

Disease/ Condition	Case Definition	Alert Threshold	Outbreak Threshold
Vaccine Preventable Diseases			
Measles	Suspected Case: Any person in whom a clinician suspects measles infection OR Any person with fever, and generalized maculopapular rash (i.e. Non vesicular) and one of the followings; cough, coryza (i.e. Runny Nose) and conjunctivitis (i.e. Red Eye).	One suspected case	Five or more clinical cases with at least one lab confirmed case in a single location over a 30 day period
Meningococcal Meningitis	Suspected Case: An acute illness with sudden onset of high grade fever (>38.5 °C rectal and >38 °C axillary) AND one or more of the followings: -Neck stiffness -Altered consciousness -Other meningeal sign - petechial or purpur rash In patients under one year of age, when fever is accompanied by bulging fontanelle.	Three or more suspected case in one location or one confirmed cases of N. meningitides	Two or more lab confirmed meningococcal meningitis cases from a single location
Acute Flaccid Paralysis	Suspected case: Any child under 15 years of age with recent onset of floppy weakness of any cause including Guillian-Barre Syndrome or any person of any age with a paralytic illness, in whom poliomyelitis is suspected.	One suspected case	One lab confirmed case is an outbreak of Poliomyelitis
Pertussis (Whooping Cough)	Suspected case: A person with a cough lasting at least 2 weeks with one of the followings: Paroxysms i.e. bouts of coughing; or Inspiratory "whoop" or Post-tussive vomiting (i.e. vomiting immediately after coughing) AND without other apparent cause. OR A case diagnosed as pertussis by a physician.	One suspected case	Five cases in one locality (Laboratory confirmation of all cases is NOT REQUIRED. Only few cases from each outbreak should be laboratory confirmed.)

Diphtheria	<p>Suspected Case: Not applicable</p> <p>Probable case: An acute illness characterized by an adherent membrane on the tonsils, pharynx and/or nose and one of the followings: laryngitis, pharyngitis or tonsillitis.</p> <p>Confirmed Case: A confirmed case is a probable case who has been laboratory confirmed laboratory confirmed or linked epidemiologically to a laboratory confirmed case.</p>	One probable case	One confirmed case is an outbreak
Neonatal tetanus (NNT)	<p>Suspected Case: Any neonatal death between 3 and 28 days of age in which the cause of death is unknown OR any neonate reported as having suffered from neonatal tetanus and not investigated.</p> <p>Confirmed Case: Any neonate with normal ability to suck and cry during the first 2 days of life but who between 3 and 28 days of age cannot suck normally and becomes stiff or has convulsions or both. Hospital-reported cases are considered confirmed.</p>	One case requires investigation for safe birth practices and maternal immunization status.	NA

Respiratory Diseases (Air-borne Infections)

Pneumonia	<p><u>Children < 5 years:</u> Any child presenting with cough or difficult breathing with any one of these:</p> <ul style="list-style-type: none"> • Fast breathing: (Less than 2 months; ≥ 60 breaths/min, 2 months to 12 months; ≥ 50 breath/min, 12 months to 5 years; ≥ 40 breaths/min). • Lower Chest wall in-drawing, • Unable to drink or breastfeed, • Difficulty to awaken, • Fits / convulsions, • Stridor in calm child. <p><u>Over 5 years:</u> Any person presenting with acute onset of cough, fever, difficulty in breathing and</p>	Two times the mean number of cases of the previous 3 weeks for a reporting unit	Cluster of cases in a single location
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	chest pain which increases with breathing.		
Acute Upper Respiratory Infection	Any acute onset of fever, cough, runny nose, pharyngitis, laryngitis, bronchitis, otitis, tonsillitis, with normal breathing and with or without danger signs.	Two times the mean number of cases of the previous 3 weeks for a reporting unit	Not specified until infectious agent is identified
Influenza (Influenza Like Illness-ILI)	A person presenting with a sudden onset of fever $\geq 38^{\circ}\text{C}$ and cough or sore throat, in the absence of other diagnosis. <i>(Influenza is a systemic illness that involves the upper respiratory tract and should be differentiated from other URIs.)</i>	Unusual rise in cases satisfying case definition and presence of other epidemiological factors.	Not specified until infectious agent is identified
Severe Acute Respiratory Illness (sARI)	Meets ILI case definition (sudden onset of fever $\geq 38^{\circ}\text{C}$ and cough or sore throat, in the absence of other diagnosis), AND Shortness of breath or difficulty breathing, AND Requiring hospital admission.	One suspected case	One lab confirmed case

Water Borne Diseases

Acute Diarrhea (non-cholera)	Acute diarrhoea (passage of 3 or more loose stools in the past 24 hours) with or without dehydration, and which is not bloody or watery diarrhea.	Two times the mean number of cases of the previous 3 weeks for a given reporting unit	Cluster of cases in a single location
Acute watery diarrhea / Cholera	Suspected cholera case: <u>In an area where the disease is not known to be present:</u> Severe dehydration or death from acute watery diarrhoea in a patient aged 5 years or more. <u>In an area where Cholera is endemic:</u> Acute watery diarrhoea, with or without vomiting in a patient aged 5 years or more. <u>In an area where there is a cholera epidemic:</u> Acute watery diarrhoea, with or without vomiting, in any patient.	One AWD case OR any death due to acute diarrhea	One lab confirmed case, or a cluster (6 or more suspected cases) of AWD in a single locality during previous THREE weeks.

