REPUBLIC OF UGANDA



MINISTRY OF HEALTH

Standard Case Definitions for Priority Diseases, Conditions and Events

April, 2023

DEFINITION OF KEY TERMS

Acute	Any disease/ event having a rapid (sudden) onset and following a short course.
Alert	An indirect early warning sign of a potential public health event occurring in a community under surveillance. Alerts must be investigated further and verified as to whether they represent a true event or not
Chronic	Any health condition that develops slowly or of long duration and tends to result in some functional limitation and need for ongoing medical care.
Cluster	An aggregation of cases or health related condition in a given area over a particular period regardless of whether the number of cases is more than expected in relation to time or place or both.
Disease	An illness or medical condition, irrespective of origin or source, which presents or could present significant harm to animals, humans and plants.
Disaster	the serious disruption of the functioning of a community or a society, causing widespread human, material, economic or environmental losses exceeding the ability of the affected community or society to cope using its own resources.
Elimination	Reduction to zero (or a very low defined target rate) of new cases in a defined geographical area
Endemic	A disease or condition regularly found among particular people or in a certain area.
Epidemic	Refers to an increase in the number of cases of a disease or an event above what is normally expected in that population in a given area over a particular period of time.
Epidemiological link	When a patient has or had exposure to a probable or confirmed case.
Epidemiology	The study of the distribution and determinants of health-related states and the application of this information to controlling public health problems.
Eradication	The purposeful reduction of specific disease prevalence to the point of continued absence of transmission in the world.
Aetiology	Refers to the cause, set of causes, or origin of a disease or condition.
Event	Under the IHR (2005) (Article 1), an event is defined as 'a manifestation of disease, or an occurrence that creates a potential for disease' (with particular reference to public health events of international concern, or PHEIC). An emergency incident or occurrence. An event may be insignificant or could be a significant occurrence, planned or unplanned (e.g., extreme weather event or mass gathering), that may impact the safety and security of communities. 'Event' and 'incident' are often used interchangeably
Health Management Information System	A monthly reporting system for diseases, conditions, and risks that is reported to the MINISTRY OF HEALTH from every healthcare facility electronically or on paper
Human-animal-environment interface	A continuum of contacts and interactions among people, animals, their products, and their environment(s); in some cases, facilitating transmission of zoonotic pathogens or shared health threats.
Incident	An occurrence or event, natural or human-caused that requires an emergency response to protect life, property, or the environment. An incident may be geographically confined (e.g. within a clearly delineated site or sites) or dispersed (e.g. a widespread power outage or an epidemic). Incidents may start suddenly (e.g. a chemical plant explosion) or gradually (e.g. a drought). They may be of very short duration (e.g. a call for emergency medical assistance), or continue for months or even years. war-related disasters, public health and medical emergencies, and other emergencies.
Incident Management System (IMS)	This is a standardized approach to emergency management encompassing personnel, facilities, equipment, procedures, and communications operating within a common organizational structure The IMS Standardized processes allow all who respond to the same incident to formulate a unified plan to manage the incident
International Health Regulations (2005); IHR (2005)	International legal instrument that is binding in 196 countries. The regulations aim to help the international community prevent and respond to acute public health risks that have the potential to cross borders and threaten people worldwide.
Multi-sectoral	Participation of more than one sector working together on a joint program or response to an event (e.g., a joint investigation by public health and law enforcement).
One Health	An approach to address a shared health threat at the human-animal-environment interface based on collaboration, communication, and coordination across all relevant sectors and disciplines, with the ultimate goal of achieving optimal health outcomes for both people and animals. A One Health approach applies to the local, regional, national, and global levels.
Outbreak	The occurrence of more cases than expected in a defined geographic area or time.
Pandemic	An epidemic occurring worldwide, or over a very wide area, crossing international borders and usually affecting a large number of people.

Point of Entry	Any passage, via land, air or sea, for international entry or exit of travellers, baggage, cargo, containers, conveyances, goods and postal parcels as well as agencies and areas providing services to them on entry or exit.
Reporting site	A site which reports about surveillance and outbreak data to the district level. A reporting site includes all health facilities (public, private and quasi-governmental, faith based), standalone laboratories, PoE. A reporting site also contains event reports from community surveillance and response
Zoonotic disease or zoonosis	An infectious disease that can be shared between animals and people

Priority diseases, conditions and events for IDSR are selected based on the following criteria:

- Notification requirement under IHR (2005): (for example, smallpox, poliomyelitis due to wild-type poliovirus, human influenza caused by a new subtype, SARS, COVID-19);
- Diseases with highly epidemic potential to cause serious public health impact due to their ability to spread rapidly internationally (for example, cholera, plague, yellow fever, viral haemorrhagic fever);
- Principal causes of morbidity and mortality due to communicable diseases and conditions in Uganda (for example, malaria, pneumonia, diarrheal diseases, tuberculosis, HIV/AIDS, maternal deaths and injuries)
- Priority non-communicable diseases or conditions (hypertension, diabetes mellitus, cancers, mental illnesses and malnutrition)
- Effective control and prevention interventions are available for addressing the public health problems they pose (for example onchocerciasis, trypanosomiasis);
- Diseases targeted for elimination or eradication for example, vaccine preventable diseases, leprosy, and guinea worm.

Summary Table for priority diseases, conditions and events for Integrated Disease Surveillance and Response

<table>
<tr>
<th>Epidemic prone diseases, conditions or events which require immediate reporting</th>
<th>Diseases targeted for eradication or elimination</th>
<th>Other major diseases, events or conditions of public health importance</th>
</tr>
<tr>
<td rowspan="3">1. Acute haemorrhagic fever syndrome*
2. Acute Flaccid Paralysis
3. Anthrax
4. Bacterial Meningitis
5. Chikungunya
6. Cholera
7. COVID-19
8. Dengue fever
9. Diarrhoea with blood (Shigella)
10. Malaria
11. Measles
12. Plague
13. SARI**
14. Typhoid fever
15. Yellow fever
16. Zika virus disease
17. Maternal deaths
18. Perinatal deaths
19. Acute viral hepatitis
20. Human Rabies (Animal Bites)
Also:
A cluster of deaths in the community (animal or human deaths)
A cluster of unwell people or animals with similar symptoms
*Ebola, Marburg, Rift Valley, Lassa, Crimean Congo, West Nile Fever, Dengue</td>
<td>1. Buruli ulcer
2. Bacterial Meningitis
3. Dracunculiasis (Guinea Worm Disease)
4. Leprosy
5. Lymphatic filariasis
6. Malaria
7. Measles
8. Neonatal tetanus
9. Poliomyelitis***
10. Onchocerciasis
Trachoma

