

| <u>Sl. no.</u> | <u>Disease</u>                  | <u>Modified case definition (for P-form only)</u>  |
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| 1.             | <b>Diarrhoea</b>                |  |
| A              | <b>Acute Diarrhoeal Disease</b> | Acute watery diarrhoea (passage of 3 or more loose or watery stools in the past 24 hours) with or without dehydration.<br><br>(Source: Medical Officers' Manual, IDSP, 2006)   |
| B              | <b>Cholera</b>                  | <ul style="list-style-type: none"> <li>• <b>In an area where the disease is not known to be present:</b> Severe dehydration or death from acute watery diarrhoea in a patient aged 5 years or more</li> <li>• <b>In an area where Cholera is endemic:</b> Acute watery diarrhoea, with or without vomiting in a patient aged 5 years or more.</li> <li>• <b>In an area where there is a cholera epidemic:</b> Acute watery diarrhoea, with or without vomiting, in any patient.</li> </ul><br>(Source: Medical Officers' Manual, IDSP, 2006) |
| 2.             | <b>Bacillary Dysentery</b>      | Acute diarrhoea with visible blood in the stool.<br><br>(Source: Medical Officers' Manual, IDSP, 2006)   |
| 3.             | <b>Acute Viral Hepatitis</b>    | Acute illness typically including acute jaundice, dark urine, anorexia, malaise, extreme fatigue, and right upper quadrant tenderness. Biological signs include increased urine urobilinogen and >2.5 times the upper limit of serum alanine aminotransferase.<br><br>(Source: WHO Recommended Surveillance Standards, 1999)   |
| 4.             | <b>Enteric Fever</b>            | Any patient with fever for more than one week <b>and with any two</b> of the following: <ul style="list-style-type: none"> <li>• Toxic look</li> <li>• Coated tongue</li> <li>• Relative bradycardia</li> <li>• Splenomegaly</li> <li>• Exposure to confirmed case</li> <li>• Clinical presentation with complications e.g. GI bleeding, perforation, etc</li> </ul><br>(Source: Medical Officers' Manual, IDSP, 2006)   |
| 5.             | <b>Malaria</b>                  | A case of fever which may be accompanied with any of the following: <ul style="list-style-type: none"> <li>• Headache, backache, chills, rigors, sweating, myalgia, nausea and vomiting</li> <li>• Splenomegaly and anemia</li> <li>• Generalized convulsions, coma, shock, spontaneous bleeding, pulmonary edema, renal failure and death (untreated falciparum infection)</li> </ul> Any case of fever in an endemic area may be considered as malaria.<br><br>(Source: NVBDCP Guidelines)   |

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| 6. | <b>Dengue</b>                         |   |
| A. | <b>Dengue Fever</b>                   | <p>An acute febrile illness of 2-7 days duration with <b>two or more</b> of the following:</p> <ul style="list-style-type: none"> <li>• headache,</li> <li>• retro-orbital pain,</li> <li>• myalgia,</li> <li>• arthralgia,</li> <li>• rash</li> <li>• haemorrhagic manifestations</li> <li>• leucopenia</li> </ul> <p><b>and</b> with <b>one or more</b> of the following:</p> <ul style="list-style-type: none"> <li>• Supportive serology (reciprocal haemagglutination-inhibition antibody titer, comparable IgG EIA titre or positive IgM antibody test in late acute or convalescent-phase serum specimen).</li> <li>• Epidemiologically linked with a confirmed case of dengue fever (occurrence at same location and time as other confirmed cases of dengue fever).</li> </ul> <p style="text-align: right;"><b>(Source: NVBDCP Guidelines)</b></p>  |
