Annex 1A: Standard Case Definitions for Reporting Suspected Priority Diseases, Conditions and Events from the Health Facility to the LGA

Nigeria proposes that health facilities use the following examples of standard case definitions for reporting suspected cases of priority diseases and conditions to the LGA level. Refer to the disease-specific fact sheets in chapter 11 for additional information for each of the priority diseases targeted for surveillance. This also includes actions to be taken in response to alert and epidemic thresholds.

Priority Diseases and Conditions	
Disease/ Condition	**Standard case definition for suspected cases**
Acute Haemorrhagic fever syndrome	**Suspected case:** Acute onset of fever of less than three weeks' duration in a severely ill patient/ or a dead person AND any two of the following; haemorrhagic or purpuric rash; epistaxis (nose bleeding); haematemesis (blood in vomit); haemoptysis (blood in sputum); blood in stool; other haemorrhagic symptoms and no known predisposing factors for haemorrhagic manifestations OR clinical suspicion of any of the viral diseases. **Confirmed case:** A suspected case with laboratory confirmation or epidemiologic link to confirmed cases or outbreak. Note: During an outbreak, case definitions may be changed to correspond to the local event. It is important to note that during outbreaks, most cases might not show haemorrhagic manifestation, a proper history taking is crucial
Acute and chronic viral hepatitis	(a) Acute Viral Hepatitis: **Suspected case:** Any person with discrete onset of an acute illness with signs/ symptoms of: Acute infectious illness (for example, fever, malaise, fatigue) (ii) Liver damage (for example, anorexia, nausea, jaundice, dark coloured urine, right upper quadrant tenderness of body), AND/OR (iii) Raised alanine aminotransferase (ALT) levels more than ten times the upper limit of normal Confirmed case: A suspected case that is laboratory confirmed by virus specific biomarkers: Acute Hepatitis A: anti-HAV IgM positive or positive for HAV RNA Acute Hepatitis B: Hepatitis B surface antigen (HBsAg) positive AND anti-hepatitis B core antigen (anti-HBc) IgM positive, HBV DNA positive Acute Hepatitis C: HCV RNA positive (Viral Load), HCV core antigen positive (where available) and anti-HCV IgM positive. Markers of acute hepatitis A (antiHAV IgM) and hepatitis E (anti-HEV IgM) are negative. Acute Hepatitis D: HBsAg positive (or anti-HBc IgM positive) plus anti-HDV positive (usually IgM), and HDV RNA (HDV infection ONLY occurs as co-infection or superinfection of hepatitis B) Acute Hepatitis E: anti-HEV IgM positive (b) Chronic Viral Hepatitis Case definition (HBV and HCV): Chronic Hepatitis B: • HBsAg is the first serological marker to appear. Persistence of HBsAg for at least six months indicates chronic infection • Anti-HBc positive (usually IgG)

Priority Diseases and Conditions	
Disease/ Condition	**Standard case definition for suspected cases**
Chronic Hepatitis C	**Chronic Hepatitis C:** • Hepatitis C virus RNA positive in a person with anti-HCV positive (usually IgG) • HCV RNA positive OR HCV core antigen positive **NB:** Antibody detection (that is, HCV Ab positive) cannot differentiate between acute, chronic infection and past infection
Adverse events following immunization (AEFI)	Any untoward medical occurrence which follows immunization and which does not necessarily have a causal relationship with the usage of the vaccine. The adverse event may be any unfavourable or unintended sign, abnormal laboratory finding, symptom or disease.
Anthrax	**Suspected case:** Any person with acute onset characterized by several clinical forms which are: **1.** **Cutaneous form**: Any person with skin lesion evolving over 1 to 6 days from a papular through a vesicular stage, to a depressed black eschar invariably accompanied by oedema that may be mild to extensive. **2.** **Gastro-intestinal:** Any person with abdominal distress characterized by nausea, vomiting, anorexia and followed by fever **3.** **Pulmonary (inhalation):** any person with brief prodromal resembling acute viral respiratory illness, followed by rapid onset of hypoxia, dyspnoea and high temperature, with X-ray evidence of mediastinal widening **4.** **Meningeal:** Any person with acute onset of high fever possibly with convulsions, loss of consciousness, meningeal signs and symptoms; commonly noted in all systemic infections, but may present without any other clinical symptoms of anthrax **AND** has an epidemiological link to confirmed or suspected animal cases or contaminated animal products **Confirmed case:** A **confirmed case** of anthrax in a human can be defined as a clinically compatible case of cutaneous, inhalational or gastrointestinal illness that is laboratory-confirmed by: 1. isolation of *B. anthracis f*rom an affected tissue or site; or 2. Other laboratory evidence of *B. anthracis* infection based on at least two supportive laboratory tests. **Note:** *It may not be possible to demonstrate B. anthracis in clinical specimens if the patient has been treated with antimicrobial agents*
Buruli ulcer (Mycobacterium ulcerans disease)	**Suspected case**: A person presenting a painless skin nodule, plaque or ulcer, living in or having visited a BU endemic area **Confirmed case:** A suspected case confirmed by at least one laboratory test (Ziel-Neelsen stain (ZN stain) for AFB, PCR, culture or histology). Confirmation of presence of mycolactone in skin lesions
Chikungunya	**Suspected case**: Any person with acute onset of fever >38.5°C and severe arthralgia/arthritis not explained by other medical conditions. **Confirmed case**: A suspected case with laboratory confirmation.