*** Disease specified by IHR (2005) for immediate notification</td>
<td>1. Acute and chronic viral hepatitis
2. Adverse events following immunization (AEFI)
3. Brucellosis
4. Diabetes mellitus (new cases)
5. Diarrhoea with dehydration less than 5 years of age
6. Epilepsy
7. Human Rabies
8. HIV/AIDS (new cases)
9. Hypertension (new cases)
10. Injuries (Road traffic Accidents)
11. Leishmaniasis
12. Malaria
13. Malnutrition in children under 5 years of age
14. Maternal deaths
15. Non-neonatal tetanus
16. Perinatal deaths
17. Severe pneumonia in less than 5 years of age
18. STIs
19. Schistosomiasis
20. Soil transmitted helminths
21. Trachoma
22. Human African Trypanosomiasis
23. Tuberculosis
24. Tuberculosis (new cases)
25. MDR/XDR Tuberculosis</td>
</tr>
<tr>
<td colspan="2">Diseases or events of international concern</td>
</tr>
<tr>
<td colspan="2">COVID-19
Acute Viral Haemorrhagic Fever
Human influenza due to a new subtype***
SARS***
Zika virus disease
Yellow fever
Any public health event of international or national concern (infectious, zoonotic, food borne, chemical, radio nuclear, or due to unknown condition.***Disease specified by IHR (2005) for immediate notification</td>
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</table>

Community level case definitions

Disease/Condition	Community case definition
Acute Flaccid Paralysis (AFP)	Any child under 15 years old with a sudden onset of weakness and /or inability to use their hand(s) and or leg(s)
Acute watery diarrhoea	Any person with 3 or more loose stools within the last 24 hours
Acute haemorrhagic fever syndrome	Any person who has an unexplained illness with fever and bleeding or who died after an unexplained severe illness with fever and bleeding
Adverse event following immunization (AEFI)	Any unusual event that follows immunization
Cholera	Any person aged 2 or more years with lots of watery diarrhoea
COVID-19	Any person with acute onset of fever and any one of the following, cough, runny nose, sore throat, general malaise or body aches
Diarrhoea in children less than 5 years of age	Any child who has three or more loose or watery stools in the past 24 hours with or without dehydration
Diarrhoea with blood (Dysentery)	Any person with diarrhoea, stomach pain and visible blood in the stool
Guinea Worm (Dracunculiasis)	Any person presenting with a skin wound living in an endemic area or risk areas of Guinea worm, with a worm coming out
Hepatitis	Any person with fever and yellowing in the white part of the eyes
Animal bite (potential rabies)	Any person who is bitten by a dog or other mammal
Influenza-like Illness (ILI)	Any person with fever and cough or throat pain or runny nose
Leprosy	Any person with skin patch with loss of feeling
Malaria	Any person with fever or a history of fever in the previous 24 hours and or the presence of pallor (whiteness) of the palms in young children
Measles	Any person with fever and rash
Meningitis	Any person with fever and neck stiffness
Maternal death	The death of a woman while pregnant or within 42 days after delivery
Neonatal death	Any death of a live new born occurring before the first 28 complete days of life
Neonatal tetanus	Any new born who is normal at birth, and then after 2 days, becomes stiff and unable to suck or feed or has convulsions/fits.
Onchocerciasis	Any person in an endemic area with fibrous nodules under the skin
Plague	Any person with painful swelling under the arms or in the groin area. In an area known to have plague, any person with cough, chest pain and fever.
Pneumonia	Any child less than 5 years of age with cough and fast breathing or difficulty in breathing.
Rabies (Human)	Any person with a sense of apprehension, headache, fever, malaise and in-definitive sensory changes often referred to the site of a preceding animal bite. Excitability and hydrophobia are frequent symptoms
Sexually transmitted infections (STIs)	Any person male or female who has a urethral/vaginal discharge or genital sores or pain
Tuberculosis	Any person with cough for 2 weeks or more
Typhoid fever	Any person with a prolonged fever during the previous 3 weeks or more
Viral haemorrhagic fevers	Any person who has fever and two or more other symptoms (headache, vomiting, yellow eyes, runny stomach, weak in the body,) or who died after serious sickness with fever or bleeding
Yellow fever	Any person who has fever and two or more other symptoms (headache, vomiting, runny stomach, weak in the body, yellow eyes) or who died after serious sickness with fever or bleeding

Disease/Condition	Community case definition
Unusual health events	Two or more persons presenting with similar severe illnesses in the same setting (e.g., household, workplace, school, street) within one week **OR** dying in the same community within one week **OR** Increase in number of animal sicknesses and/or deaths, including poultry, within one-week **OR** Any human illness or death after exposure to animals and animal products, including poultry (e.g., eating, physical handling) **OR** Any person who has been bitten, scratched, or whose wound has been licked by a dog, or other animal. **OR** Two or more persons that pass watery stools and/or vomiting after eating/drinking at a given setting (e.g., wedding, funeral, festival, canteen, food sellers etc.) **OR** Unexpected large numbers of children absent from school due to the same illness **OR** **Any event in the community that causes public anxiety**

Standard Case Definitions of priority diseases, conditions and events for use by health workers

