Case definitions-P form (2019)

1.	**Measles**	Any person with • Fever and maculopapular rash (non-vesicular) with cough or coryza or conjunctivitis **OR** • Any person in whom a health worker or clinician suspects measles **Source: Immunisation Division shared on 28.05.2019**
2.	**Diphtheria**	Any person having illness of the upper respiratory tract with • Laryngitis **or** pharyngitis **or** tonsillitis **AND** • Adherent membranes of tonsils, pharynx and/or nose **Source: Immunisation Division shared on 28.05.2019**
3.	**Pertussis**	A person of any age with • Cough lasting ≥ two week, or of any duration in an infant **or** any person in an outbreak setting, without a more likely diagnosis **AND** • At least one of the following symptoms on observation or parental report: o Paroxysms (i.e. fits) of coughing o Inspiratory whooping o Post-tussive vomiting, or vomiting without other apparent cause o Apnoea in infants (<1 year of age) **OR** • Clinician suspicion of pertussis **Source: Immunisation Division shared on 28.05.2019**

4.	**Acute Flaccid Paralysis**	• Sudden onset of weakness and floppiness in any part of the body in a child < 15 year of age **OR** • Paralysis in a person of any age **Source: Immunisation Division shared on 28.05.2019**
5.	**Dengue Fever**	• A case compatible with clinical description* of dengue fever during outbreak **AND/OR** • Non-ELISA based NS1 antigen/ IgM positive (RDT). *(RDT reports are considered as probable due to poor sensitivity and specificity of currently available RDTs)* ***Clinical description:** Acute febrile illness of 2-7 days with any one of the following; Nausea, vomiting, rash, headache, retro orbital pain, myalgia or arthralgia. **Source: NVBDCP shared on 11.06.2019**
6.	**Chikungunya**	Any person • With or without history of travel to or having left a known endemic area 15 days prior to the onset of symptoms **AND** Meeting the following clinical criteria • Acute onset of fever • Arthralgia / arthritis • With or without skin rash **Source: NVBDCP shared on 11.06.2019**

7.	**Acute Encephalitic Syndrome/JE**	A person of any age, at any time of year with • Acute onset of fever and a change in mental status (including symptoms such as confusion, disorientation, coma, or inability to talk) **AND/OR** • New onset of seizures (excluding simple febrile seizures). **Source: Guidelines for surveillance of Acute Encephalitis Syndrome shared on 25.06.2019**
8.	**Malaria**	A patient with fever and no other obvious cause of fever is considered a case of suspected Malaria case. **Source: NVBDCP shared on 09.07.2019**
9.	**Kala Azar**	A person with history of fever more than 2 weeks with splenomegaly & hepatomegaly not responding to antimalarial and antibiotics in a patient from kala azar endemic area. **Source: NVBDCP shared on 09.07.2019**
10.	**Human Rabies**	A suspected human case plus history of exposure[#] to a (suspect***** / probable[€]) rabid animal [#]Exposure is usually defined as a bite or scratch from a rabies-susceptible animal (usually dogs). It could also be lick exposure to open wound, abrasion, mucous membranes of the patient. *****A suspect rabid animal is a rabies-susceptible animal (usually dogs) which presents with any of the following signs at time of exposure or within 10 days following exposure: unprovoked aggression (biting people or animals or inanimate objects), hyper salivation, paralysis, lethargy, abnormal vocalization, or diurnal activity of nocturnal species. Whenever the history of mentioned signs cannot be elicited, the history of exposure to rabies-susceptible animal would be considered adequate. [€]A probable rabid animal is a suspect rabid animal (as defined above) with additional history of a bite by another suspect / probable rabid animal and/or is a suspect rabid animal that is killed, died, or disappeared within 4-5 days of observing illness signs. **Source: National Rabies Control Programme shared on 12.06.2019**