Priority Diseases and Conditions	
Disease/ Condition	**Standard case definition for suspected cases**
Cholera	**Suspected cholera case**: In areas where a cholera outbreak has not been declared: Any patient aged two years and above presenting with acute watery diarrhoea and severe dehydration or dying from acute watery diarrhea with or without vomiting. In areas where a cholera outbreak is declared: any person presenting or dying from acute watery diarrhea with or without vomiting. **Confirmed cholera case**: A suspected case in which Vibrio cholerae O1 or O139 has been isolated in the stool
Dengue Fever	**Dengue Fever Suspected case:** Any person with acute febrile illness of 2-7 days duration with 2 or more of the following: headache, retro-orbital pain, myalgia, arthralgia, rash, haemorrhagic manifestations, leucopenia. **Dengue Fever Confirmed case:** A suspected case with laboratory confirmation (positive IgM antibody, fourfold or greater increase in IgG antibody titers in paired (acute and convalescent) serum specimens, positive PCR or Isolation of the dengue virus using cell culture). **Dengue Haemorrhagic Fever**: A probable or confirmed case of dengue with bleeding tendencies as evidenced by one or more of the following: positive tourniquet test; petechieae, ecchymoses or purpura; bleeding: mucosa, gastrointestinal tract, injection sites or other; haematemesis or melaena; and thrombocytopenia (100 000 cells or less per mm^3) and evidence of plasma leakage due to increased vascular permeability, manifested by one or more of the following: 20% rise in average haematocrit for age and sex, 20% drop in haematocrit following volume replacement therapy compared to baseline, signs of plasma leakage (pleural effusion, ascites, hypo-proteinaemia). **Dengue Shock Syndrome**: All the above criteria, plus evidence of circulatory failure manifested by rapid and weak pulse, and narrow pulse pressure (≤ 20 mm Hg) or hypotension for age, cold, clammy skin and altered mental status.
Diabetes	**Suspected new case**: Any person presenting the following symptoms: (a) Increased thirst (b) Increased hunger (c) Frequent urination **Confirmed new case:** Any person with a fasting blood sugar of 6.1 mmol/L (110 mg/dl) Or venous plasma glucose measurement of ≥ 7 mmol/L (126 mg/dl) or capillary glucose ≥ 6.1 mmol/L (110 mg/dl) **OR** Any person with a non-fasting glucose ≥ 11.1 mmol/L (200mg/dl) Or venous plasma glucose measurement of ≥ 11.1mmol/L (200 mg/dl)
Diarrhoea with blood (Dysentery)	**Suspected case**: A person with (abdominal pain) and diarrhoea with visible blood in stool. **Confirmed case**: Suspected case with stool culture positive for *Shigella dysenteriae* type 1.

