

Modified Case Definitions of the P form under IDSP (Jan 2017)

Sr. No.	Disease	Modified Case Definitions
1	Acute Diarrheal Disease (Including Acute Gastroenteritis)	Passage of 3 or more loose watery stools in the past 24 hours. (with or without vomiting)
2	Dysentery (*Old- Bacillary Dysentery)	Acute diarrhoea with visible blood in the stool. (Source: Medical Officers' Manual, IDSP, 2006)
3	Acute Hepatitis (* Old-Acute Viral Hepatitis)	Acute illness typically including acute jaundice, dark urine, anorexia, malaise, extreme fatigue, and right upper quadrant tenderness.
4	Enteric Fever	<p><i>Any patient with fever for more than one week and with any two of the following:</i></p> <ul style="list-style-type: none"> • <i>Toxic look</i> • <i>Coated tongue</i> • <i>Relative bradycardia</i> • <i>Splenomegaly</i> • <i>Exposure to confirmed case</i> <p><i>Clinical presentation with complications e.g. GI bleeding, perforation, etc.</i></p> <p style="text-align: center;"><i>AND/OR</i></p> <p><i>Positive serodiagnosis (Widal Test)</i></p>
5	Malaria	<p>A case of fever which may be accompanied with any of the following (P).</p> <ul style="list-style-type: none"> • Headache, backache, chills, rigors, sweating, myalgia, nausea and vomiting • Splenomegaly and anaemia • Generalized convulsions, coma, shock, spontaneous bleeding, pulmonary edema, renal failure and death. <p>(Source: NVBDCP Guidelines)</p>

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6	Dengue Fever	<p><i>An acute febrile illness of 2-7 days duration with two or more of the following manifestations:</i></p> <ul style="list-style-type: none"> ▪ <i>Headache,</i> ▪ <i>retro-orbital pain,</i> ▪ <i>myalgia,</i> ▪ <i>arthralgia,</i> ▪ <i>rash,</i> ▪ <i>haemorrhagic manifestations</i> ▪ <i>leukopenia.</i> <p style="text-align: center;"><i>or</i></p> <p><i>Non-ELISA based NS1 antigen/IgM positive.</i></p> <p><i>(A positive test by RDT will be considered as probable due to poor sensitivity and specificity of currently available RDTs.)</i></p>
7	Chikungunya	<p><i>An acute illness characterised by sudden onset of fever with any of the following symptoms</i></p> <ul style="list-style-type: none"> ▪ <i>headache,</i> ▪ <i>backache,</i> ▪ <i>photophobia,</i> ▪ <i>severe arthralgia,</i> ▪ <i>rash.</i>
8	Acute Encephalitis Syndrome	<p><i>A person of any age, at any time of year with the acute onset of fever and a change in mental status (including symptoms such as confusion, disorientation, coma, or inability to talk)</i></p> <p style="text-align: center;">AND/OR</p> <p><i>New onset of seizures (excluding simple febrile seizures).</i></p> <p><i>(* Simple febrile seizure: a single seizure lasting < 15 minutes with recovery of consciousness within 60 minutes, in a child aged 6 months to 60 months).</i></p>
9	Meningitis	

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A	Meningitis (Old - *Meningococcal Disease and Viral Meningitis)	Meningitis-
B	* Meningitis (* Meningococcal Disease & Viral Meningitis to be replaced by Meningitis)	An illness with sudden onset of fever (>38.5°C rectal or >38.0°C axillary), neck stiffness & one or more of the following: <ul style="list-style-type: none"> ✓ Headache ✓ Vomiting ✓ altered consciousness ✓ other meningeal sign ✓ petechial or purpural rash In patients <2 year, suspect meningitis when fever accompanied by bulging fontanelle.
10	Measles	A suspected measles case is any person in whom a health worker or clinician suspects measles or any person with fever and maculopapular rash (non-vesicular) with cough or coryza or conjunctivitis. (Source –WHO)
11	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, February 2003) added on 25/10/16, NCDC
12	Diphtheria	An illness of the upper respiratory tract characterized by the following: laryngitis or pharyngitis or tonsillitis, and adherent membranes of tonsils, pharynx and/or nose. (Source: Immunization Handbook for Medical Officers, MOHFW)