11.	**Leptospirosis**	A person having acute febrile illness with • headache, myalgia and prostration associated with a history of exposure to infected animals or an environment contaminated with animal urine with **one or more** of the following • Calf muscle tenderness • Conjunctival suffusion • Anuria or oliguria and/or proteinuria • Jaundice • Hemorrhagic manifestations • Meningeal irritation • Nausea, Vomiting, Abdominal pain, Diarrhoea. **Source: Programme for prevention and control of Leptospirosis shared on 12.06.2019**
12.	**Acute Viral Hepatitis**	Any person having clinical evidence of jaundice with • signs and symptoms of acute hepatitis like malaise, fever, vomiting **AND** • bio-chemical criteria of o serum bilirubin of greater than 2.5mg/dl, **AND** o more than tenfold rise in ALT/SGPT. **Source: National Viral Hepatitis Control Programme shared on 10.06.2019**
13.	**Acute Diarrhoeal Disease (Including acute gastroenteritis)**	Passage of 3 or more loose watery stools (with or without vomiting) in the past 24 hours.
14.	**Dysentery**	Any diarrhoeal episode with visible blood in the stool.

15.	**Enteric Fever**	The acute illness characterized by persistent high fever with **any of the following clinical features** • Headache, nausea, loss of appetite, toxic look • Constipation or sometimes diarrhoea • Splenomegaly **AND/OR** • Significant titre in widal test. **Source: WHO–recommended standards for surveillance of selected Vaccine-preventable diseases,2018 (modified on 28.05.2019, NCDC)**
16.	**Mumps**	Acute onset of • Unilateral or bilateral parotitis or other salivary gland swelling lasting at least 2 days, **OR** • Orchitis or oophoritis unexplained by other apparent cause **Source: WHO–recommended standards for surveillance of selected Vaccine-preventable diseases, 2018 ((modified on 28.05.2019, NCDC))**
17.	**Chicken pox**	Acute onset of a generalized maculapapulovesicular rash with • Concomitant presence of papules, blisters, pustules or crusts appearing on trunk and face and spreading to extremities, without other apparent cause **Source: WHO–recommended standards for surveillance of selected Vaccine-preventable diseases, 2018 ((modified on 28.05.2019, NCDC))**
18.	**ILI (Influenza Like Illness)**	Any person with • an acute respiratory infection (sudden cough and sore throat) with measured fever of $\geq 38^0$C ($\geq$ 100.4 F); with onset within the last 10 days **Source: NCDC, Technical Guidelines on H1N1 (revised on 25.02.2019)**

19.	**SARI (Severe Acute Respiratory infection**	Any person with: • an acute respiratory infection (sudden cough and sore throat) with measured fever of $\geq 38^0$C ($\geq$ 100.4 F); with onset within the last 10 days **AND** • Requires hospitalization **Source: NCDC, Technical Guidelines on H1N1 (revised on 25.02.2019)**
20.	**Meningitis**	A person having illness with • sudden onset of fever (>38.5°C rectal or >38.0°C axillary), neck stiffness with **one or more of the following:** • Headache, vomiting • Altered consciousness • Other meningeal signs • Petechial or purpural rash *In patients <2 year, suspect meningitis when fever accompanied by bulging fontanelle* **Source: NCDC, CD alert Nov 2009 (modified on 28.05.2019, NCDC)**
21.	**Yellow Fever**	Any person with • Acute onset of fever followed by Jaundice within 2 weeks of onset of first symptoms **AND** • A history of travel in/transit through a yellow fever affected area within the last six days prior to the development of first symptoms (longest incubation period for yellow fever) • with or without Haemorrhagic manifestations and signs of renal failure **Source: NCDC updated guidelines on Yellow fever**

22.	**Nipah Virus Disease**	Any suspected person • who resided in the same village/ward, where suspect/confirmed case of Nipah were living during the outbreak period **and** who died before complete diagnostic specimens could be collected **OR** • who came in direct contact with confirmed patient/(s) in a hospital setting during the outbreak period and/or who died before complete diagnostic specimens could be collected **Suspect case:** Any person residing in a community from a confirmed Nipah virus (NiV) disease outbreak and has: • Fever with new onset of altered mental status or seizure **AND/OR** • Fever with headache **AND/OR** • Fever with Cough or shortness of breath **AND/OR** • Direct contact with a confirmed case **Source: NCDC updated guidelines on Nipah Virus Disease**

<table>
<tr>
<td>23.</td>
<td>Ebola Virus Disease</td>
<td>Any suspect case (living or dead) with a history of acute fever

Who had contact with a clinical case of Ebola Haemorrhagic Fever

OR

With three or more of the following Symptoms:

headache/ vomiting/nausea/ loss of appetite/ diarrhea/ intense fatigue/ abdominal pain/ general muscular or articular pain/ difficulty in swallowing/ difficulty in breathing/hiccoughs

OR

Any unexplained death.