Diarrhoea with dehydration in children less than five years of age	**Suspected case:** Passage of three or more loose or watery stools in the past 24 hours with or without dehydration and: *Some dehydration* -- two or more of the following signs: restlessness, irritability; sunken eyes; thirsty; skin pinch goes back slowly, or *Severe dehydration* -- two or more of the following signs: lethargy or unconsciousness; sunken eyes; not able to drink or drinking poorly; skin pinch goes back very slowly. **Confirmed case:** Suspected case confirmed with stool culture for a known enteric pathogen.
Dracunculiasis	**Rumour** • *Information* about the occurrence of Guinea worm disease (Dracunculiasis) from any source **Suspected case** • *A person* presenting a skin lesion with itching or blister living in an endemic area or risk areas for Guinea worm, with the emergence of a worm. **Confirmed case** A case of guinea-worm disease is a person exhibiting a skin lesion with emergence of a Guinea worm, and in which the worm is confirmed in laboratory tests to be *D. medinensis*. That person is counted as a case only once during the calendar year, that is, when the first worm emerges from that person. All worm specimens should be obtained from each case patient for laboratory confirmation and sent to the United States Centers for Disease Control and Prevention (CDC). All cases should be monitored at least twice per month during the remainder of the calendar year for prompt detection of possible emergence of additional guinea worms.
Priority Diseases and Conditions	
Disease/ Condition	**Standard case definition for suspected cases**
	Note: Laboratory confirmation of specific agent causing outbreak is not routinely recommended for surveillance purposes.
Ebola or Marburg virus diseases	**Routine Surveillance:** *Suspected case:* Illness with onset of fever and no response to treatment of usual causes of fever in the area, and at least one of the following signs: bloody diarrhoea, bleeding from gums, bleeding into skin (purpura), bleeding into eyes and urine. *Confirmed case:* A suspected case with laboratory confirmation (positive IgM antibody, positive PCR or viral isolation), or epidemiological link to confirmed cases or outbreak **In Outbreak setting, the following standard case definitions may guide appropriate detection of cases:** *Suspected case:* Any person, alive or dead, suffering or having suffered from a sudden onset of high fever and having had contact with: - a suspected, probable or confirmed Ebola or Marburg case; - a dead or sick animal (for Ebola) - a mine (for Marburg) **OR** • Any person with sudden onset of high fever and at least three of the following symptoms: - headaches - lethargy - anorexia / loss of appetite - aching muscles or joints - stomach pain – difficulty in swallowing - vomiting – difficulty in breathing - diarrhoea - hiccups; **OR** • Any person with inexplicable bleeding; **OR** • Any sudden, inexplicable death, *Probable case:* Any suspected case evaluated by a clinician; **OR** Any deceased suspected case (where it has not been possible to collect specimens for laboratory confirmation) having an epidemiological link with a confirmed case Note: if laboratory specimens are collected in due time

Priority Diseases and Conditions	
Disease/ Condition	**Standard case definition for suspected cases**
Human influenza caused by a new subtype	**Suspected H5N1 case**: Any person presenting unexplained acute lower respiratory illness with fever (>38 ºC) and cough, shortness of breath **OR** difficulty breathing **AND** one or more of the following exposures within the 7 days prior to symptom onset: (a) Close contact (within 1 meter) with a person (for example, caring for, speaking with, or touching) who is a suspected, probable, or confirmed H5N1 case; (b) Exposure (for example, handling, slaughtering, de-feathering, butchering, preparation for consumption) to poultry or wild birds or their remains or to environments contaminated by their faeces in an area where H5N1 infections in animals or humans have been suspected or confirmed in the last month; (c) Consumption of raw or undercooked poultry products in an area where H5N1 infections in animals or humans have been suspected or confirmed in the last month; (d) Close contact with a confirmed H5N1 infected animal other than poultry or wild birds; (e) Handling samples (animal or human) suspected of containing H5N1 virus in a laboratory or other setting. **Confirmed H5N1 case**: A person meeting the criteria for a suspected case **AND** positive laboratory results from a laboratory whose H5N1 test results are accepted by WHO as confirmatory. NB: *Include IHR case definition for reporting of human infection with a novel influenza virus*
Hypertension	**Suspected new case at first visit:** Any individual presenting a resting blood pressure measurement (based on the average of 3 readings) at or above 140 mm Hg for systolic pressure, or greater than or equal to 90 mm Hg for diastolic pressure. **Confirmed case:** Any individual presenting on at least two occasions a resting blood pressure measurement (based on the average of 3 readings) at or above 140 mm Hg for systolic pressure, or greater than or equal to 90 mm Hg for diastolic pressure
Influenza-like Illness (ILI)	An acute respiratory infection in a child or adult with: Sudden onset of fever > 38 ºC AND • Cough • with onset within the last 10 days. **A confirmed case of influenza** is a case that meets the clinical case definition and is laboratory confirmed (laboratory results must be positive for influenza virus).
Injuries (Road Traffic Accidents)	**Road traffic injury:** Any person who has sustained an injury as a result of a road traffic crash presenting himself/herself for the first time. **Road traffic fatality:** Any person killed immediately or dying within 30 days as a result of an injury crash.

