

## Case Definition Alert and Outbreak Thresholds

## **Integrated Disease Surveillance & Response System**

S. No	Disease/ Condition	Case Definition	Alert Threshold	Outbreak Threshold	Reporting Timeline
1.	Probable Diphtheria	A probable case is any person with upper respiratory tract illness characterized by an adherent membrane on the tonsils, pharynx and/or nose and any one of the following: laryngitis, pharyngitis or tonsillitis.	1 probable case	1 confirmed case who has been laboratory confirmed by culture or linked epidemiologic ally to a laboratory confirmed case	Within 24 hours
2.	CCHF	Patient with sudden onset of illness with high grade fever (38.5 °C) for > 3 days 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 when fever does not respond to antibiotics or anti-malarial treatment.	1 CCHF Case	1 lab confirmed case, if CCHF. 6 or more cases in one location + 1 lab confirmed case, if DHF.	Within 24 hours
3.	Suspected Measles	Any person with fever and maculopapular rash and one of the following: cough, coryza or conjunctivitis OR Any person in whom a clinician suspects measles infection.	1 suspected case	Cluster of 5 or more clinical cases in a single location over a 30 day time period with at least 1 lab confirmed case.	Within 24 hours
4.	Acute Flaccid Paralysis	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	1 suspected case	1 case with lab- confirmed wild poliovirus in stool sample.	Within 24 hours

5.	DIARHOEA	5(a). Acute Diarrhoea (non- Cholera)	Any person with acute Diarrhoea (Passage of 3 or more loose stools in the past 24 hours) with or without dehydration, and which is not due to bloody Diarrhoea or suspected Cholera.	2 times the mean number of cases of the previous 3 weeks for a given location	Cluster of cases in a single location above the alert threshold	At the end of week
		5(b). AWD/Suspected Cholera	Non endemic areas; Any person aged 2 years or more with severe dehydration or death from acute watery Diarrhoea. During Outbreak; Acute watery diarrhoea with or without vomiting in a patient aged 5 years or more	1 AWD Case	1 lab confirmed cholera case, or a cluster of 6 or more AWD in a single locality	Within 24 hours
		5(c). Bloody Diarrhoea	Any person having acute Diarrhoea with visible blood in the stool	3 or more cases in one location	Cluster of 6 or more cases in one location.	At the end of week
6.	Tuberculosis		Lab based surveillance	1 Case	Clustering of cases	Within 24 hours
7.		Dengue Fever	Any person having acute onset of fever (>38°C) for 2- 10 days with at least two of the following manifestations: Severe headache, retro-orbital pain, myalgia/arthralgia.	1 probable case is an Alert.	Cluster of 6 or more cases in one location + 1 lab confirmed DF case	Within 24 hours
	Suspected Dengue Fever (DF)	Dengue Hemorrhagic Fever	A probable or confirmed case of Dengue in whom haemorrhage tendencies is evidenced by; • Petechiae, Ecchymoses or purpura • Bleeding mucosa, GIT, injection sites Or • Haematemesis or Melaena			Within 24 hours

8.	Suspected Malaria		Any person having had recent fever (>38°C in the last 48 hours) with or without other symptoms (chills, Headache, body aches, nausea, vomiting, Diarrhoea), in whom other causes of fever have been excluded. NB severe malaria may also include signs and symptoms related to organ failure.	Cases more than 50 % of the mean of the number of cases in previous three years.	In endemic area, slide positivity rate above 50 % or falciparum rate above 40%; In non- endemic area, evidence of indigenous transmission of falciparum.	
9.	Leishmaniasis	Cutaneous Leishmaniasis	Any person having skin lesions on the face neck, arms, and legs (exposed body parts), which began as nodules and turned into skin ulcers, eventually healing but leaving a depressed scar.	1 case outside endemic area, 3 cases in endemic area.	Cluster of 6 or more cases inone location.	Within 24 hours
	Leish	Visceral Leishmaniasis	A person with clinical symptoms of Prolonged irregular fever, splenomegaly and weight loss where fever lasts ore than 2 weeks and does not respond to anti malarial drugs	1 suspected case	1 Confirmed case	Within 24 hours
10.	Acute Viral Hepatitis/Acute Jaundice Syndrome (Hep. A&E primarily)		Any person having acute onset of jaundice yellow coloration of skin and sclera, dark urine) and severe illness (fatigue, nausea, vomiting, and abdominal pain) and absence of any known precipitating factors.	3 or more cases in one location.	Cluster of 6 or more cases in one location.	Within 24 hours

