

ALERT AND OUTBREAK THRESHOLD

DISEASES	CASE DEFINITIONS	ALERT&OUTBREAK
Acute Upper Respiratory Infection	Any acute onset of fever, cough, runny nose, pharyngitis, laryngitis, bronchitis, otitis, tonsillitis, with normal breathing and with or without danger signs.	Alert : 2 times the mean number of cases of the previous 3 weeks for a location/ reporting unit Outbreak : Not specified until infectious agent is identified
Pneumonia	<p>•Children < 5 yeras: Any child presenting with cough and difficult breathing with any one of these:</p> <ul style="list-style-type: none"> •Fast breathing (Less than 2 months; > 60 breaths/min, 2 months to 12 months; >50 breath/min, 12 months to 5 years; > 40 breaths/min). •Lower chest wall in-drawing, •unable to drink or breastfeed, •difficulty to awaken, •fits / convulsions, •Stridor in calm child. <p>•Over 5 years: Any person presenting with acute onset of cough, fever, difficulty in breathing and chest pain which increases with breathing.</p>	<p>Alert : 2 times the mean number of cases of the previous 3 weeks for a location/ reporting unit</p> <p>Outbreak: Cluster of cases in a single location</p>
Influenza Like Illness (ILI)	An acute respiratory infection with: <ul style="list-style-type: none"> •measured fever of $\geq 38\text{ C}^\circ$ •and cough; •with onset within the last 10 days. •in absence of other diagnosis 	Alert&Outbreak: Unusual clustering of the disease from specified location
Severe Acute Respiratory Illness (SARI)	An acute respiratory infection with: <ul style="list-style-type: none"> •history of fever or measured fever of $\geq 38\text{ C}^\circ$; •and cough; •with onset within the last 10 days; •and requires hospitalization. 	<p>Alert : One case</p> <p>Outbreak: One lab confirmed case</p>
Acute Diarrhea (non-cholera)	Acute diarrhoea (passage of 3 or more loose stools in the past 24 hours) with or without dehydration, and which is not bloody or watery diarrhea.	<p>Alert : 2 times the mean number of cases of the previous 3 weeks for a location/ reporting unit</p> <p>Outbreak: Cluster of cases in a single location</p>

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<p>Acute watery diarrhea / Cholera</p>	<ul style="list-style-type: none"> • Any person with 3 or more watery stools in the past 24 hours with or without dehydration. • Suspected cholera case: Person aged >2 years with severe dehydration or death from acute watery diarrhoea with or without vomiting in an area where Cholera is endemic. 	<p><u>Alert :</u> 1 AWD case OR any death due to acute diarrhoea</p> <p><u>Outbreak:</u> One lab confirmed case, or a cluster (6 or more suspected cases) of AWD in a single locality during previous THREE weeks.</p>
<p>Bloody Diarrhea</p>	<ul style="list-style-type: none"> • Person with acute diarrhoea characterized by presence of blood and mucus in stool accompanied by fever. 	<p><u>Alert :</u> 3 or more cases in one location</p> <p><u>Outbreak:</u> Cluster of cases: 6 or more cases in one location + one lab confirmed case for Shigella</p>
<p>Acute Viral Hepatitis (A & E)</p>	<p><u>Suspected Case:</u> An acute illness with discrete onset of symptoms of jaundice, dark urine, anorexia, malaise, extreme fatigue, and right upper quadrant tenderness OR elevated serum alanine aminotransferase (ALT) level > 2.5 times the upper limit.</p>	<p><u>Alert :</u> A cluster of 3 or more cases in one location/ reporting unit</p> <p><u>Outbreak:</u> A cluster of cases (6 or more cases in one location + Lab confirmation of type)</p>

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<p>Dengue Fever</p>	<ul style="list-style-type: none"> Any person with acute febrile illness of > 2 days and <10 days with three or more of the following manifestations: Severe Headache; Myalgia/ arthralgia; Retrobulbar pain; Severe backache, rashes, 	<p>Alert :</p> <ul style="list-style-type: none"> For Epidemic Phase: Cluster of 3 suspected cases with at least one lab confirmed. For Inter-Epidemic Phase (and for the area that is previously not known for Dengue): One case fulfilling the criteria of either Suspected, Probable or lab confirmed dengue <p>Outbreak:</p> <p>Cluster of cases: 6 or more cases in one location + one lab confirmed case in a period of four weeks</p>
<p>Dengue Hemorrhagic Fever (DHF)</p>	<ul style="list-style-type: none"> Any person with acute febrile illness of > 2 days and <10 days, platelets < 100,000, and any one of the following: Hemorrhagic or purpuric rash, vomiting with blood, cough with blood, blood in stools, epistaxis, OR other hemorrhagic signs. DHF definition also requires hematocrit rise $\geq 20\%$ 	<p>Alert :</p> <p>1 probable case</p> <p>Outbreak:</p> <p>One lab confirmed case of DHF</p>
<p>Crimean Congo Hemorrhagic Fever (CCHF)</p>	<ul style="list-style-type: none"> Suspected Case: 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. 	<p>Alert :</p> <p>One suspected case is an alert</p> <ul style="list-style-type: none"> <p>Outbreak:</p> <p>One Lab confirmed case</p>