Lassa and CrimeanCongo Haemor-rhagic Fevers (CCHF)	**Suspected case of CCHF**: Illness with sudden onset of fever, malaise, weakness, irritability, headache, severe pain in limbs and loins and marked anorexia. Early development of flush on face and chest and conjunctival infection, haemorrhagic exanthema of soft palate, uvula and pharynx, and often fine petechial rash spreading from the chest and abdomen to the rest of the body, sometimes with large purpuric areas. **Confirmed case of CCHF**: A suspected case with laboratory confirmation (positive IgM antibody, PCR, viral isolation or IgG seroconversion by ELISA or IFA) or epidemiological link to confirmed cases or outbreak. **Suspected case of Lassa Fever**: Illness with gradual onset with one or more of the following: malaise, fever, headache, sore throat, cough, nausea, vomiting, diarrhoea, myalgia, chest pain hearing loss and a history of contact with excreta of rodents or with a case of Lassa Fever **Confirmed case of Lassa Fever:** A suspected case that is laboratory confirmed (positive IgM antibody, PCR or virus isolation) or epidemiologically linked to a laboratory confirmed case.
Leprosy	**Suspected case**: A person showing one of three cardinal signs of leprosy: hypo-pigmented or reddish skin lesion, loss or decrease of sensations in skin patch, enlargement or peripheral nerve. **Confirmed case:** A person showing at least two cardinal signs of leprosy and who has not completed a full course of treatment with Multi Drug Therapy (MDT).
Lymphatic Filariasis	**Suspected case**: Resident of an endemic area with a clinical sign of hydrocoele or lymphoedema for which other causes of these findings have been excluded. **Confirmed case:** A person with positive laboratory diagnosis of microfilaremia in blood smear, filarial antigenaemia or positive ultrasound test.
Malnutrition	**Low birth weight neonates:** Any new born with a birth weight less than 2500 grams (or 5.5 lbs) **Malnutrition in children:** (a) Children under five who are underweight (indicator: weight for age<-2 Z Score) (b) Children 6 to 59 months with MUAC<11.5 cm (high risk of mortality) (c) Bilateral pitting oedema **Malnutrition in pregnant women:** Pregnant women giving birth to low birth weight babies (birth weight < 2.5 Kg) (poor nutritional and health status of the women, can predict which population groups may benefit from improved antenatal care of women and neonatal care for infants).
Malaria	*Uncomplicated malaria* Any person living in area at risk of malaria with fever or history of fever within 24 hours; without signs of severe disease (vital organ dysfunction) is diagnosed clinically as malaria. *Confirmed uncomplicated malaria* Any person with fever or history of fever within 24 hours; and with laboratory confirmation of diagnosis by malaria blood film or other diagnostic test for malaria parasites. *Unconfirmed severe malaria* Any patient living in area at risk of malaria hospitalised with severe febrile disease with accompanying vital organ dysfunction diagnosed clinically *Confirmed Severe malaria* Any patient hospitalized with *P. falciparum* asexual parasitaemia as confirmed by laboratory tests with accompanying symptoms and signs of severe disease (vital organ dysfunction) diagnosed through laboratory.