| B. | <b>Dengue Hemorrhagic Fever (DHF)</b> | <p>A probable or confirmed case of dengue with the following signs:</p> <ul style="list-style-type: none"> <li>➤ haemorrhagic tendencies evidenced by one or more of the following: <ul style="list-style-type: none"> <li>• positive tourniquet test</li> <li>• petechiae, ecchymoses or purpura</li> <li>• bleeding mucosa, gastrointestinal tract, injection sites or other</li> <li>• haematemesis or melaena</li> </ul> </li> <li>➤ <b>and</b> thrombocytopenia (100,000 platelets or less per mm<sup>3</sup>)</li> <li>➤ <b>and</b> evidence of plasma leakage due to increased vascular permeability, manifested by one or more of the following: <ul style="list-style-type: none"> <li>• 20% rise in average haematocrit for age and sex</li> <li>• 20% drop in haematocrit following volume replacement treatment compared to baseline</li> <li>• signs of plasma leakage (pleural effusion, ascites, and hypoproteinaemia)</li> </ul> </li> </ul> <p style="text-align: right;"><b>(Source: NVBDCP Guidelines)</b></p> |
| C. | <b>Dengue Shock Syndrome (DSS)</b>    | <p>All the above criteria, plus evidence of circulatory failure manifested by rapid and weak pulse, and narrow pulse pressure (<math>\leq 20</math> mm Hg) or hypotension for age, cold, clammy skin and altered mental status.</p> <p style="text-align: right;"><b>(Source: NVBDCP Guidelines)</b></p>  |
| 7. | <b>Chikungunya</b>                    | <p>An acute illness characterized by sudden onset of fever with any of the symptoms like headache, backache, photophobia, severe arthralgia, rash and positive serology (when single serum sample is obtained during acute phase or during the convalescence).</p> <p style="text-align: right;"><b>(Source: NVBDCP Guidelines)</b></p>   |

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| 8.  | <b>Acute Encephalitis Syndrome</b> | <p>A person of any age with acute onset of fever and any of the following</p> <ul style="list-style-type: none"> <li>• change in mental status (confusion, disorientation, coma, inability to talk)</li> <li>• new onset of seizures (excluding simple febrile seizures).</li> <li>• other early clinical findings like an increase in irritability, somnolence or abnormal behavior greater than that seen with usual febrile illness.</li> </ul> <p><b>Probable JE (Japanese Encephalitis):</b> A suspected case that occurs in close geographic and temporal relationship to a laboratory-confirmed case of JE, in the context of an outbreak.</p> <p style="text-align: right;"><b>(Source: NVBDCP Guidelines)</b></p> |
| 9.  | <b>Meningitis</b>                  |  |
| A.  | <b>Meningococcal Disease</b>       | <p>An illness with sudden onset of fever (&gt;38.5°C rectal or &gt;38.0°C axillary) <b>and</b> one or more of the following:</p> <ul style="list-style-type: none"> <li>• neck stiffness</li> <li>• altered consciousness</li> <li>• other meningeal sign <b>or</b> petechial or purpurral rash</li> <li>• Turbid CSF (with or without positive Gram stain) <b>or</b></li> <li>• ongoing epidemic and epidemiological link to a confirmed case</li> </ul> <p>In patients &lt;1 year, suspect meningitis when fever accompanied by bulging fontanelle.</p> <p style="text-align: right;"><b>(Source: WHO Recommended Surveillance Standards, 1999; /CD Alert, April 2005)</b></p>   |
| B.  | <b>Viral Meningitis</b>            | <p>A case with fever <math>\geq 38.5^{\circ}\text{C}</math> <b>and one or more</b> of the following:</p> <ul style="list-style-type: none"> <li>• neck stiffness, severe unexplained headache, neck pain <b>and 2 or more</b> of the following</li> <li>• photophobia, nausea, vomiting, abdominal pain, pharyngitis with exudates</li> </ul> <p>For <b>children &lt;2 years of age</b>, a case is defined as a child with fever <math>\geq 38.5^{\circ}\text{C}</math> <b>and</b> irritability <b>or</b> bulging fontanelle.</p> <p style="text-align: right;"><b>(Source: WHO Recommended Surveillance Standards, 1999)</b></p>  |
| 10. | <b>Measles</b>                     | <p>Any person with:</p> <ul style="list-style-type: none"> <li>• Fever <b>and</b></li> <li>• Maculopapular rash lasting for more than 3 days <b>and</b></li> <li>• Cough <b>or</b> coryza (i.e. running nose) <b>or</b> conjunctivitis (i.e. red eyes).</li> </ul> <p style="text-align: right;"><b>(Source: Immunization Handbook for Medical Officers, MOHFW)</b></p>  |
