

ADVISORY

SUBJECT: Rocky Mountain Spotted Fever (RMSF)

Date: September 24, 2025

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To: Primary Care Providers, Hospitals

From: Dr. Matthew Tenenbaum, Associate Medical Officer of Health

Two human RMSF cases have been confirmed in Norfolk County.

- Consider RMSF testing in patients with compatible symptoms and history of tick exposure and/or travel to the Long Point area.
- Emphasize tick-bite prevention techniques.

Lab evidence has confirmed two human cases of Rocky Mountain Spotted Fever (RMSF), both with exposures at Long Point, Ontario. Prior to these two cases, there have been only two other documented human cases of RMSF in Ontario, and none in Wellington-Dufferin-Guelph (WDG).

RMSF is a serious, potentially life-threatening tick-borne illness. The American dog tick, a known vector for RMSF, is common across Ontario. Local tick surveillance has not found any carriers of the RMSF bacteria in WDG's tick population.

Clinical Features

Symptoms usually appear within 2 to 14 days after a tick bite and may include fever, headache, rash, nausea, vomiting, muscle pain and abdominal pain. The rash may begin as maculopapular on the wrists, forearms, and ankles, before spreading to the trunk and becoming petechial.

Testing Guidance

The main diagnostic tests for RMSF are serology and PCR. Please refer to PHO's <u>Test</u> <u>Information Sheet for Rickettsia</u>. Serology sensitivity is under 50 per cent when tested within the first week of illness and should not be used to rule out infection.

Management and Reporting

Treat with doxycycline, even if lab results are outstanding. While RMSF is not a reportable disease, please inform WDG Public Health of any confirmed cases for surveillance purposes.

Prevention

People can protect against tick bites with regular preventive measures like using DEET or icaridin insect repellent, wearing long sleeves and pants, performing regular tick checks, and promptly removing ticks to reduce the risk of infection.

For more information, please contact:

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