The distinction between a suspected case and a probable case in practice relatively unimportant as far as outbreak control is concerned

Suspected case : Any person ill or deceased who has or had fever with

Acute clinical symptoms and signs of haemorrhage, such as bleeding of the gums, nose-bleeds, conjunctival injection, red spots on the body, bloody stools and/or melena (black liquid stools), or vomiting blood (haematemesis)
With the history of travel to the affected area.
Documented prior contact with an EBVD case is not required.

Source: NCDC updated guidelines on Ebola Virus Disease</td>
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<td>24.</td>
<td>Zika Virus Disease</td>
<td>Any person with

skin rash or elevation of body temperature ≥37.2 degrees with
one or more of the following symptoms (not explained by other medical conditions):
Arthralgia or myalgia
Non purulent conjunctivitis or conjunctival hyperaemia
Headache or malaise

Source: NCDC, CD Alert March 2016 (modified on 28.06.2019, NCDC)</td>
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25.	**Brucellosis**	An illness characterized by acute or insidious onset of fever with any of the following: • Night sweats, arthralgia, headache, fatigue, anorexia, myalgia, weight loss, arthritis/spondylitis, meningitis, or focal organ involvement (endocarditis, orchitis/epididymitis, hepatomegaly, splenomegaly) **AND** Important risk factors to be kept in mind are • Slaughterhouse workers • Meat-packing plant employees • Veterinarians • Ingesting undercooked meat • Consumption of unpasteurized/raw dairy products. • Assisted animals giving birth **Source: Updated by Zoonosis Division NCDC on 2.07.2019**

26.	**CCHF**	A suspected CCHF case with **Two of the following hemorrhagic manifestations**: • Petechiae, purpuric rash, rhinorrhagia, hematemesis, hemoptysis, gastrointestinal hemorrhage, gingival hemorrhage, or • Any other hemorrhagic manifestation in the absence of any known precipitating factor for hemorrhagic manifestation ***Suspected case:*** *A patient with abrupt onset of high fever >38.5°C and one of the following symptoms:* • *severe headache, myalgia, nausea, vomiting, and/or diarrhea* ***AND/OR*** • *History of insect (tick) bite within 14 days prior to the onset of symptoms;* ***OR*** • *History of contact with tissues, blood, or other biological fluids from a possibly infected animal (e.g., abattoir workers, livestock owners, veterinarians) within 14 days prior to the onset of symptoms;* ***OR*** • *History of exposure to a suspect, probable, or laboratory-confirmed CCHF case, within 14 days prior to the onset of symptoms (contacts of the patient including health care workers)* **Source: Updated by Zoonosis Division NCDC on 2.07.2019**

27.	**KFD**	A patient presenting with acute onset of high grade fever with: • Rule out common aetiologies of acute febrile illness prevalent in the area (Dengue/DHF, typhoid, malaria etc.,) • Headache/ Myalgia/ Prostration/ Extreme weakness/ Nausea/ Vomiting/ Diarrhea/ Occasionally neurological/ haemorrhagic manifestations **AND/ OR** • History of exposure to tick bite • Travel and/ or Living in and around forest area where laboratory confirmed KFD cases have been reported previously or an area where recent monkey deaths have been reported* (for example: ***As per State Government of Karnataka policy, area in a radius of 5 km from where recent monkey deaths have been reported, is considered as potential exposure zone. Local authorities may decide operational zone as per their own requirements*** **Source: Updated by Zoonosis Division NCDC on 2.07.2019**
28.	**Scrub Typhus**	Acute undifferentiated febrile illness of 5 days or more (in which common etiologies such as dengue, malaria, and typhoid have been be ruled out) • With or without eschar should be suspected as a case of Rickettsial infection. (If eschar is present, fever of less than 5 days duration should be considered as scrub typhus.) • Other presenting features may be headache and rash, lymphadenopathy, • Multi-organ involvement like liver, lung or kidney and encephalopathy in complicated cases. **AND/OR** • Titres of 1:80* or above in OXK antigens by Weil Felix test may be an initial indication. A paired serology is advisable (* States can define their significant titres) **Source: Updated by Zoonosis Division NCDC on 2.07.2019**