| 11. | <b>Diphtheria</b>                  | <p>An illness of the upper respiratory tract characterized by the following:</p> <ul style="list-style-type: none"> <li>• laryngitis <b>or</b> pharyngitis <b>or</b> tonsillitis,</li> <li>• <b>and</b> adherent membranes of tonsils, pharynx and/or nose.</li> </ul> <p style="text-align: right;"><b>(Source: Immunization Handbook for Medical Officers, MOHFW)</b></p>  |
| 12. | <b>Pertussis</b>                   | <p>A person with a cough lasting at least 2 weeks with <b>at least one</b> of the following:</p> <ul style="list-style-type: none"> <li>• paroxysms (i.e. fits) of coughing</li> <li>• inspiratory whooping</li> <li>• post-tussive vomiting (i.e. vomiting immediately after coughing) without other apparent cause.</li> </ul> <p style="text-align: right;"><b>(Source: Immunization Handbook for Medical Officers, MOHFW)</b></p>  |
| 13. | <b>Chicken pox</b>                 | <p>A febrile illness with acute onset of diffuse (generalized) maculopapulovesicular rash without other apparent cause.</p> <p style="text-align: right;"><b>(Source: Manual for surveillance of Vaccine Preventable Diseases, 3<sup>rd</sup> Edition, 2002, CDC)</b></p>  |

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| 14. | <b>Fever of Unknown Origin (PUO)</b>                                  | Fever of more than 101°F (38.3°C), either continuous or intermittent, for at least two weeks, <b>or</b><br>Fever above 101°F with no known cause even after extensive diagnostic testing<br><br>(Source: <a href="http://www.umm.edu/altmed/articles/fever">www.umm.edu/altmed/articles/fever</a> )  |
| 15. | <b>Acute Respiratory Illness (ARI) / Influenza Like Illness (ILI)</b> | A person with sudden onset of fever of >38°C and cough or sore throat in the absence of other diagnosis.<br><br>(Source: WHO Recommended Surveillance Standards, 1999)   |
| 16. | <b>Pneumonia</b>  | Any case clinically diagnosed as pneumonia with symptoms of fever and cough and/or difficult breathing <b>±</b> chest X-ray confirmation.<br><b>or</b><br>In a child -<br><b>Pneumonia:</b> Cough <b>or</b> difficult breathing <b>and</b> <ul style="list-style-type: none"> <li>• breathing rate &gt;50/minute for infant aged 2 months to &lt;1year</li> <li>• breathing rate &gt;40/minute for child aged 1 to 5 years <b>and</b> no chest indrawing, stridor or danger signs</li> </ul> <b>Severe Pneumonia:</b> Cough or difficult breathing + any <b>general danger sign</b> or chest indrawing or stridor in a calm child.<br><br>(General danger signs: For children aged 2 months to 5 years, the four general danger signs are unable to drink/breast feed, vomits everything, convulsions, and lethargic/unconscious)<br>(Source: WHO Recommended Surveillance Standards, 1999; IMNCI) |
| 17. | <b>Leptospirosis</b>  | Acute febrile illness with headache, myalgia and prostration associated with any of the following: <ul style="list-style-type: none"> <li>• conjunctival suffusion</li> <li>• meningeal irritation</li> <li>• anuria or oliguria and/or proteinuria</li> <li>• jaundice</li> <li>• haemorrhages (from the intestines, lung )</li> <li>• cardiac arrhythmia or failure</li> <li>• skin rash</li> </ul> <b>and</b> a history of exposure to infected animals or an environment contaminated with animal urine.<br>Other common symptoms include nausea, vomiting, abdominal pain, diarrhoea and arthralgia.<br><br>(Source: WHO Recommended Surveillance Standards & Zoonosis Division, NICD, 2006)  |
| 18. | <b>Acute Flaccid Paralysis (&lt;15 yrs of age)</b>                    | A case of AFP is defined as any child aged <15 years who has acute onset of flaccid paralysis for which no obvious cause (such as severe trauma or electrolyte imbalance) is found and which is epidemiologically linked with a case of polio.<br><br>(Source: Immunization Handbook for Medical Officers, MOHFW)  |