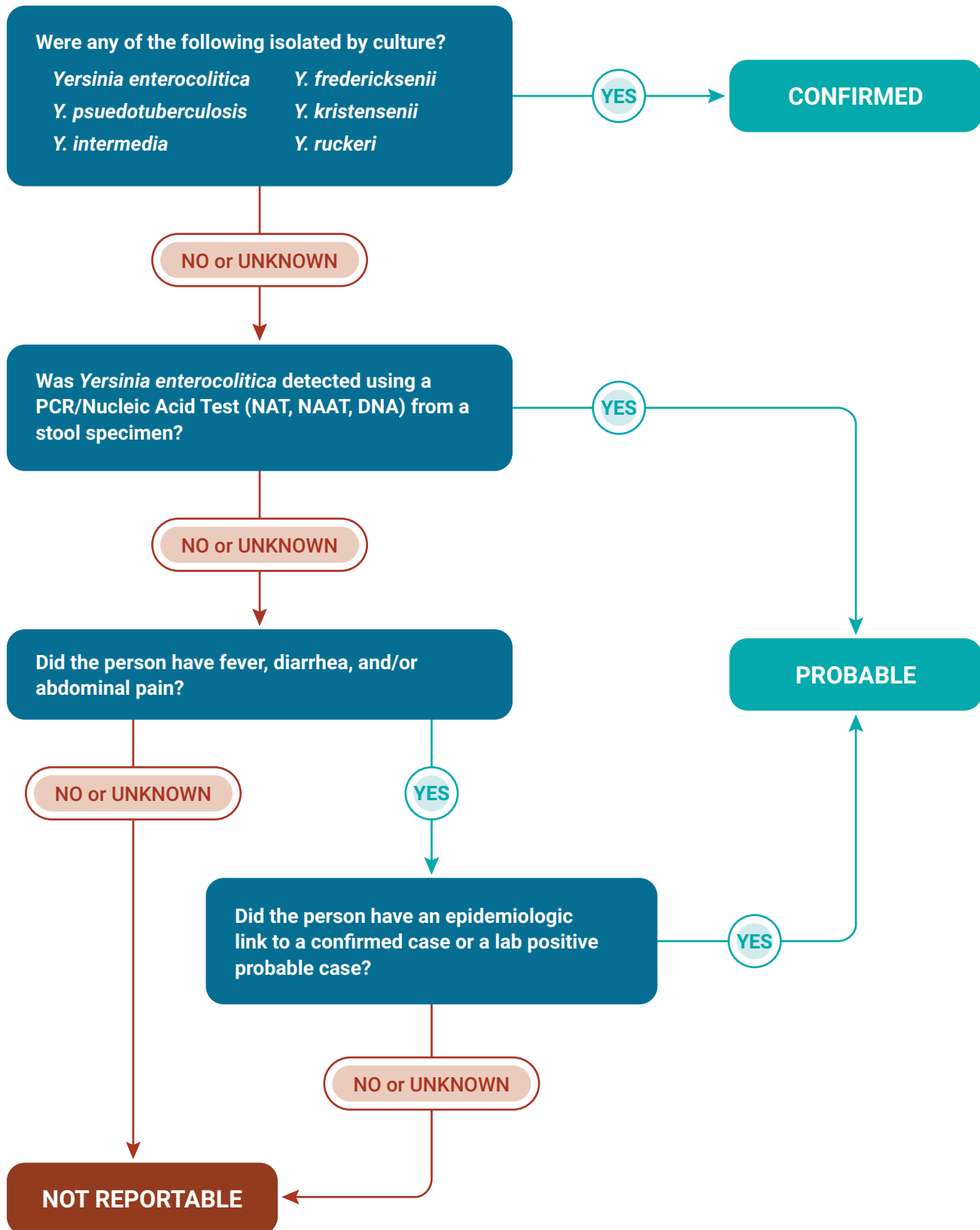


Algorithm for Case Classification: Yersiniosis



Frequently Asked Questions and Answers

What laboratory methods are used for diagnosis?

- Culture of *Yersinia enterocolitica*, *Y. pseudotuberculosis*, *Y. intermedia*, *Y. fredericksonii*, *Y. kristensenii*, or *Y. ruckeri* from stool or, less commonly, from urine or a normally sterile site
- Culture independent diagnostic testing such as PCR

How should extra-intestinal manifestations (e.g., abscesses) be handled?

These are cases and should be reported.

How should *Yersinia pestis* be reported?

Yersinia pestis infections are immediately reported as Plague.

Are there any clues to determine if the test was a culture versus a PCR/Nucleic Acid test?

Clues indicating a culture include: antibiotic sensitivities were done, the test description includes “isolate” or “isolated” or “organism identified,” an enumerated result such as “3+ *Yersinia*” or the specimen source non-stool.

For PCR, the test description will often include “detected,” “DNA,” “NAT,” “NAAT” or “GI Panel.” Also, PCRs are currently only performed on stool.

Should asymptomatic cases be reported?

Yes — any laboratory-diagnosed case should be reported.

What is an example of an epidemiologic link?

- Shared history of eating and drinking contaminated food or water — especially raw pork or pork products — with a Confirmed or Probable case
- Shared contact with infected animals or, less commonly, infected people

What should be reported?

Immediately report a suspected outbreak.

If an outbreak is suspected:

- report symptomatic persons without laboratory results who shared the exposure with a Confirmed or Probable case
- consider requesting clinical laboratories submit positive isolates to the public health laboratory