Priority Diseases and Conditions	
Disease/Condition/threshold	**Standard case definition for suspected cases**
Acute Watery Diarrhoea	Any person aged 2 or more years with 3 or more loose stools within the last 24 hours and a danger sign *or dehydration. (**Danger signs include lethargy, unconsciousness, vomits everything, convulsions, and in children less than 5, unable to drink or breast-feed)*
Acute Haemorrhagic fever syndrome: 1 lab confirmed case	**Suspected case:** Acute onset of fever of less than 3 weeks duration in a severely ill patient/ or a dead person AND any 2 of the following; haemorrhagic or purpuric rash; epistaxis (nose bleed); haematemesis (blood in vomit); haemoptysis (blood in sputum); blood in stool; other haemorrhagic symptoms and no known predisposing factors for haemorrhagic manifestations OR clinical suspicion of any of the viral diseases. **Confirmed case:** A suspected case with laboratory confirmation or epidemiologic link to confirmed cases or outbreak. **Note:** During an outbreak, case definitions may be changed to correspond to the local event. It is important to note that during outbreaks, most cases might not show haemorrhagic manifestation, a proper history taking is crucial.
Acute and chronic viral hepatitis: HAV and HEV 1 lab confirmed case; other test and treat, vaccinate	**Acute Viral Hepatitis:** ***Suspected case*:** Any person with discrete onset of an acute illness with signs/symptoms of; (i) Acute infectious illness (e.g. fever, malaise, fatigue) and (ii) Liver damage (e.g. anorexia, nausea, jaundice, dark coloured urine, right upper quadrant tenderness of body), AND/OR (iii) Raised alanine aminotransferase (ALT) levels more than ten times the upper limit of normal ***Confirmed case*:** A suspected case that is laboratory confirmed by virus specific biomarkers: Acute Hepatitis A: anti-HAV IgM positive or positive for HAV RNA Acute Hepatitis B: Hepatitis B surface antigen (HbsAg) positive AND anti-hepatitis B core antigen (anti-HBc) IgM positive, HBV DNA positive Acute Hepatitis C: HCV RNA positive (Viral Load), HCV core antigen positive (where available) and anti-HCV IgM positive. Markers of acute hepatitis A (anti-HAV IgM) and hepatitis E (anti-HEV IgM) are negative. Acute Hepatitis D: HbsAg positive (or anti-HBc IgM positive) plus anti-HDV positive (usually IgM), and HDV RNA (HDV infection ONLY occurs as co-infection or super-infection of hepatitis B) Acute Hepatitis E: anti-HEV IgM positive Chronic Viral Hepatitis Case definition (HBV and HCV): Chronic Hepatitis B: HbsAg is the first serological marker to appear. Persistence of HbsAg for at least 6 months indicates chronic infection Anti-HBc positive (usually IgG) Chronic Hepatitis C: Hepatitis C virus RNA positive in a person with anti-HCV positive (usually IgG) HCV RNA positive OR HCV core antigen positive

	NB: Antibody detection (i.e. HCV Ab positive) cannot differentiate between acute, chronic infection and past infection.
Adverse events following immunization (AEFI): Treat single case, report cluster	Any untoward medical occurrence which follows immunization and which does not necessarily have a causal relationship with the usage of the vaccine. The adverse event may be any unfavourable or unintended sign, abnormal laboratory finding, symptom or disease.
Anthrax: 1 lab confirmed case	**Suspected case:** Any person with acute onset characterized by several clinical forms which are: **Cutaneous form:** Any person with skin lesion evolving over 1 to 6 days from a papular through a vesicular stage, to a depressed black eschar invariably accompanied by edema that may be mild to extensive. **Gastro-intestinal:** Any person with abdominal distress characterized by nausea, vomiting, anorexia and followed by fever **Pulmonary (inhalation):** any person with brief prodromal resembling acute viral respiratory illness, followed by rapid onset of hypoxia, dyspnoea and high temperature, with X-ray evidence of mediastinal widening **Meningeal:** Any person with acute onset of high fever possibly with convulsions, loss of consciousness, meningeal signs and symptoms; commonly noted in all systemic infections, but may present without any other clinical symptoms of anthrax. AND has an epidemiological link to confirmed or suspected animal cases or contaminated animal products **Confirmed case:** A confirmed case of anthrax in a human can be defined as a clinically compatible case of cutaneous, inhalational or gastrointestinal illness that is laboratory-confirmed by: isolation of *B. anthracis* from an affected tissue or site; or Other laboratory evidence of *B. anthracis* infection based on at least two supportive laboratory tests. Note: *It may not be possible to demonstrate* B. *anthracis in clinical specimens if the patient has been treated with antimicrobial agents.*
Buruli ulcer (Mycobacterium ulcerans disease): Report any suspected case	**Suspected case:** A person presenting a painless skin nodule, plaque or ulcer, living or having visited a BU endemic area **Confirmed case:** A suspected case confirmed by at least one laboratory test (Ziel-Neelsen stain (ZN stain) for AFB, PCR, culture or histology) OR Confirmation of presence of mycolactone in skin lesions.
Brucellosis	**Suspected case:** Acute or insidious onset of fever AND ONE OR MORE of the following: night sweats, arthralgia, headache, fatigue, anorexia, myalgia, weight loss, arthritis/spondylitis, meningitis, or focal organ involvement (endocarditis, orchitis/epididymitis, hepatomegaly, splenomegaly). **Confirmed case:** A suspected case with confirmatory laboratory diagnosis by way of: culture and identification of Brucella spp. or evidence of a fourfold or greater rise in Brucella antibody titre.
Chikungunya: Report any suspected case	**Suspected case:** Any person with acute onset of fever >38.5°C and severe arthralgia/arthritis not explained by other medical conditions. **Confirmed case:** A suspected case with laboratory confirmation.
Cholera: 1 lab confirmed case	**Suspected case:** In areas where a cholera outbreak has not been declared: Any patient aged two years and older presenting with acute watery diarrhoea and severe dehydration or who have died from acute watery diarrhoea. In areas where a cholera outbreak is declared: any person presenting with or dying from acute watery diarrhoea. **Confirmed case:** A suspected case with Vibrio cholerae O1 or O139 confirmed by culture or PCR polymerase chain reaction and, in countries where cholera is not present or has been eliminated, the Vibrio cholerae O1 or O139 strain is demonstrated to be toxigenic.