11.	Lower Respiratory Infection	11(a). Severe Acute Respiratory Syndrome (SARI)	Any person with acute respiratory infection with history of feler of ≥38°C and cough with onset within last 10 days and requires hospitalization.	1 SARS case	NA	Within 24 hours
		11(b). Pneumonia	Children < 5 Years: Any child presenting with cough or difficulty breathing and any one of the following: fast breathing (Less than 2 months: >60 breaths/min: 2 months to 12 months:>50 breaths/min: 12 months to 5 years:>40 breaths/min), & Lower Chest Wall Indrawing	2 times the mean number of cases of the previous 3 weeks for a given location	Cluster of cases in a single location above the alert threshold	
12.	D	og Bite		1 Case	1 Rabies Confirmed Case	End of week report
13.	Neonatal Tetanus(NNT)		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 between 3 and 28 days of age and not investigated. Confirmed case: Any neonate with normal ability to suck and cry during the first 2 days of life, and 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.	1 case requires investigation for safe birth practices and immunization.	NA	End of week report
14.	Suspected Pertussis		Any person with a cough lasting at least 2 weeks with one of the following : Paroxysms of coughing; Inspiratory "lhoop"; Post- tussive vomiting AND without other apparent cause	1 suspected case	5 cases in 1 locality	End of week report

15.	Suspected Meningococcal Meningitis	Any person having sudden onset of fever (>38°C axillary and on or more of the following: -Neck stiffness -Altered consciousness -Other meningeal sign or petechial or purpural rash -In infants under one year of age, suspect meningitis when fever is accompanied by bulging fontanelle.	3 or more suspected cases in one location or one confirmed cases of N. meningitides	2 or more lab confirmed cases from a single location.	Within 24 hours
16.	Suspected Typhoid Fever	Any person with acute illness and fever of at least 38°C for 3 or more days with abdominal cramps; Diarrhoea or constipation or tenderness progressing to prostration and relative bradycardia.	3 or more linked cases	Cluster of 6 or more cases in one location with one lab- confirmed case	End of week report
17.	Cutaneous Anthrax	Skin lesion evolving over 1 to 6 days from a papular through a vesicular stage, to a depressed black eschar/scab invariably accompanied by oedema AND has an epidemiological link to a suspected or confirmed Anthrax animal case or contaminated animal product.	1 Case	1 Lab Confirmed case	Within 24 hours
18.	HIV/AIDS	Lab based surveillance	1 Case	1 Lab Confirmed case	Within 24 hours
19.	Scabies	Any person having skin infection characterized by rash or lesions and intense itching especially at night. Lesions prominent around finger webs, wrists, elbows, axillaries, beltline, thighs, external genitalia, nipples, abdomen and lower portion of buttocks. In infants, head, neck palm and soles of infants may be involved.	2 times the mean number of cases of the previous 3 weeks for a given location	Cluster of cases in a single location above the alert threshold	

	Seasonal Influenza	Any person with sudden onset of fever > 38°C and sour throat or cough in the absence of another known cause.	1 suspected case is an alert and requires an immediate investigation	1 lab confirmed case	
ıza	Pandemic Influenza(H 1 N1)	Any person with clinical compatible illness or who died of an unexplained acute respiratory illness who is considered to be epidemiologically linked to a probable or confirmed case	NA	NA	
Influenza	Avian/Huma n Influenza, A (H5N1)	Any person who has been in contact with suspected avian influenza case, or living in area where birds/chickens have died or were sick in last 2 weeks, or living in endemic area, presenting with Respiratory tract illness characterized by fever (Temp > 38°C) and one or more of the following: Cough, Sore throat, Shortness of breath	NA	NA	Within 24 hours