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13	Pertussis	<p>A person meeting the clinical manifestation* of pertussis, with history of contact with a laboratory confirmed case of pertussis.</p> <p>Source –WHO–recommended standards for surveillance of selected vaccine-preventable diseases Feb 2003 (modified on 25/10/16, NCDC)</p> <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p>*Clinical manifestation of pertussis</p> <p>A person with a cough lasting at least two weeks with at least one of the following:</p> <ul style="list-style-type: none"> i. Paroxysms (i.e. fits) of coughing ii. Inspiratory whooping iii. Post-tussive vomiting (i.e. vomiting immediately after coughing) iv. Without other apparent causes <p style="text-align: center;">OR</p> <p>Apnoea (with or without cyanosis) in infants (age <1 year old) with cough of any duration</p> <p style="text-align: center;">OR</p> <p>If a specialist physician strongly suspects pertussis in a patient with cough of any duration.</p> </div>
14	Chickenpox	<p>A febrile illness with acute onset of diffuse (generalized) maculopapulovesicular rash without other apparent cause.</p> <p>(Source: Manual for surveillance of Vaccine Preventable Diseases, 3rd Edition, 2002, CDC)</p>
15	Fever of Unknown Origin (PUO)	<p>Fever of more than 101°F (38.3°C), either continuous or intermittent, for at least two weeks,</p> <p style="text-align: center;">or</p> <p>Fever above 101°F with no known cause even after extensive diagnostic testing</p> <p>(Source: www.umm.edu/altmed/articles/fever)</p>

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16	Acute Respiratory illness (ARI) / Influenza Like Illness (ILI)	<p>ILI:-An acute respiratory infection with measured fever of more than or equal to 38 C° and cough; with onset within the last 10 days.</p> <p>(Source: - WHO Global Epidemiological Surveillance Standards for Influenza 2014)</p> <p>SARI (Severe Acute Respiratory infection:- An acute respiratory infection with:</p> <ul style="list-style-type: none"> ✓ history of fever or measured fever of more than or equal to 38 C°; ✓ and cough; ✓ with onset within the last 10 days; ✓ and requires hospitalization. <p>(Source: - WHO Global Epidemiological Surveillance Standards for Influenza 2014)</p>
17	Pneumonia	<p>Any case clinically diagnosed as pneumonia with symptoms of fever and cough and/or difficult breathing ± chest X-ray confirmation.</p> <p>Or</p> <p>In a child -</p> <p>Pneumonia: Cough or difficult breathing and</p> <p>breathing rate >50/minute for infant aged 2 months to <1 year</p> <p>breathing rate >40/minute for child aged 1 to 5 years and with or without chest in drawing, stridor or danger signs</p>

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		<i>(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)</i>
18	Leptospirosis	<p>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</p> <ul style="list-style-type: none"> • Calf muscle tenderness • Conjunctival suffusion • Oliguria or anuria and/or proteinuria • Jaundice • Haemorrhagic manifestations (intestines, lung) • Meningeal irritation • GI symptoms (Nausea/ Vomiting/ Abdominal pain/Diarrhoea) <p>Source -Programme for Prevention and Control of Leptospirosis NCDC 2015 Operational Guidelines- (modified on 25/10/16, NCDC)</p>
19	Acute Flaccid Paralysis	<p>A child under 15 years of age presenting with acute flaccid paralysis (AFP), Or any person at any age with paralytic illness if poliomyelitis is suspected.</p> <p>(Source: - WHO-recommended surveillance standard of poliomyelitis)</p>
20	Kala Azar	<p>A ‘suspect’ case: history of fever of more than 2 weeks with splenomegaly & hepatomegaly not responding to anti-malarial and antibiotics in a patient from an endemic area Or A patient with above symptoms clinically examined by doctor and found positive on Screening with rapid diagnostic test. Or In cases with past history of Kala-azar or in those with high suspicion of Kala-azar but</p>