COVID-19	**Suspected case:** A person who meets the clinical CRITERIA: **Clinical criteria:** 1. Acute onset of fever AND cough; OR 2. Acute onset of ANY THREE OR MORE of the following signs or symptoms: fever, cough, general weakness/fatigue, headache, myalgia, sore throat, coryza, dyspnoea, anorexia/nausea/vomiting, diarrhoea, altered mental status. OR 3. A patient with severe acute respiratory illness (SARI: acute respiratory infection with history of fever or measured fever of ≥ 38 °C; and cough; with onset within the last 14 days; and who requires hospitalization **Probable Case:** A. A patient who meets clinical criteria above AND is a contact of a probable or confirmed case, or linked to a COVID-19 cluster OR B. A suspect case (described above) with chest imaging showing findings suggestive of COVID-19 disease OR C. A person with recent onset of loss of smell or loss of taste in the absence of any other identified cause OR D. Death, not otherwise explained, in a person with respiratory distress preceding death AND who was a contact of a probable or confirmed case or linked to a COVID-19 cluster **Confirmed Case:** A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.
Dengue Fever: 1 lab confirmed case	**Dengue Fever Suspected case:** Any person with acute febrile illness of 2-7 days duration with 2 or more of the following: headache, retro-orbital pain, myalgia, arthralgia, rash, haemorrhagic manifestations, leukopenia. **Dengue Fever Confirmed case:** A suspected case with laboratory confirmation (positive IgM antibody, fourfold or greater increase in IgG antibody titres in paired (acute and convalescent) serum specimens, positive PCR or Isolation of the dengue virus using cell culture). **Dengue Haemorrhagic Fever:** A **probable or confirmed case of dengue** with bleeding tendencies as evidenced by one or more of the following: positive tourniquet test; petechiae, ecchymoses or purpura; bleeding: mucosa, gastrointestinal tract, injection sites or other; haematemesis or melaena; and thrombocytopenia (100 000 cells or less per mm3) and evidence of plasma leakage due to increased vascular permeability, manifested by one or more of the following: 20% rise in average haematocrit for age and sex, 20% drop in haematocrit following volume replacement therapy compared to baseline, signs of plasma leakage (pleural effusion, ascites, hypo-proteinemia). Dengue Shock Syndrome: All the above criteria, plus evidence of circulatory failure manifested by rapid and weak pulse, and narrow pulse pressure (≤ 20 mm Hg) or hypotension for age, cold, clammy skin and altered mental status.
Diabetes	**Suspected new case:** Any person presenting with the following symptoms: Increased thirst, Increased hunger, Frequent urination **Confirmed new case:** Any person with a fasting 6.1 mmol/L (110 mg/dl) Or venous plasma glucose measurement of ≥ 7 mmol/L (126 mg/dl) or capillary glucose ≥ 6.1 mmol/L (110 mg/dl) OR Any person with a non-fasting glucose ≥ 11.1 mmol/L (200mg/dl) Or venous plasma glucose measurement of ≥ 11.1mmol/L (200 mg/dl) *Report only the first lab-confirmed
Diarrhoea with blood: Report increase in number of suspected cases	**Suspected case:** A person with (abdominal pain) and diarrhoea with visible blood in stool. **Confirmed case:** Suspected case with stool culture positive for *Shigella dysenteriae* type 1.

Diarrhoea with dehydration in children less than 5 years of age: Report increase in number of suspected cases	***Suspected case*:** Passage of 3 or more loose or watery stools in the past 24 hours with or without dehydration and: *Some dehydration* -- two or more of the following signs: restlessness, irritability; sunken eyes; thirsty; skin pinch goes back slowly, or *Severe dehydration* -- two or more of the following signs: lethargy or unconsciousness; sunken eyes; not able to drink or drinking poorly; skin pinch goes back very slowly. ***Confirmed case:*** Suspected case confirmed with stool culture for a known enteric pathogen. *Note:* Laboratory confirmation of specific agent causing outbreak is not routinely recommended for surveillance purposes.
Dracunculiasis: 1 suspected case	***Rumour Information* about the occurrence of Guinea worm disease (Dracunculiasis) from any source.** ***Suspected case:*** *A person* presenting a skin lesion with itching or blister living in an endemic area or risk areas for Guinea worm, with the emergence of a worm. ***Confirmed case:*** A case of guinea-worm disease is a person exhibiting a skin lesion with emergence of a Guinea worm, and in which the worm is confirmed in laboratory tests to be *D. medinensis*. That person is counted as a case only once during the calendar year, i.e. when the first worm emerges from that person. All worm specimens should be obtained from each case patient for laboratory confirmation and sent to the United States Centres for Disease Control and Prevention (CDC). All cases should be monitored at least twice per month during the remainder of the calendar year for prompt detection of possible emergence of additional guinea worms.
Ebola or Marburg virus diseases: 1 lab confirmed case	**Routine Surveillance:** ***Suspected case*:** Illness with onset of fever and no response to usual causes of fever in the area, and at least one of the following signs: bloody diarrhoea, bleeding from gums, bleeding into skin (purpura), bleeding into eyes and urine. ***Confirmed case*:** A suspected case with laboratory confirmation (positive IgM antibody, positive PCR or viral isolation), or epidemiologic link to confirmed cases or outbreak **In Outbreak setting:** ***Suspected case:*** Any person, alive or dead, suffering or having suffered from a sudden onset of high fever and having had contact with: - a suspected, probable or confirmed Ebola or Marburg case; - a dead or sick animal (for Ebola) - a mine (for Marburg) OR Any person with sudden onset of high fever and at least three of the following symptoms: - headaches - lethargy - anorexia / loss of appetite - aching muscles or joints - stomach pain - difficulty swallowing - vomiting - difficulty breathing - diarrhoea - hiccups; OR Any person with inexplicable bleeding; OR Any sudden, inexplicable death; ***Probable case:*** Any suspected case evaluated by a clinician; OR Any deceased suspected case (where it has not been possible to collect specimens for laboratory confirmation) having an epidemiological link with a confirmed case Note: if laboratory specimens are collected in due time during the illness, the preceding categories are reclassified as “laboratory confirmed” cases and “non-case”. ***Laboratory confirmed case*:** Any suspected or probably cases with a positive laboratory result. Laboratory confirmed cases must test positive for the virus antigen, either by detection of virus RNA by reverse transcriptase-polymerase chain reaction (RT- PCR), or by detection of IgM antibodies directed against Marburg or Ebola.
Epilepsy	**Suspected case:** Any person with one epileptic seizure **Suspected new case:** Report only the first diagnostic of the case in the health centre **Confirmed case**: Any person with recurrence of, at least, two epileptic seizures. A positive response to treatment with any AED strengthens the hypothesis of a confirmed case. Epileptic seizures can last for 30 seconds to 3 minutes. When they intricate without a pause, they can lead to *status epilepticus*.