Maternal Deaths	The death of a woman while pregnant or within 42 days of the delivery or termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes.
Measles	**Suspected case**: Any person with fever and maculopapular (non-vesicular) generalized rash and cough, coryza or conjunctivitis (red eyes) or any person in whom a clinician suspects measles. **Confirmed case**: A suspected case with laboratory confirmation (positive IgM antibody) or epidemiological link to confirmed cases in an outbreak.
Middle East Respiratory Syndrome Coronavirus (MERSCoV)	**NB Several case definitions exist, depending on whether a person resides in Middle East or not. Please refer chapter 11 for details Suspected case:** A person with an acute respiratory infection, with history of fever and cough and indications of pulmonary parenchymal disease (for example, pneumonia or ARDS), based on clinical or radiological evidence, and who has travelled within 14 days before onset of illness to the Middle East[2] or countries where MERS-CoV is known to be circulating in dromedary camels or where human infections have recently occurred. Individuals with acute respiratory illness of any degree of severity who, within 14 days before onset of illness, had any of the following exposures (Note: see section on Recommendations for testing in clusters associated with health care settings): (a) close physical contact[1] with a confirmed or probable case of MERS-CoV infection, while that patient was ill; (b) a health care facility in a country where hospital-associated MERS-CoV infections have been reported; (c) direct contact with dromedary camels or consumption or exposure to dromedary camel products (raw meat, unpasteurized milk, urine) in countries where MERS-CoV is known to be circulating in dromedary camel populations or where human infections occurred as a result of presumed zoonotic transmission. **Confirmed case** A person with laboratory confirmation of MERS-CoV infection, irrespective of clinical signs and symptoms.

Priority Diseases and Conditions	
Disease/Condition	**Standard case definition for suspected cases**
Bacterial Meningitis	*Suspected meningitis case:* Any person with sudden onset of fever (>38.5 °C rectal or 38.0 °C axillary), and neck stiffness or other meningeal signs, including bulging fontanelle in infants. *Probable meningitis case:* Any suspected case with macroscopic aspect of cerebrospinal fluid (CSF) turbid, cloudy or purulent; or with a CSF leukocyte count >10 cells/mm3 or with bacteria identified by Gram stain in CSF; or positive antigen detection (for example, by latex agglutination testing) in CSF *In infants:* CSF leukocyte count >100 cells/mm3; or CSF leukocyte count 10–100 cells/mm3 and either an elevated protein (>100 mg/dl) or decreased glucose (<40 mg/dl) level. *Confirmed meningitis case* Any suspected or probable case that is laboratory confirmed by culturing or identifying (that is, polymerase chain reaction) a bacterial pathogen (Neisseria meningitidis, Streptococcus pneumoniae, Haemophilus influenzae type b) in the CSF or blood.

