

## **NEW PROPOSED IDSURV CASE DEFINITION**

### **CHICKEN POX**

A febrile illness with acute onset of diffuse (generalized) maculopapulo- vesicular rash starting from trunk and spreading to extremities in multiple stages of evolution.

### **TYPHOID FEVER**

***Probable:*** A case compatible with the clinical description, insidious onset of continuous fever, headache, malaise and loss of appetite usually with gastrointestinal symptoms of at least one week duration having :

- ❖ Tube Widal done beyond the 7<sup>th</sup> day shows more than or equal to 1:160.

***Confirmed:*** A probable case that is laboratory confirmed by a positive blood culture.

### **DIPHTHERIA**

***Probable:*** A case that meets the clinical case description, an illness of upper respiratory tract characterized by laryngitis or pharyngitis or tonsillitis and an adherent membrane of the tonsils, pharynx or nose.

***Confirmed:*** A probable case that is laboratory confirmed or linked epidemiologically to a laboratory confirmed case. Laboratory diagnosis depends on isolation of toxin producing strain of Cornyebacterium diphtheriae from membrane/ lesion of a probable case.

### **HEPATITIS**

***Probable:*** An acute illness compatible with following clinical description:

- i) Jaundice
- ii) Dark urine

- iii) Anorexia, malaise
- iv) Right upper abdominal quadrant pain
- v) Biological signs include increased urobilinogen in urine and  $> 2.5$  times the upper limit of serum alanine aminotransferase (ALT/SGPT)

**Confirmed:** A probable case that is laboratory confirmed

- i) Hepatitis A: IgM anti- HAV positive
- ii) Hepatitis E: IgM anti- HEV positive
- iii) Hepatitis B: IgM anti- HBC positive (core antigen) **or** HBsAg positive.
- iv) Hepatitis O: Detection of other micro-organisms in lab diagnosis.

## **MEASLES**

**Probable:** Any person with fever and maculopapular rash (i.e. non vesicular) lasting for more than 3 days and cough, coryza (i.e. running nose) or conjunctivitis (i.e. red eyes).

**Confirmed:** A probable case either confirmed by laboratory diagnosis or linked epidemiologically to a lab confirmed case. Laboratory diagnosis requires any one of the following:

- i) Presence of measles specific IgM antibodies (without a recent history of vaccination).
- ii) Isolation of measles virus
- iii) A fourfold rise in serum IgG antibody titer

## **MUMPS**

**Probable:** Acute onset of unilateral or bilateral self limiting swelling of parotid r other salivary glands, lasting for two or more days and without other apparent cause.

**Confirmed:** A probable case along with laboratory confirmation:

- i) Viral isolation: culturing from buccal swab specimens ELIS pot assay or real time RT-PCR

- ii) Serologic Tests: Positive IgM in acute phase sample or 4-folds rise in IgG titers in convalescent samples.

## **PERTUSSIS**

Cough lasting for at least two weeks with a least one of the following symptoms:

- i) Paroxysms ( i.e. fits) of coughing
- ii) Inspiratory whooping
- iii) Post- tussive vomiting immediately after coughing without other apparent cause.

## **ACUTE BACTERIAL MENINGITIS**

**Probable:** A case that meets the clinical case description: A child admitted with clinical symptoms of meningitis (one or more of the following), fever with headache, stiff neck bulging anterior fontanelle( in infants), change in mental status, seizures unlikely to be febrile seizures, incessant crying who had :

- i) Turbid CSF, **or**
- ii) CSF leukocytosis of more than 100 wbc/cmm, a protein more than 100mg/dl, or glucose less than 40mg/dl (modified from WHO criteria) **or**
- iii) Ongoing epidemic and epidemiological link to a confirmed case.

**Confirmed:** A probable case with positive bacteria isolation in CSF culture **or** positive bacterial antigen test **or** positive PCR.

## **PNEUMONIA**

### **Pneumonia**

**Clinical Pneumonia:** - Any case with symptoms of fever and cough or difficult breathing **with**

- i) Breathing rate >50 breaths/min if aged 2mths to one year

- ii) Breathing rate >40 breaths/min if aged 1 to 5 years and no chest indrawing, stridor in a calm child.

***Radiological Pneumonia:*** Clinical Pneumonia with abnormal chest radiograph suggestive of pneumonia (i.e. consolidation, pneumatocele, empyema, effusion, patchy infiltration, etc).

### **Severe Pneumonia**

***Clinical Severe Pneumonia:*** Cough or difficult breathing and any general danger signs **or** chest drawing **or** stridor in a calm child. (*General danger signs: For children aged 2mths to 5mths, are unable to drink/ breast feed, vomits everything, convulsions, and lethargic/unconscious*).

***Radiological Severe Pneumonia:*** A patient with clinical severe pneumonia with an abnormal chest radiograph suggestive of pneumonia (i.e. consolidation, pneumatocele, empyema, effusion, patchy infiltration, etc).

## **ACUTE ENCEPHALITIS SYNDROME**

A person of any age with acute onset of fever and any of the following:

- Change in mental status (confusion, disorientation, coma, inability to talk)
- New onset of seizures ( excluding simple febrile seizures)
- Other early clinical findings like an increase in irritability, somnolence or abnormal behavior greater than that seen with usual febrile illness.

## **DENGUE FEVER**

### **Dengue without Warning Signs**

***Probable:*** Presence of fever with any two of the following

- Nausea and vomiting
- Rash
- Aches and Pains
- Tourniquet test positive

- Leukopenia

**Confirmed:** A probable case confirmed in the laboratory either by the following

- Positive viral culture from blood
- Positive RT PCR in blood
- Positive NS1 antigen ( by ELISA)

### **Dengue with Warning Signs**

**Probable:** a case of dengue fever (as defined earlier) with any of the following warning signs

- Abdominal pain and tenderness
- Persistent vomiting
- Clinical fluid accumulation
- Mucosal bleed
- Lethargy, restlessness
- Liver enlargement >2cm
- Laboratory : Increase in HCT concurrent with rapid decrease in platelet count

**Confirmed:** A probable case of dengue with warning signs confirmed in the laboratory by either of the following

- Positive viral culture from blood
- Positive RT PCR in blood
- Positive NS1 antigen ( by ELISA)

### **Severe Dengue**

**Probable:** A patient with probable dengue with any of the following

- Severe plasma leakage leading to either:
  - ❖ Shock (DSS) or
  - ❖ Fluid accumulation with respiratory distress

- Severe bleeding as evaluated by clinician
- Severe organ involvement as defined by any of the following
  - ❖ Liver : AST or ALT  $\geq$  1000
  - ❖ CNS: Impaired consciousness
  - ❖ Heart and other organs

***Confirmed:*** A case of probable severe dengue confirmed by any of the following

- Positive viral culture in blood
- Positive RT PCR
- Positive NS1 antigen ( by ELISA)