Foodborne Illnesses: 2 or more people that ate from a common food source	A foodborne illness is **suspected** when 2 or more people present with similar symptoms and who consumed common food or drink A foodborne illness is defined according to the specific agent causing the disease (for example, cholera, hepatitis A, salmonellosis, shigellosis). A **confirmed** foodborne illness is a laboratory confirmed case of a specific agent with a link to a common food or drink source.
Human influenza caused by a new subtype: Report immediately any suspected case	**Suspected H5N1 case:** Any person presenting with unexplained acute lower respiratory illness with fever (>38 ºC) and cough, shortness of breath or difficulty breathing AND one or more of the following exposures within the 7 days prior to symptom onset: Close contact (within 1 meter) with a person (e.g. caring for, speaking with, or touching) who is a suspected, probable, or confirmed H5N1 case; Exposure (e.g. handling, slaughtering, de-feathering, butchering, preparation for consumption) to poultry or wild birds or their remains or to environments contaminated by their faeces in an area where H5N1 infections in animals or humans have been suspected or confirmed in the last month; Consumption of raw or undercooked poultry products in an area where H5N1 infections in animals or humans have been suspected or confirmed in the last month; Close contact with a confirmed H5N1 infected animal other than poultry or wild birds; Handling samples (animal or human) suspected of containing H5N1 virus in a laboratory or other setting. **Confirmed H5N1 case:** A person meeting the criteria for a suspected case AND positive laboratory results from a laboratory whose H5N1 test results are accepted by WHO as confirmatory. NB: *Include IHR case definition for reporting of human infection with a novel influenza virus* *For some zoonotic influenza subtypes, specific cases definitions are existing such as for H5N1 and H7N9*
Hypertension	**Suspected new case at first visit:** Any individual presenting with a resting blood pressure measurement (based on the average of 3 readings) at or above 140 mm Hg for systolic pressure, or greater than or equal to 90 mm Hg for diastolic pressure. **Confirmed case:** Any individual presenting on at least two occasions with a resting blood pressure measurement (based on the average of 3 readings) at or above 140 mm Hg for systolic pressure, or greater than or equal to 90 mm Hg for diastolic pressure
Influenza-like Illness (ILI): Report any cluster of unusual cases of influenza-like illness	**Suspected case:** An acute respiratory infection in a child or adult with: Sudden onset of fever > 38 ºC AND Cough with onset within the last 10 days. A **confirmed case of influenza** is a case that meets the clinical case definition and is laboratory confirmed (laboratory results must be positive for influenza virus). *Report only the first diagnostic of the case in the health center* *Report only the first diagnostic of the case in the health center*
Injuries	**Road Traffic Accidents:** Any person who has sustained an injury as a result of a road traffic crash presenting for the first time. **Road traffic fatality**: Any person killed immediately or dying within 30 days as a result of an injury crash. **Gender-based violence:** Any woman or man who sustains physical injuries due to violence perpetuated by the opposite gender, derived from unequal power relationships between men and women. **Trauma due to other causes**: Any person who sustains physical injuries from causes other than road traffic accidents or gender-based violence.
Kala azar (Visceral Leishmaniasis)	**Suspected case:** A person presenting with prolonged irregular fever, splenomegaly and weight loss as its main symptoms from a known endemic area **Confirmed case:** A suspect case with serological and/or parasitological confirmation of the diagnosis.
Lassa and Crimean-Congo Haemorrhagic Fevers (CCHF): 1 lab confirmed case	**Suspected case of CCHF:** Illness with sudden onset of fever, malaise, weakness, irritability, headache, severe pain in limbs and loins and marked anorexia. Early development of flush on face and chest and conjunctival infection, haemorrhagic exanthema of soft palate, uvula and pharynx, and often fine petechial rash spreading from the chest and abdomen to the rest of the body, sometimes with large purpuric areas.

	Confirmed case of CCHF: A suspected case with laboratory confirmation (positive IgM antibody, PCR, viral isolation or IgG sero-conversion by ELISA or IFA) or epidemiologic link to confirmed cases or outbreak. **Suspected case of Lassa Fever:** Illness with gradual onset with one or more of the following: malaise, fever, headache, sore throat, cough, nausea, vomiting, diarrhoea, myalgia, chest pain hearing loss and a history of contact with excreta of rodents or with a case of Lassa Fever **Confirmed case of Lassa Fever:** A suspected case that is laboratory confirmed (positive IgM antibody, PCR or virus isolation) or epidemiologically linked to a laboratory confirmed case.
Leprosy: Any suspected case	**Suspected case:** A person showing one of three cardinal signs of leprosy: hypo-pigmented or reddish skin lesion, loss or decrease of sensations in skin patch, enlargement or peripheral nerve. **Confirmed case:** A person showing at least two cardinal signs of leprosy and who has not completed a full course of treatment with Multi Drug Therapy (MDT).
Lymphatic Filariasis: Any suspected case	**Suspected case:** Resident of an endemic area with a clinical sign of hydrocoele or lymphoedema for which other causes of these findings have been excluded. **Confirmed case:** A person with positive laboratory diagnosis of microfilaremia in blood smear, filarial antigenemia or positive ultrasound test.
Malaria: Cases exceeding the upper limit of the malaria normal channel in the area	***Uncomplicated malaria:*** Any person living in area at risk of malaria with fever or history of fever within 24 hours; without signs of severe disease (vital organ dysfunction) is diagnosed clinically as malaria. ***Confirmed uncomplicated malaria:*** Any person with fever or history of fever within 24 hours; and with laboratory confirmation of diagnosis by malaria blood film or other diagnostic test for malaria parasites. ***Unconfirmed severe malaria:*** Any patient living in area at risk of malaria hospitalised with severe febrile disease with accompanying vital organ dysfunction diagnosed clinically ***Confirmed Severe malaria:*** Any patient hospitalized with *P. falciparum* asexual parasitaemia as confirmed by laboratory tests with accompanying symptoms and signs of severe disease (vital organ dysfunction) diagnosed through laboratory.
Malnutrition	Low birth weight new-borns: Any new born with a birth weight less than 2500 grams (or 5.5 lbs) Malnutrition in children: - Children under five who are underweight (indicator: weight for age<-2Z Score) - Children 6 to 59 months with MUAC<11.5 cm (high risk of mortality) - Bilateral pitting oedema Malnutrition in pregnant women: Pregnant women given birth to low birth weight babies (birth weight < 2.5 Kg) (poor nutritional and health status of the women, can predict which population groups may benefit from improved antenatal care of women and neonatal care for infants).
Maternal Deaths: 1 death. Conduct an audit	The death of a woman while pregnant or within 42 days of the delivery or termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes.
Measles: 20 suspected cases OR 3 confirmed cases in a sub county within 30 calendar days	**Suspected case:** Any person with fever and maculopapular (non-vesicular) generalized rash and cough, coryza or conjunctivitis (red eyes) or any person in whom a clinician suspects measles. **Confirmed case:** A suspected case with laboratory confirmation (positive IgM antibody) or epidemiological link to confirmed cases in an outbreak.
Middle East Respiratory Syndrome Coronavirus (MERS-CoV): 1 lab confirmed case	**Suspected case:** A person with an acute respiratory infection, with history of fever and cough and indications of pulmonary parenchymal disease (e.g. pneumonia or ARDS), based on clinical or radiological evidence, and who has travelled within 14 days before onset of illness to the Middle East2 or countries where MERS-CoV is known to be circulating in dromedary camels or where human infections have recently occurred. Individuals with acute respiratory illness of any degree of severity who, within 14 days before onset of illness, had any of the following exposures (Note: see section on Recommendations for testing in clusters associated with health care settings): close physical contact with a confirmed or probable case of MERS-CoV infection, while that patient was ill; a healthcare facility in a country where hospital-associated MERS-CoV infections have been reported; direct contact with dromedary camels or consumption or exposure to dromedary camel products (raw meat, unpasteurized milk, urine) in countries where MERS-CoV