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		<p>with negative RDT test result but found (+) by examination of bone marrow/spleen aspirate for LD bodies at appropriate level (district hospital).</p> <p>(Source – Kala Azar Guidelines NVBDCP 2015)</p>
21	Yellow Fever	<p>Suspect Case - A disease characterized by 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.</p>
22	Scrub Typhus	<p>A suspected #Clinical case with titres of 1:80* or above in OXK antigens by Weil Felix test.</p> <p>#-see the box below for reference</p> <p>* States can define their significant titres</p> <p>(Source – Modified (25.10.16) - Guidelines for diagnosis and management of Rickettsial diseases in India ICMR February 2015)</p> <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <p>#Clinical case of Scrub Typhus is defined as:</p> <p>Acute undifferentiated febrile illness of 5 days or more 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.)</p> <p>Other presenting features may be headache and rash, lymphadenopathy, multi-organ involvement like liver, lung and kidney involvement.</p> <p>The differential diagnosis of dengue, malaria, pneumonia, leptospirosis and typhoid should be kept in mind.</p> </div>

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23	Anthrax	<p>A case that is compatible with the #clinical description and has an epidemiological link to confirmed or suspected animal cases or contaminated animal products with or without Gram positive bacilli in short chains.</p> <p>Source: Training Manual for Veterinary Consultants under IDSP, 2015(modified on 25/10/16, NCDC)</p> <div style="border: 1px solid black; padding: 10px;"> <p>#Clinical case of Anthrax is defined as:</p> <p>Cutaneous anthrax: Skin infection begins as a painless, pruritic papule that resembles an insect bite but within 1-2 days 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. 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 toxæmia.</p> <p>Gastrointestinal anthrax: The intestinal disease form of anthrax may follow the consumption of contaminated meat and is characterized by an acute inflammation of the intestinal tract. 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 toxæmia and shock develop resulting in death.</p> <p>Oropharyngeal anthrax: Main clinical features are sore throat, dysphagia, fever, lymphadenopathy in the neck and toxæmia. Even with treatment mortality is high, about 50%.</p> <p>Meningitis may complicate any of the three primary forms. It resembles meningitis due to other causes although it is frequently haemorrhagic. Diagnosis is confirmed by demonstration of the organism in the CSF by microscopy or culture or both.</p> </div>
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24	KFD(Kyasanur Forest Disease)	<p>Patient with sudden onset of high fever with headache and/or myalgia, within a radius of 5 km surrounding the areas reporting recent monkey deaths or laboratory confirmed KFD cases</p> <p>Source – WHO South-East Asia Journal of Public Health January-March 2014(modified on 25.10.16, NCDC)</p>
25	CCHF (Crimean Congo Haemorrhagic Fever)	<p>A patient with abrupt onset of high fever $>38.5^{\circ}\text{C}$ and any of the following symptoms, severe headache, myalgia, nausea, vomiting, and/or diarrhoea with Thrombocytopenia $< 50,000/\text{cmm}$ with haemorrhagic manifestations* in the absence of any known precipitating factor for haemorrhagic manifestation</p> <p>And with any one of the following</p> <ul style="list-style-type: none"> • 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 the onset of symptoms • Healthcare workers in healthcare facilities, with a history of exposure within 14 days prior to the onset of symptom to a, probable, or laboratory-confirmed CCHF case. <p>* Haemorrhagic manifestation includes - hematoma at an injection site, petechiae, purpuric rash, bleeding from nose, hematemesis, hemoptysis, gastrointestinal haemorrhage, gingival haemorrhage</p> <p>Source – NCDC CCHF CD alert January 2011(modified on 25.10.16,NCDC)</p>
26	Human Rabies	<p>Definition: A suspected human case plus history of exposure to a (suspect /probable) rabid animal</p> <p>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.</p> <p>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), hypersalivation, 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.</p> <p>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.</p> <p><i>Wherever available, the details of such cases should be shared in a line list as per line list design of IDSP.</i></p>

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