Bloody Diarrhea (Dysentery)	Acute illness characterized by frequent passage of scanty amount of stools, mostly mixed with blood and mucus and accompanied with moderate to high grade fever, Severe abdominal cramps, Tenesmus AND usually no dehydration.	Three or more cases in one location	Cluster of cases: 6 or more cases in one location + one lab confirmed case for Shigella
Acute Viral Hepatitis {A & E} (Acute Jaundice Syndrome)	Suspected Case: An acute illness with discrete onset of symptoms of jaundice, dark urine, anorexia, malaise, extreme fatigue, and right upper quadrant tenderness OR elevated serum alanine aminotransferase (ALT) level > 2.5 times the upper limit.	A cluster of Three or more cases in one location/reporting unit	A cluster of cases(6 or more cases in one location + Lab confirmation of type)
Typhoid fever	Suspected Case: Any person with acute illness and demonstrates: Insidious onset of sustained fever, headache, malaise, anorexia, relative bradycardia, constipation or diarrhea or abdominal tenderness progressing to prostration.	Three or more linked cases	10 or more epidemiologically linked cases from one location with at least one lab. confirmed case through Typhi Dot/Blood Culture)

Vector-Borne Diseases

Dengue Fever	Suspected Case: An acute febrile illness of >2days and <10 days duration with 3 or more of the following: <ul style="list-style-type: none"> ♦ Headache, ♦ Retro-orbital pain, ♦ Myalgia, ♦ Arthralgia, ♦ Rash ♦ Haemorrhagic manifestations ♦ Leucopenia 	For Epidemic Phase: Cluster of T suspected cases with at least one lab confirmed. For Inter-Epidemic Phase (and for the area that is previously not known for Dengue): One case fulfilling the criteria of either Suspected, Probable or lab confirmed dengue	Cluster of cases: Six or more cases in one location + one lab confirmed case in a period of four weeks
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Dengue Hemorrhagic Fever (DHF)	A probable or confirmed case of dengue fever and any two of the following: Platelets < 100,000/mm ³ , Petechial or purpuric rash, Epistaxis, vomiting with blood, cough with blood, blood in stools OR other hemorrhagic signs AND no known predisposing host factor for hemorrhagic manifestations. DHF definition also requires hematocrit rise ≥ 20%.	One probable case	One lab confirmed case of DHF
Cremean Congo Hemorrhagic Fever (CCHF)	Suspected Case: Patient with sudden onset of illness with high grade fever (>38.5 °C) for > 72 hours and < 10 days especially in CCHF endemic areas and among those in contact with a confirmed patient or handling animals and raw animal products AND fever usually associated with headache & muscle pain and does not respond to antibiotics or anti-malarial treatment.	One suspected case	One Lab confirmed case
Malaria	Suspected Case of Uncomplicated Malaria: History of recent fever (may be continuous or irregular in beginning), chills, headache, body aches, weakness, anaemia, hepato-splenomegaly. (In falciparum infection, the fever may be continuous with bouts of high peaks.) Suspected Case of Severe/complicated Malaria: H/O fever with prostration (inability to sit), altered consciousness (lethargy, coma), generalized seizures (followed by coma), difficulty in breathing, low urinary output or dark urine, severe anaemia, abnormal bleeding, and hypoglycaemia. (Only Falciparum malaria can develop into severe malaria if not treated promptly especially in children and pregnant women).	Case count greater than 2 times the mean number of cases of the previous 3 weeks for a reporting unit.	In endemic area: Slide positivity rate above 50% or Falciparum rate above 40%; In non-endemic area, evidence of indigenous transmission of Falciparum.

Leishmaniasis	<p>Suspected Case:</p> <p>Cutaneous Leishmaniasis (Saldana/Kaldana): Appearance of one or more skin lesions, typically on uncovered parts of body (Face, Neck, Arms and Legs) which begins as nodules and turn into skin ulcers eventually healing but leaving a depressed Scar.</p> <p>Visceral Leishmaniasis (Kala-Azar): Case presenting with H/O irregular fever, Hepato/Splenomegaly, enlarged lymph nodes, weight loss, fatigue and secondary infections such as Pneumonia.</p>	<p>Cutaneous Leishmaniasis: One case in non endemic areas, and cluster of Three cases in endemic area.</p> <p>Visceral Leishmaniasis: One suspected case</p>	<p>Cutaneous Leishmaniasis: Cluster of Six or more cases in one location</p> <p>Visceral Leishmaniasis: One confirmed case</p>
Scabies	Skin infection characterized by rash or lesions and intense itching especially at night. Lesions are prominent around finger webs, wrists, elbows, axillaries, beltlines, thighs, external genitalia, nipples, abdomen and lower portion of buttocks. Head, neck, palm and soles of infants may be involved.	Case count greater than 2 times the mean number of cases over the previous 3 weeks for a reporting unit.	Unusual Clustering of cases in a single location
Other Diseases Under Surveillance			
Unexplained Fever AND Pyrexia of Unknown Origin (PUO)	<p>Unexplained Fever: Fever (body temperature >38.5 °C) for >48 hours and without other known etiology</p> <p>Pyrexia of Unknown Origin: A Patient having Fever of > 38.5°C for more than 3 weeks with no established diagnosis despite appropriate investigation for 1 week.”</p>	One death due to fever without known etiology in a given location or Case count greater than 2 times the mean number of cases of the previous 3 weeks for a reporting unit	Not specified until infectious agent is identified
Unusual Disease Or Unexplained cluster of Health Events	An aggregation of cases with similar symptoms and signs of unknown cause that are closely grouped in time and/or place.	Unusual appearance of cases which are previously not known for the area or unrecognized health event	Not specified until infectious agent is identified