	is known to be circulating in dromedary camel populations or where human infections occurred as a result of presumed zoonotic transmission. **Confirmed case:** A person with laboratory confirmation of MERS-CoV infection, irrespective of clinical signs and symptoms.
Bacterial Meningitis: 5 confirmed per 100 000 **OR** 2 cases in 1 week in congregated settings	***Suspected case:*** Any person with sudden onset of fever (>38.5 °C rectal or 38.0 °C axillary), and neck stiffness or other meningeal signs, including bulging fontanelle in infants. ***Probable case:*** Any suspected case with macroscopic aspect of cerebrospinal fluid (CSF) turbid, cloudy or purulent; or with a CSF leukocyte count >10 cells/mm3 or with bacteria identified by Gram stain in CSF; or positive antigen detection (for example, by latex agglutination testing) in CSF *In infants:* CSF leucocyte count >100 cells/mm3; or CSF leucocyte count 10–100 cells/mm3 and either an elevated protein (>100 mg/dl) or decreased glucose (<40 mg/dl) level. ***Confirmed case:*** Any suspected or probable case that is laboratory confirmed by culturing or identifying (i.e. polymerase chain reaction) a bacterial pathogen (Neisseria 11ilitary11ic11, Streptococcus 11ilitary11, Haemophilus 11ilitary11 type b) in the CSF or blood.
Meningococcal Meningitis: 5 confirmed per 100 000 **OR** 2 cases in 1 week in congregated settings	***Suspected case:*** Any person with sudden onset of fever (>38.5ºC rectal or 38.0ºC axillary) and one of the following signs: neck stiffness, altered consciousness or other meningeal signs. ***Confirmed case:*** A suspected case confirmed by isolation of N. Meningitides from CSF or blood.
Monkey pox: 1 lab confirmed case	***Suspected case*****:** An acute illness with fever > 38.3 C (101 F), intense headache, lymphadenopathy, back pain, myalgia, and intense asthenia followed one to three days later by a progressively developing rash often beginning on the face (most dense) and then spreading elsewhere on the body, including soles of feet and palms of hand. ***Probable case*****:** A case that meets the clinical case definition, is not laboratory confirmed, but has an epidemiological link to a confirmed or probable case ***Confirmed case*****:** A clinically compatible case that is laboratory confirmed. ***Differential diagnosis:*** Alternative causes of clinical symptoms that must be considered include other rash illnesses, such as, smallpox, chickenpox, measles, bacterial skin infections, scabies, syphilis, and medication-associated allergies.
Neonatal tetanus/Non-neonatal tetanus NNT : Any case suspected by clinician	**Suspected case:** *Neonatal Tetanus*—Any newborn with a normal ability to suck and cry during the first two days of life, and who, between the 3rd and 28th day of age, cannot suck normally, and becomes stiff or has convulsions or both. *Non-neonatal Tetanus*—Any person > 28 days of age with acute onset of one of the following: lockjaw, sustained spasm of the facial muscles, or generalized muscle spasms. **Confirmed case:** No laboratory confirmation recommended.
New HIV Case	A positive ELISA for confirming HIV and a rapid test for confirming the positive results are sufficient for an epidemiologic case definition for HIV Infection.
Nodding Syndrome: Any suspected case	**Suspected case:** Any person (usually child or adolescent) who was normal prior to being reported with head nodding that manifests with repetitive involuntary drops of the head towards the chest on two or more occasions. **Probable case:** suspect case of head nodding, with *Both Major Criteria* – Age of onset of nodding between 3-18 y – Frequency of nodding 5-20/minute *Plus at least one of the following Minor Criteria* – Other neurological abnormalities (cognitive decline, school dropout due to cognitive / behavioural problems, other seizures or neurological abnormalities) – Clustering in space or time with similar cases – Triggering by food, cold weather – Stunting or wasting – Delayed sexual or physical development – Psychiatric symptoms **Confirmed case:** A probable case of head nodding with a documented nodding episode by a trained health care worker or videotaped nodding episode, or video/EEG/EMG
Noma:	**Suspected new case:** Any child with a mouth ulcer and other warning signs such as; malnutrition, poor hygiene, recent illness from; measles, persistent diarrhoea, or malaria should be regarded as a potential noma case.