Monkey pox	**Suspected case:** An acute illness with fever > 38.3 C (101 F), intense headache, lymphadenopathy, back pain, myalgia, and intense asthenia followed one to three days later by a progressively developing rash often beginning on the face (most dense) and then spreading elsewhere on the body, including soles of feet and palms of hand. **Probable case:** A case that meets the clinical case definition, is not laboratory confirmed, but has an epidemiological link to a confirmed or probable case **Confirmed case:** A clinically compatible case that is laboratory confirmed. *Differential diagnosis:* Alternative causes of clinical symptoms that must be considered include other rash illnesses, such as, smallpox, chickenpox, measles, bacterial skin infections, scabies, syphilis, and medication-associated allergies.
Neonatal tetanus/ Nonneonatal tetanus	**Suspected case**: *Neonatal Tetanus*--Any newborn with a normal ability to suck and cry during the first two days of life, and who, between the 3rd and 28th day of age, cannot suck normally, and becomes stiff or has convulsions or both. *Non-neonatal Tetanus*—Any person > 28 days of age with acute onset of one of the following: lockjaw, sustained spasm of the facial muscles, or generalized muscle spasms. **Confirmed case**: No laboratory confirmation recommended.
New HIV Case	WHO/AFRO recommends that countries use either Bangui or Abidjan HIV/ AIDSR case definitions. A positive ELISA for confirming HIV and a rapid test for confirming the positive results are sufficient for an epidemiologic case definition for HIV Infection.
Noma	**Suspected new case**: Any child with a mouth ulcer and other warning signs such as; malnutrition, poor hygiene, recent illness from; measles, persistent diarrhoea, or malaria should be regarded as a potential noma case. **Confirmed new case**: Any person with a gangrenous disease which starts as gingival ulceration and spreads rapidly through the tissues of the mouth and face, destroying the soft and hard tissues.
Onchocerciasis	**Suspected case**: In an endemic area, any person with fibrous nodules in subcutaneous tissues. **Confirmed case**: A suspected case that is laboratory confirmed by presence of one or more of the following: microfilariae in skin snips, adult worms in excised nodules, or typical ocular manifestations (such as slit-lamp observations of microfilariae in the cornea, the anterior chamber, or the vitreous body).
Plague	**Suspected case:** (a) compatible clinical presentation; (sudden onset of fever, chills, headache, severe malaise, prostration and very painful swelling of lymph nodes, or cough with blood stained sputum, chest pain, and difficulty in breathing); and consistent epidemiological features, such as exposure to infected animals or humans and/or evidence of flea bites and/or residence in or travel to a known endemic locus within the previous 10 days. **Confirmed case:** Any person with suspected case confirmed by isolation of *Yersinia pestis* from blood or aspiration of buboes, or specific seroconversion or rapid diagnostic test detecting the Ag F1 in endemic areas
Poliomyelitis (Acute flaccid paralysis)	**Suspected case:** Any child under 15 years of age with acute flaccid paralysis or any person with paralytic illness at any age in whom the clinician suspects poliomyelitis. **Confirmed case**: A suspected case with virus isolation in stool.

Perinatal deaths	**A perinatal death** is defined as the death of a baby of at least 28 weeks of gestation and/or 1,000 g in weight and early neonatal death (the first seven days after birth) **A stillbirth** is defined as any death of a baby before birth and with no signs of life at birth of at least 1 000 g birthweight and/or at least 28 weeks gestation and 35 cm long. **Early neonatal** death is defined as any death of a live newborn occurring before the first seven complete days of life. Day 1 is clinically considered the first day of life.
Human Rabies	**Suspected:** A person with one or more of the following: headache, neck pain, nausea, fever, fear of water, anxiety, agitation, abnormal tingling sensations or pain at the wound site, when contact with a rabid animal is suspected. **Confirmed:** A suspected case that is laboratory confirmed

	Priority Diseases and Conditions
Disease/Condition	**Standard case definition for suspected cases**
Rift Valley Fever (RVF)	**Suspected case** **Early disease** (a) Acute febrile illness (axillary temperature >37.5 ºC or oral temperature of >38.0ºC) of more than 48 hours duration that does not respond to antibiotic or antimalarial therapy, and is associated with: (b) Direct contact with sick or dead animal or its products **AND / OR**: (c) Recent travel (during last week) to, or living in an area where, after heavy rains, livestock die or abort, and where RVF virus activity is suspected/ confirmed **AND / OR:** (d) Abrupt onset of any one or more of the following: exhaustion, backache, muscle pains, headache (often severe), discomfort when exposed to light, and nausea/vomiting **AND / OR**:

	(e) Nausea/vomiting, diarrhoea OR abdominal pain with one or more of the following: • Severe pallor (or Hb < 8 gm/dL) • Low platelets (thrombocytopenia) as evidenced by presence of small skin and mucous membrane haemorrhages (petechiae) (or platelet count < 100x109 / dL) • Evidence of kidney failure (oedema, reduced urine output) (or creatinine > 150 mol/L) **AND / OR**: • Evidence of bleeding into skin, bleeding from puncture wounds, from mucous membranes or nose, from gastrointestinal tract and unnatural bleeding from vagina **AND / OR:** • Clinical jaundice (3-fold increase above normal of transaminases) **Late stages of diseases or complications (2-3 weeks after onset)** (a) Patients who have experienced, in the preceding month a flu-like illness, with clinical criteria, who additionally develop the following: (b) CNS manifestations which resemble meningo-encephalitis **AND/OR** (c) Unexplained visual loss **OR** (d) Unexplained death following sudden onset of acute flu-like illness with haemorrhage, meningo-encephalitis, or visual loss during the preceding month. **Confirmed case:** Any patient who, after clinical screening, is positive for anti-RVF IgM ELISA antibodies (typically appear from fourth to sixth day after onset of symptoms) or tests positive on Reverse Transcriptase Polymerase Chain Reaction (RT-PCR).
Severe Acute Respiratory Infections (SARIs)	**Severe acute respiratory infection (persons≥ 5 years old):** Any severely ill person presenting manifestations of acute lower respiratory infection with: (a) Sudden onset of fever (>38ºC) AND (b) Cough or sore throat AND (c) Shortness of breath, or difficulty breathing (d) With or without Clinical or radiographic findings of pneumonia **OR** Any person who died of an unexplained respiratory illness.

