

P form Case Definitions 2024

Sl. No.	Disease Condition	Case Definition
1.	ILI (Influenza Like Illness)	Any person with an acute respiratory infection (cough and sore throat) with measured fever of ≥ 38 C (≥ 100.4 F); with onset within the last 10 days. <i>Source: NCDC, Technical Guidelines on H1N1, 2019</i>
2.	SARI (Severe Acute Respiratory Infection)	Any person with severe acute respiratory infection (cough and sore throat) with measured fever of ≥ 38 C (≥ 100.4 F); with onset within the last 10 days AND requires hospitalization. <i>Source: NCDC, Technical Guidelines on H1N1, 2019</i>
3.	Acute Diarrheal Disease (Including Acute Gastroenteritis)	Passage of 3 or more loose watery stools in the past 24 hours.
4.	Dysentery	Any diarrhoeal episode with visible blood in the stool.
5.	Enteric Fever	An illness characterized by insidious onset of sustained fever with any of the following clinical features: <ul style="list-style-type: none"> • Headache, nausea, loss of appetite, pain abdomen • Constipation or diarrhoea • Splenomegaly • Toxic look OR <ul style="list-style-type: none"> • Significant titre in single Widal/Typhidot test. <i>Source: WHO–recommended standards for Surveillance of selected Vaccine-Preventable Diseases,2018</i>

6.	Acute Viral Hepatitis	<p>Any person having clinical evidence of jaundice with</p> <ul style="list-style-type: none"> • Signs and symptoms of acute hepatitis like malaise, fever, vomiting <p>AND</p> <ul style="list-style-type: none"> • Bio-chemical criteria of: <ul style="list-style-type: none"> ❖ serum bilirubin of greater than 2.5mg/dl, AND ❖ more than tenfold rise in ALT/SGPT. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><i>Source: National Viral Hepatitis Control Programme shared on 10.06.2019</i></p> </div>
7.	Meningitis (Meningococcal disease)	<p>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:</p> <ul style="list-style-type: none"> • Headache, vomiting • Altered consciousness • Other meningeal signs • Petechial or purpural rash. <p>In patients <2 year, suspect meningitis when fever accompanied by bulging fontanelle.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><i>Source: NCDC, CD Alert November,2009</i></p> </div>
8.	Diphtheria	<p>An illness of the upper respiratory tract characterized by the following:</p> <ul style="list-style-type: none"> • Laryngitis or nasopharyngitis or pharyngitis or tonsillitis <p>AND</p> <ul style="list-style-type: none"> • Adherent membranes of tonsils, pharynx and/or nose. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><i>Source: Immunization Division shared on 13.10.2023</i></p> </div>

9.	Pertussis	<p>A person of any age with a cough lasting \geq two week, or of any duration in an infant or any person in an outbreak setting, without a more likely diagnosis</p> <p>AND</p> <p>With at least one of the following symptoms on observation or parental report:</p> <ul style="list-style-type: none"> • paroxysms (i.e. fits) of coughing • inspiratory whooping • post-tussive vomiting, or vomiting without other apparent cause • apnoea in infants (<1 year of age) <p>OR</p> <ul style="list-style-type: none"> • clinician suspicion of pertussis <div style="border: 1px solid black; padding: 2px; margin-top: 10px;"> <p><i>Source: Immunization Division shared on 13.10.2023</i></p> </div>
10.	Measles	<ul style="list-style-type: none"> • A suspected measles case is any person with fever and maculopapular rash (non-vesicular) <p>OR</p> <ul style="list-style-type: none"> • any person in whom a health worker or clinician suspects measles infection <div style="border: 1px solid black; padding: 2px; margin-top: 10px;"> <p><i>Source: Immunization Division shared on 13.10.2023</i></p> </div>
11.	Rubella	<ul style="list-style-type: none"> • A suspected rubella case is any person with fever and maculopapular rash (non-vesicular) <p>OR</p> <ul style="list-style-type: none"> • any person in whom a health worker or clinician suspects rubella infection <div style="border: 1px solid black; padding: 2px; margin-top: 10px;"> <p><i>Source: Immunization Division shared on 13.10.2023</i></p> </div>
12.	Polio	<ul style="list-style-type: none"> • Sudden onset of weakness and floppiness in any part of the body in a child < 15 years of age <p>OR</p> <ul style="list-style-type: none"> • Paralysis in a person of any age in whom polio is suspected. <div style="border: 1px solid black; padding: 2px; margin-top: 10px;"> <p><i>Source: Immunization Division shared on 13.10.2023</i></p> </div>