	Confirmed new case: Any person with a gangrenous disease which starts as gingival ulceration and spreads rapidly through the tissues of the mouth and face, destroying the soft and hard tissues.
Onchocerciasis: 1 lab confirmed case	**Suspected case:** In an endemic area, any person with fibrous nodules in subcutaneous tissues. **Confirmed case:** A suspected case that is laboratory confirmed by presence of one or more of the following: microfilariae in skin snips, adult worms in excised nodules, or typical ocular manifestations (such as slit-lamp observations of microfilariae in the cornea, the anterior chamber, or the vitreous body).
Perinatal deaths: 1 death. Conduct an audit	A Perinatal death is defined as the death of a baby of at least 28 weeks of gestation and/or 1,000 g in weight and early neonatal death (the first seven days after birth) A stillbirth is defined as any death of a baby before birth and with no signs of life at birth of at least 1,000 g birth weight and/or at least 28 weeks gestation and 35 cm long. Early neonatal death is defined as any death of a live new born occurring before the first 7 complete days of life. Day 1 is clinically considered the first day of life.
Pertussis (Whooping cough): 1 lab confirmed case	**Suspected case:** A person with cough lasting at least two weeks with *AT LEAST ONE of the following symptoms* – *Paroxysms (i.e. fits) of coughing* – *Inspiratory whooping* – *Post-tussive vomiting (i.e. vomiting immediately after coughing) without any other apparent* OR *A case diagnosed as Pertussis by a physician* **Confirmed case:** A suspect case that is laboratory confirmed by isolation of Bordetella pertussis or PCR or positive paired serology (two samples taken 4 weeks apart).
Plague: 1 lab confirmed case	***Suspected case*:** Any person with compatible clinical presentation; (sudden onset of fever, chills, headache, severe malaise, prostration and very painful swelling of lymph nodes, or cough with blood stained sputum, chest pain, and difficulty in breathing). **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. ***Confirmed case*:** Any person with Suspected case confirmed by isolation of *Yersinia pestis* from blood or aspiration of buboes, or specific sero-conversion or rapid diagnostic test detecting the Ag F1 in endemic areas
Poliomyelitis (Acute flaccid paralysis): 1 lab confirmed case	**Suspected case:** Any child under 15 years of age with acute flaccid paralysis or any person with paralytic illness at any age in whom the clinician suspects poliomyelitis. **Confirmed case:** A suspected case with virus isolation in stool.
Human Rabies: Any suspected case bitten by an animal	**Suspected case:** A person with one or more of the following: headache, neck pain, nausea, fever, fear of water, anxiety, agitation, abnormal tingling sensations or pain at the wound site, when contact with a rabid animal is suspected. **Confirmed case:** A suspected case that is laboratory confirmed

Rift Valley Fever (RVF): 1 lab confirmed case	**Suspected case: (EARLY DISEASE)** Acute febrile illness (axillary temperature >37.5 ºC or oral temperature of >38.0ºC) of more than 48 hours duration that does not respond to antibiotic or antimalarial therapy, and is associated with: Direct contact with sick or dead animal or its products AND/OR: Recent travel (during last week) to, or living in an area where, after heavy rains, livestock die or abort, and where RVF virus activity is suspected/confirmed AND/OR: Abrupt onset of any 1 or more of the following: exhaustion, backache, muscle pains, headache (often severe), discomfort when exposed to light, and nausea/vomiting AND/OR: Nausea/vomiting, diarrhoea OR abdominal pain with 1 or more of the following: - Severe pallor (or Hb < 8 gm/dL) - Low platelets (thrombocytopenia) as evidence by presence of small skin and mucous membrane haemorrhages (petechiae) (or platelet count < 100x109 / dL) - Evidence of kidney failure (oedema, reduced urine output) (or creatinine > 150 mol/L) AND/OR: - Evidence of bleeding into skin, bleeding from puncture wounds, from mucous membranes or nose, from gastrointestinal tract and unnatural bleeding from vagina AND/OR: Clinical jaundice (3-fold increase above normal of transaminases) **LATE STAGES:** of diseases or complications (2-3 weeks after onset) Patients who have experienced, in the preceding month a flu-like illness, with clinical criteria, who additionally develop the following: CNS manifestations which resemble meningo-encephalitis AND/OR Unexplained visual loss OR Unexplained death following sudden onset of acute flu-like illness with haemorrhage, meningo-encephalitis, or visual loss during the preceding month. **Confirmed case:** Any patient who, after clinical screening, is positive for anti-RVF IgM ELISA antibodies (typically appear from fourth to sixth day after onset of symptoms) or tests positive on Reverse Transcriptase Polymerase Chain Reaction (RT-PCR).
Severe Acute Respiratory Infections (SARIs): Two or more cases within 2 weeks in the same area	Severe acute respiratory infection (persons≥ 5 years old): Any severely ill person presenting with manifestations of acute lower respiratory infection with: Sudden onset of fever (>38ºC) AND Cough or sore throat AND Shortness of breath, or difficulty breathing With or without Clinical or radiographic findings of pneumonia OR Any person who died of an unexplained respiratory illness.
Severe Acute Respiratory Syndrome (SARS): Any suspected case	***Suspected case*:** A person with history of fever, or documented fever ≥ 38 °C AND One or more symptoms of lower respiratory tract illness (cough, difficulty breathing, shortness of breath) AND Radiographic evidence of lung infiltrates consistent with pneumonia or ARDS or autopsy findings consistent with the pathology of pneumonia or ARDS without an identifiable cause AND No alternative diagnosis can fully explain the illness. ***Confirmed case:*** An individual who tests positive for SARS-CoV infection by the WHO recommended testing procedures.
Severe Pneumonia in Children under 5: Two-fold increase in cases over 30 calendar days	**Clinical case definition (IMCI) for pneumonia**: A child presenting with cough or difficult breathing and: 50 or more breaths per minute for infant age 2 months up to 1 year OR 40 or more breaths per minute for young child 1 year up to 5 years. *Note: A young infant age 0 up to 2 months with cough and fast breathing is classified in IMCI as "serious bacterial infection" and is referred for further evaluation.* **Clinical case definition (IMCI) for severe pneumonia:** A child presenting with cough or difficult breathing and any general danger sign, or chest in-drawing or stridor in a calm child. General danger signs for children 2 months to 5 years are: unable to drink or breast feed, vomits everything, convulsions, lethargy, or unconsciousness. **Confirmed case:** Radiographic or laboratory confirmation of pneumonia may not be feasible in most districts.
Sexually transmitted infections:	**Genital ulcer syndrome (non- Genital ulcer syndrome (non-vesicular):** **Suspected case:** Any male with an ulcer on the penis, scrotum, or rectum, with or without inguinal adenopathy, or any female with ulcer on labia, vagina, or rectum, with or without inguinal adenopathy. **Confirmed case**: Any suspected case confirmed by a laboratory method.