Severe Acute Respiratory Syndrome	*Suspected case of SARS* is an individual with: 1. A history of fever, or documented fever ≥ 38 °C **AND** 2. One or more symptoms of lower respiratory tract illness (cough, difficulty breathing, shortness of breath) **AND** 3. Radiographic evidence of lung infiltrates consistent with pneumonia or ARDS or autopsy findings consistent with the pathology of pneumonia or ARDS without an identifiable cause **AND** 4. No alternative diagnosis can fully explain the illness. *Confirmed case of SARS*: An individual who tests positive for SARS-CoV infection by the WHO recommended testing procedures.

(SARS) **Severe Pneumonia in Children under 5**	**Clinical case definition (IMCI) for pneumonia** A child presenting cough or difficult breathing and: (a) 50 or more breaths per minute for infant age 2 months up to 1 year (b) 40 or more breaths per minute for young child 1 year up to 5 years. *Note: A young infant age 0 up to 2 months with cough and fast breathing is classified in IMCI as "serious bacterial infection" and is referred for further evaluation.* **Clinical case definition (IMCI) for severe pneumonia:** A child presenting cough or difficult breathing and any general danger sign, or chest in-drawing or stridor in a calm child. General danger signs for children 2 months to 5 years are: unable to drink or breast feed, vomits everything, convulsions, lethargy, or unconsciousness. **Confirmed case:** Radiographic or laboratory confirmation of pneumonia may not be feasible in most districts.
Sexually transmitted infections	**Genital ulcer syndrome (non-genital ulcer syndrome (non-vesicular):** **Suspected case**: Any male with an ulcer on the penis, scrotum, or rectum, with or without inguinal adenopathy, or any female with ulcer on labia, vagina, or rectum, with or without inguinal adenopathy. **Confirmed case:** Any suspected case confirmed by a laboratory method. **Urethral discharge syndrome:** **Suspected case**: Any male with urethral discharge with or without dysuria. **Confirmed case**: A suspected case confirmed by a laboratory method (for example Gram stain showing intracellular Gram-negative diplococci).
Smallpox (Variola)	**Suspected case**: An illness with acute onset of fever > 38.3 C (101 F) followed by a rash characterized by vesicles or firm pustules in the same stage of development without other apparent cause. **Probable case:** A case that meets the clinical case definition, is not laboratory confirmed, but has an epidemiological link to a confirmed or probable case. **Confirmed case:** A clinically compatible case that is laboratory confirmed.
Trachoma	**Suspected case**: Any patient with red sticky eyes who complains of pain and itchiness of the eyes. **Confirmed case:** Any patient with red sticky eyes who complains of pain and itchiness of the eyes where examination of the eyes confirms one of the stages of Trachoma infection according to the **WHO Simplified Trachoma Grading System**.
Trypanosomiasis	**Suspected case**: *Early stage:* a painful chancre originating as a papule and then evolving into a nodule at the primary fly bite site. There may be fever, intense headache, insomnia, painless lymphadenopathy, anaemia, local oedema and rash. *Late stage:* cachexia, somnolence, and central nervous system signs.
	Confirmed case: A suspected case confirmed by card agglutination trypanosomal test (CATT) or by isolation of trypanosomes in blood lymph nodes or cerebrospinal fluid.