29.	**Anthrax**	A case that is compatible with the clinical description **AND** • Has an epidemiological link to confirmed or suspected animal cases (bleeding from natural orifices or bloated carcass) **OR** exposure to contaminated animal products. • with or without Gram positive spore forming bacilli (1.5 to 3-4μm in size), arranged end to end in chains(bamboo stick appearance). ***Clinical description:*** • ***Cutaneous anthrax*** *(most common after direct exposure)**:** Skin lesion begins as a painless, pruritic papule on exposed parts (hands, feet and neck) which develops into a vesicle (usually 1-3 cm in diameter) and then a painless ulcer with a characteristic black necrotic (dying) area in the centre surrounded by erythema and edema. Systemic symptoms are mild and may include malaise and low-grade fever. There may be regional lymphangitis and lymphadenopathy. Occasionally more severe form of cutaneous anthrax may occur with extensive local oedema, induration and toxaemia.* • ***Gastrointestinal anthrax:*** *There are two clinical forms of **intestinal anthrax** - Symptoms include nausea, vomiting, fever, abdominal pain, hematemesis, bloody diarrhoea and massive ascites. Unless treatment starts early toxaemia and shock develop resulting in death. **Oropharyngeal anthrax** – clinical features are sore throat, dysphagia, fever, lymphadenopathy in the neck and toxaemia.* • ***Pulmonary (inhalation):*** *brief prodrome resembling acute viral respiratory illness, followed by rapid onset of hypoxia, dyspnea and high temperature, with X-ray evidence of mediastinal widening* **Source: Updated by Zoonosis Division NCDC on 2.07.2019**

30.	**Plague**	A suspect case with compatible clinical Presentation* **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 focus within the previous 10 days. **And/OR** Any of the following tests are positive 1. Microscopy – Material from bubo, blood, sputum contains gram negative coccobacilli in Grams staining and bipolar after Wayson or Giemsa staining 2. F1 antigen detection in bubo aspirate, blood or sputum 3. A single anti F1 serology without evidence of previous Y. pestis infection or vaccination. ***Compatible clinical Presentation*** *Disease characterised by rapid onset of fever, chills headache, severe malaise, prostration with* *1. Bubonic plague: Most common form with extreme painful swelling of lymph nodes at groin, axilla and neck (Buboes).* *2. Pneumonic plague: Cough with blood stained sputum, chest pain, difficulty in breathing.* *3. Septicemic plague: Toxic changes in the patient.* **Source: Updated by Zoonosis Division NCDC on 2.07.2019**

31.	**MERS Co-V**	A person having contact/exposure with infected camel **OR** any of the following direct epidemiological link with a confirmed MERS-CoV patient: ▪ Travelling together with individuals infected with MERS-CoV in any kind of conveyance ▪ Staying in the same close environment of a individuals infected with MERS-CoV. ▪ Working together in close proximity or sharing the same environment with individuals infected with MERS-CoV. ▪ Living in the same household as individuals infected with MERS-CoV.) **AND** Presenting with An acute febrile illness and body ache, headache, diarrhoea, or nausea/vomiting, with or without respiratory symptoms, and/or unexplained leucopenia (WBC<$3.5x10^9$/L) and thrombocytopenia (platelets<$150x10^9$/L). OR A person (including health care workers) who had protected or unprotected exposure to a confirmed or probable case of MERS-CoV infection and who presents with upper or lower respiratory illness within 2 weeks after exposure. OR A person with fever and community-acquired pneumonia or acute respiratory distress syndrome based on clinical or radiological evidence. A hospitalized patient with healthcare associated pneumonia based on clinical and radiological evidence. **Source: Updated by Zoonosis Division NCDC on 2.07.2019**