	Urethral discharge syndrome: **Suspected case:** Any male with urethral discharge with or without dysuria. **Confirmed case:** A suspected case confirmed by a laboratory method (for example Gram stain showing intracellular Gram-negative diplococci).
Smallpox (*Variola*): Any suspected case should be reported immediately	**Suspected case:** An illness with acute onset of fever > 38.3 C (101 F) followed by a rash characterized by vesicles or firm pustules in the same stage of development without other apparent cause. **Probable case**: A case that meets the clinical case definition, is not laboratory confirmed, but has an epidemiological link to a confirmed or probable case. **Confirmed case:** A clinically compatible case that is laboratory confirmed.
Trachoma	**Suspected case:** Any patient with red sticky eyes complaining of pain and itchiness of the eyes. **Confirmed case:** Any patient with red sticky eyes who complains of pain and itchiness of the eyes where examination of the eyes confirms one of the stages of Trachoma infection according to the WHO Simplified Trachoma Grading System.
Trypanosomiasis: Two-fold increase in cases over 30 calendar days compared to the same period in the past	**Suspected case:** ***Early stage:*** a painful chancre originating as a papule and then evolving into a nodule at the primary fly bite site. There may be fever, intense headache, insomnia, painless lymphadenopathy, anaemia, local oedema and rash. ***Late stage:*** cachexia, somnolence, and central nervous system signs. **Confirmed case:** A suspected case confirmed by card agglutination trypanosomal test (CATT) or by isolation of trypanosomes in blood lymph nodes or cerebrospinal fluid.
Tuberculosis: Two-fold increase in cases over 30 calendar days compared to the same period in the past **MDR-TB, Pre-XDR-TB** and **XDR-TB:** 1 lab confirmed case	**Community presumptive TB case definition:** Any person with cough of 2 or more weeks and/or fever of 2 or more weeks and/or noticeable weight loss and/or contact with TB patient or a child who is not growing well **Presumptive (likely) TB Case:** Any person who presents with unexplained weight loss (more than 3Kgs), OR excessive night sweats for ≥3 weeks, OR persistent fever for ≥2 weeks, OR poor weight gain in the last 1 month for children > 5 years. the above may be accompanied with respiratory symptoms of: coughing for longer than 2 weeks, and or coughing up blood or chest pain or shortness of breath or ±contact of bacteriologically confirmed TB patient **Confirmed TB – Bacteriologically confirmed TB (lab confirmed):** Any person in whom mycobacteria TB is positive in a biological specimen by: smear microscopy or smear from any other biological specimen, OR culture, OR Nucleic Acid Amplification Tests e.g. Xpert MTB/RIF, TB LAMP, OR any other WHO recommended new diagnostics e.g. TB LAM for PLHIV with CD4<200 OR HIV positive who is critically ill[1] **Clinically diagnosed TB:** Any person who meets the presumptive TB criteria but does not fulfil the criteria for bacteriological confirmation and has been diagnosed with active TB by a clinician or other medical practitioner who has decided to give the patient a full course of TB treatment and has X-ray abnormalities suggestive of TB or suggestive histology Monoresistance: Resistance to one first-line anti-TB drug only. **Polydrug resistance:** Resistance to more than one first-line anti-TB drug (other than both isoniazid and rifampicin). **Multidrug resistance TB (MDR-TB):** TB resistant to at least both isoniazid and rifampicin **Rifampicin Resistance:** resistance to rifampicin detected using phenotypic or genotypic methods, with or without resistance to other anti-TB drugs. It includes any resistance to rifampicin, whether monoresistance, multidrug resistance, polydrug resistance or extensive drug resistance **Pre-XDR-TB:** TB caused by Mycobacterium tuberculosis (M. tuberculosis) strains that fulfil the definition of MDR/RR-TB and that are also resistant to any fluoroquinolone (either levofloxacin or moxifloxacin or both) **XDR-TB:** TB caused by Mycobacterium tuberculosis (M. tuberculosis) strains that fulfil the definition of MDR/RR-TB and that are also resistant to any fluoroquinolone (either levofloxacin or moxifloxacin or both) and at least one additional Group A drug (either bedaquiline or linezolid or both)

[1] Respiratory rate > 30/minute, Temperature of > 39°C, heart rate > 120/minute and unable to walk unaided

Typhoid Fever: 20 suspected cases per 100,000 **or** 3 confirmed case by blood/stool culture in a sub county over 30 calendar days	**Suspected case:** Any person with gradual onset of steadily increasing and then persistently high fever, chills, malaise, headache, sore throat, cough, and, sometimes, abdominal pain and constipation or diarrhoea. **Confirmed case:** Suspected case confirmed by isolation of *Salmonella typhi* from blood, bone marrow, bowel fluid or stool.
West Nile Fever: 1 lab confirmed case	**Suspected case:** A hospitalized case of encephalitis due to unknown cause **Confirmed case:** Confirmation of West Nile Fever is through laboratory diagnostics to identify WNV-specific IgM
Yaws and endemic syphilis or bejel:	**Suspected case:** a person with a history of residence in an endemic area (past or present) who presents with clinically active (visible) yaws lesions **Confirmed case:** a suspected case with a positive serological test (rapid treponemal test for syphilis confirmed by DPP test) Imported case: a person who presents with clinically active yaws serologically confirmed in an area where yaws is not known to be endemic **Index case:** first case of yaws which is detected in a community ***Contact of a case:*** a person who has close, frequent contact with the infected person. A contact for the purpose of yaws eradication is the household, classmates or close playmates as identified by the contact
Yellow Fever: 1 lab confirmed case	**Suspected case:** Any person with acute onset of fever, with jaundice appearing within 14 days of onset of the first symptoms. **Probable case:** A suspected case A N D One of the following: Epidemiological link to a confirmed case or an outbreak OR Positive post-mortem liver histopathology **Confirmed case:** A suspected or probable case AND One of the following Detection of YF-specific* IgM OR Detection of four-fold increase in YF IgM and/or IgG antibody titres between acute and convalescent serum samples OR Detection of YFV-specific* neutralizing antibodies **YF-specific means that antibody tests (such as IgM or neutralizing antibody) for other prevalent flavivirus are negative. This testing should include at least IgM for Dengue and West Nile and may include other flavivirus depending on local epidemiology.* OR One of the following: Detection of YF virus genome in blood or other organs by PCR **OR** Detection of yellow fever antigen in blood, liver or other organs by immunoassays Isolation of the yellow fever virus
Zika virus disease: 1 lab confirmed case	***Suspected Case:*** A person presenting with rash and/or fever and at least one of the following signs or symptoms: arthralgia; or arthritis; or conjunctivitis (non-purulent/hyperaemic). ***Probable case:***A suspected case with presence of IgM antibody against Zika virus and an epidemiological link (with no evidence of infection with other flaviviruses). ***Confirmed case:*** A person with laboratory confirmation of recent Zika virus infection: presence of Zika virus RNA or antigen in serum or other samples (e.g. saliva, urine, tissue, whole blood); or IgM antibody against Zika virus positive (commercially available ELISA) *These case definitions may change based on new knowledge*