Tuberculosis	**Presumptive TB Cases:** Any person with a cough of 2 weeks or more. For persons living with HIV (PLHIV) current cough of any duration. **Confirmed Case:** - A bacteriologically confirmed TB case: is a presumptive TB from whom Mycobacterium tuberculosis is identified from a biological specimen, either by Xpert MTB/RIF assay, smear microscopy, or culture. - A clinically diagnosed TB case: is a presumptive TB who does not fulfil the criteria to be considered bacteriologically diagnosed but has been diagnosed with active TB by a health care worker (clinician or other medical practitioners) who has decided to treat the patient with a full course of TB treatment. **Smear negative PTB:** A patient who fulfils all the following criteria: a) two sets taken at least 2 weeks apart of at least two sputum specimens negative for AFB on microscopy, radiographic abnormalities consistent with PTB and a lack of clinical response despite one week of a broad spectrum antibiotic, a decision by a physician to treat with a full course of anti-TB chemotherapy, or b) a patient who fulfils all the following criteria: severely ill, at least two sputum specimens negative for AFB by microscopy, radiographic abnormalities consistent with extensive pulmonary TB (interstitial and diarrhoea), a decision by a physician to treat with a full course of anti-TB chemotherapy, or c) a patient whose initial sputum smears were negative, who had sputum sent for culture initially, and whose subsequent sputum culture result is positive. **Tuberculosis (signs & Symptom):** Any person with a cough of 2 weeks or more. For PLHIV current cough of any duration. For Extra pulmonary the sign and symptoms depends on organ affected
Typhoid Fever	**Suspected case:** Any person with gradual onset of steadily increasing and then persistently high fever, chills, malaise, headache, sore throat, cough, and, sometimes, abdominal pain and constipation or diarrhoea. **Confirmed case:** Suspected case confirmed by isolation of *Salmonella typhi* from blood, bone marrow, bowel fluid or stool.
West Nile Fever	**Suspected case:** A hospitalized case of encephalitis due to unknown cause **Confirmed case:** Confirmation of West Nile Fever is through laboratory diagnostics to identify WNV-specific IgM
Yaws and endemic syphilis or bejel	**Suspected case:** a person with a history of residence in an endemic area (past or present) who presents clinically active (visible) yaws lesions **Confirmed case: a** suspected case with a positive serological test (rapid treponemal test for syphilis confirmed by DPP test) Imported case: a person who presents clinically active yaws serologically confirmed in an area where yaws is not known to be endemic **Index case**: first case of yaws which is detected in a community *Contact of a case:* a person who has close, frequent contact with the infected person. A contact for the purpose of yaws eradication is the household, classmates or close playmates as identified by the contact
Yellow Fever	**Suspected case**: Any person with acute onset of fever, with jaundice appearing within 14 days of onset of the first symptoms. **Probable case:** A suspected case **AND** One of the following: (a) Epidemiological link to a confirmed case or an outbreak (b) Positive post-mortem liver histopathology

Zika virus disease	**Confirmed case: A probable case AND** One of the following (a) Detection of YF-specific* IgM (b) Detection of four-fold increase in YF IgM and/or IgG antibody titres between acute and convalescent serum samples (c) Detection of YFV-**specific*** neutralizing antibodies **YF-specific means that antibody tests (such as IgM or neutralizing antibody) for other prevalent flavivirus are negative. This testing should include at least IgM for Dengue and West Nile and may include other flavivirus depending on local epidemiology.* *O R* One of the following: (a) Detection of YF virus genome in blood or other organs by PCR (b) Detection of yellow fever antigen in blood, liver or other organs by immunoassays Isolation of the yellow fever virus **Suspected Case:** A person presenting rash and/or fever and at least one of the following signs or symptoms: (a) arthralgia; or (b) arthritis; or (c) conjunctivitis (non-purulent/hyperaemic). **Probable case:** A suspected case with presence of IgM antibody against Zika virus and an epidemiological link (with no evidence of infection with other flaviviruses). **Confirmed case:** A person with laboratory confirmation of recent Zika virus infection: • presence of Zika virus RNA or antigen in serum or other samples (for example, saliva, urine, tissue, whole blood); or IgM antibody against Zika virus positive (commercially available ELISA) *These case definitions may change based on new knowledge*