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<p>Malaria</p>	<ul style="list-style-type: none"> History of fever within last 48 hours (may be continuous or irregular in beginning), chills, headache, body aches, weakness, anaemia, hepatosplenomegaly. <p><i>(In falciparum infection, the fever may be continuous with bouts of high peaks.)</i></p>	<p>Alert :</p> <p>Case count greater than 2 times the mean number of cases of the previous 3 weeks for a reporting unit/Location</p> <ul style="list-style-type: none"> <p>Outbreak:</p> <p>In endemic area: Slide positivity rate above 50% or Falciparum rate above 40%; In non-endemic area, evidence of indigenous transmission of Falciparum.</p>
<p>Leishmaniasis</p>	<ul style="list-style-type: none"> Cutaneous (Saldana/Kaldana): Suspected Case: Appearance of one or more skin lesions, typically on uncovered parts of body (Face, Neck, Arms and Legs) which begins as nodules and turn into skin ulcers eventually healing but leaving a depressed Scar. Visceral (Kala-Azar): Case presenting with H/O irregular fever, Hepato/Splenomegaly, enlarged lymph nodes, weight loss, fatigue and secondary infections such as Pneumonia, 	<ul style="list-style-type: none"> Alert : Cutaneous Leishmaniasis: 1 case in non endemic areas, and cluster of 3 cases in endemic area. Visceral Leishmaniasis: 1 case Outbreak: CL: Cluster of 6 or more cases in one location VL: 1 case
<p>Acute Flaccid Paralysis</p>	<ul style="list-style-type: none"> Suspected case Any child under 15 years of age with recent onset of floppy weakness of limbs due to any cause including Guillian-Barre Syndrome or any person of any age with a paralytic illness, in whom poliomyelitis is suspected clinically. 	<p>Alert :</p> <p>1 suspected case</p> <ul style="list-style-type: none"> <p>Outbreak:</p> <p>1 lab confirmed case is an outbreak of Poliomyelitis</p>

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<p>Measles</p>	<ul style="list-style-type: none"> • <u>Suspected Case:</u> Any person in whom a clinician suspects measles infection <p>OR</p> <ul style="list-style-type: none"> Any person with fever, and generalized maculopapular rash (i.e. Non vesicular) and one of the followings; cough, coryza (i.e. Runny Nose) and conjunctivitis (i.e. Red Eye). 	<p><u>Alert :</u> 1 suspected case</p> <p><u>Outbreak:</u> 5 or more clinical cases with at least one lab confirmed case in a single location over a 30 day period</p>
<p>Pertussis</p>	<ul style="list-style-type: none"> • <u>Suspected case:</u> A person with a cough lasting at least 2 weeks with one of the followings: Paroxysms i.e. bouts of coughing; or Inspiratory "whoop" or Post-tussive vomiting (i.e. vomiting immediately after coughing) AND without other apparent cause. <p>OR</p> <ul style="list-style-type: none"> A case diagnosed as pertussis by a physician. 	<p><u>Alert :</u> 1 suspected case</p> <p><u>Outbreak:</u> 5 cases in one locality (Laboratory confirmation of all cases is NOT REQUIRED. Only few cases from each outbreak should be laboratory confirmed.)</p>
<p>Diphtheria</p>	<ul style="list-style-type: none"> • <u>Probable case:</u> An upper respiratory tract illness characterized by , a thick adherent gray coating called "pseudomembrane" usually developed within two to three days over the nasal tissues, tonsils, voice box or throat. 	<p><u>Alert :</u> One probable case</p> <ul style="list-style-type: none"> • • <p><u>Outbreak:</u> One confirmed case is an outbreak</p>
<p>Neonatal tetanus (NNT)</p>	<ul style="list-style-type: none"> • <u>Suspected case:</u> 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 and not investigated. <p>OR</p> <ul style="list-style-type: none"> Any neonate with normal ability to suck and cry during the first 2 days of life but 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. 	<ul style="list-style-type: none"> •<u>Alert :</u> One case requires investigation for safe birth practices and maternal immunization status • •<u>Outbreak:</u> NA

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Meningococcal Meningitis	<ul style="list-style-type: none"> • An illness with sudden onset of high grade fever and one or more of the followings: -Neck stiffness -Altered consciousness -Other meningeal sign - petechial or purpural rash -In patients under one year of age, suspect meningitis when fever is accompanied by bulging fontanelle. 	<ul style="list-style-type: none"> •Alert : 3 or more suspected case in one location or one confirmed cases of N. meningitides • •Outbreak: 2 or more lab confirmed meningococcal meningitis cases from a single location
Typhoid fever	<ul style="list-style-type: none"> • Suspected Case: Any person with acute illness and demonstrates: abdominal pain, fever rising “stepwise”, chills, and may be associated with headache, malaise, anorexia, relative bradycardia, constipation or diarrhea or abdominal tenderness progressing to prostration. 	<ul style="list-style-type: none"> Alert : Three or more linked cases Outbreak: 10 or more epidemiologically linked cases from one location with at least one lab. confirmed case through Typhi Dot/Blood Culture)
Unexplained Fever/ Pyrexia of Unknown Origin (PUO)	<ul style="list-style-type: none"> • A Patient having Fever of > 38.3°C for more than 3 weeks with no established diagnosis despite appropriate investigation for 1 week. 	<ul style="list-style-type: none"> Alert : 1 death due to fever without known etiology in a given location or Case count greater than 2 times the mean number of cases of the previous 3 weeks for a reporting unit Outbreak: Not specified until infectious agent is identified
Scabies	<ul style="list-style-type: none"> •Skin infection characterized by rash or lesions and intense itching especially at night. Lesions prominent around finger webs, wrists, elbows, axillaries, beltlines, thighs, external genitalia, nipples, abdomen and lower portion of buttocks. Head, neck, palm and soles of infants may be involved. 	<ul style="list-style-type: none"> •Alert : Case count greater than 2 times the mean number of cases over the previous 3 weeks for a reporting unit. • •Outbreak: Unusual Clustering of cases in a single location