December 2014</td>
<td>3.2 Probable Case</td>
<td>Entire section revised.</td>
</tr>
<tr>
<td>December 2014</td>
<td>4.1 Laboratory confirmation</td>
<td>“Tularemia” changed to lower case “tularemia”.</td>
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<td>Removal of “with confirmation” from second bullet.</td>
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<tr>
<td>December 2014</td>
<td>4.2 Approved/Validated Tests</td>
<td>“NAT” changed to “NAAT”.</td>
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<td>Removal of last bullet “Confirmatory methods include DFA…”</td>
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<tr>
<td>December 2014</td>
<td>4.3 Indications and Limitations</td>
<td>Removal of “Additional tests may include…”</td>
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<tr>
<td>December 2014</td>
<td>5.0 Clinical Evidence</td>
<td>Format changed into bulleted form.</td>
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<td>“Francisella tularensis” changed to “F.tularensis”.</td>
</tr>
<tr>
<td>December 2014</td>
<td>8.0 Sources</td>
<td>Updated.</td>
</tr>
<tr>
<td>February 2019</td>
<td>General</td>
<td>Minor revisions were made to support the regulation change to Diseases of Public Health Significance.</td>
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