

Reporting Criteria for Japanese spotted fever

(1) Definition

Japanese spotted fever (JSP) caused by *Rickettsia japonica* infection

(2) Clinical signs and symptoms

Infection occurs through tick bite. Implicated ticks include those such as *Haemaphysalis flava* and *H. longicornis*, which carry *Rickettsia japonica*. It is characterized by onset of headache, general malaise and high fever 2-8 days following tick bite. Eschar, if found, helps in diagnosis. With fever onset, red maculopapular rash appears in the extremities such as arms and legs and progresses towards the trunk. Lymphadenopathy is rare. As in the case of scrub typhus, JSP is associated with positive CRP, leukopenia, thrombocytopenia and liver dysfunction. JSP, however, is more likely to lead to severe outcomes such as DIC.

(3) Reporting criteria

a) “Patients (confirmed cases)”

In compliance with Article 12 paragraph 1 of the Infectious Diseases Control Law, if a physician has examined a patient with clinical signs or symptoms as described in (2), suspected JSP, and has made a diagnosis of JSP based on the results obtained by the laboratory method and specimen as described below, the physician shall notify the case immediately.

b) “Asymptomatic infections”

In compliance with Article 12 paragraph 1 of the Infectious Diseases Control Law, if a physician has examined a person without clinical characteristics listed in (2), but has diagnosed that the person was an asymptomatic *Rickettsia japonica* carrier based on the results obtained by the laboratory method and specimen as described below, the physician shall notify the case immediately

c) “Deceased person whose death was attributed to Japanese spotted fever”

In compliance with Article 12 paragraph 1 of the Infectious Diseases Control Law, if a physician has examined a deceased person with clinical signs as described in (2), and, has diagnosed that the death was due to JSF based on the results obtained by the laboratory methods as described below, the physician shall notify the case immediately.

d) “Deceased person whose death was suspected to be due to Japanese spotted fever”

In compliance with Article 12 paragraph 1 of the Infectious Diseases Control Law, if a physician has examined a deceased person with clinical signs as described in (2) and has suspected that the death was caused by JSF, the physician shall notify the case immediately.

Laboratory method	Specimen
Detection of the pathogen by isolation and identification	Blood, tissue specimens
Detection of the genome of <i>Rickettsia japonica</i> by PCR	
Detection of antibody by means of indirect fluorescent antibody method or by indirect immune peroxidase method (detection of IgM, sero-conversion or significant increase in antibody titer using paired sera)	Serum