13.	Mumps	<p>Acute onset of</p> <ul style="list-style-type: none"> • Unilateral or bilateral parotitis or other salivary gland swelling lasting at least 2 days <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> • Orchitis or oophoritis unexplained by other apparent cause <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><i>Source: WHO–recommended standards for Surveillance of selected Vaccine-Preventable Diseases, 2018 (Modified on 28.05.2019, NCDC)</i></p> </div>
14.	Chickenpox	<p>Acute onset of a generalized maculopapular vesicular rash with</p> <ul style="list-style-type: none"> • Concomitant presence of papules, blisters, pustules, or crusts appearing on trunk and face and spreading to extremities, without other apparent cause <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><i>Source: WHO–recommended standards for Surveillance of selected Vaccine-Preventable Diseases, 2018 (Modified on 28.05.2019, NCDC)</i></p> </div>

15.	Malaria	<p>A suspected malaria case is a patient with fever in an endemic area during transmission season, or who has recently visited an endemic area, without any other obvious cause of fever like:</p> <ul style="list-style-type: none"> • Cough and other signs of respiratory infection • Running nose and other signs of cold • Diarrhoea • Pelvic inflammation indicated by severe low back ache, with or without vaginal discharge and urinary symptoms • Skin rash suggestive of eruptive illness • Burning micturition • Skin infections e.g., boils, abscess, infected wounds • Painful swelling of joints • Ear discharge <p style="border: 1px solid black; padding: 2px;"><i>Source: NCVBDC shared on 22.09.2023</i></p>
16.	Dengue	<p>Probable DF/DHF: A case compatible with clinical description (see below) of dengue fever during outbreak: OR Non-ELISA based NS1 antigen/IgM positive. (A positive test by RDT will be considered as probable due to poor sensitivity and specificity of currently available RDTs.)</p> <p>Clinical Description of Dengue: The clinical description of Dengue Fever includes an acute febrile illness of 2-7 days duration with two or more of the following manifestations:</p> <ul style="list-style-type: none"> • Headache • Retro-orbital pain • Myalgia • Arthralgia • Rash • Haemorrhagic Manifestations <p style="border: 1px solid black; padding: 2px;"><i>Source: NCVBDC shared on 22.09.2023</i></p>
17.	Chikungunya	<p>A patient meeting the clinical criteria only</p> <p>Clinical criteria: Acute onset of fever and severe arthralgia/arthritis with or without skin rash and residing or having left an epidemic area 15 days prior to onset of symptoms.</p> <p style="border: 1px solid black; padding: 2px;"><i>Source: NCVBDC shared on 22.09.2023</i></p>

18.	Japanese Encephalitis	<p>Acute onset of fever not more than 5-7 days duration, associated with</p> <ul style="list-style-type: none"> • Change in mental status (may include irritability, somnolence or abnormal behaviour greater than that seen with usual febrile illness). And/or • New onset of seizures (excluding simple febrile seizures). <p>In an epidemic situation, fever with altered sensorium persisting for more than two hours with a focal seizure or paralysis of any part of body is encephalitis.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><i>Source: NCVBDC shared on 22.09.2023</i></p> </div>
19.	Kala-azar	<p>A person living in or having travel history to kala-azar endemic area(s) showing and having clinical signs and symptoms of kala-azar, mainly irregular fever lasting more than two weeks and splenomegaly, after ruling out malaria in co-endemic areas.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><i>Source: NCVBDC shared on 26.09.2023</i></p> </div>

<p>20.</p>	<p>Rabies</p>	<p>A suspect case dying within 10 days of first clinical signs/symptoms.</p> <p>OR</p> <p>Any person with an acute encephalitis and at least two of the following nine signs: sensory changes referred to the site of a preceding animal bite; Paresis or paralysis; spasms of swallowing muscles; hydrophobia ; aerophobia; photophobia ; delirium ; convulsions; anxiety</p> <p>AND</p> <p>history of exposure# to suspected rabid* /probable rabid**/ confirmed 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 of an open wound, abrasion, and mucous membranes of the patient.</p> <p>*A suspected rabid animal is a rabies-susceptible animal (usually dogs) which presents with any of the following signs at the 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 these signs cannot be elicited, the history of exposure to rabies-susceptible animal would be considered as adequate.</p> <p>**A probable rabid animal is a suspected rabid animal (as defined above) with additional history of a bite by another suspected / probable /confirmed rabid animal and/or is a suspected rabid animal that is killed, died, or disappeared within 5 days of observing for signs of rabies illness.</p> <p>*** A confirmed rabid animal is a suspected rabid or probable rabid animal that is confirmed rabid in a laboratory that is established to diagnose rabies in animals. The laboratory confirmation is done by detection of rabies viral antigen or viral nucleic acid in brain tissue of the animal</p> <div data-bbox="575 1166 1575 1219" style="border: 1px solid black; padding: 5px;"> <p><i>Source: Centre for One Health shared on 15.12.2023</i></p> </div>
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21.	Plague	<p>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.</p> <p>AND/OR</p> <p>Any of the following tests are positive</p> <ol style="list-style-type: none"> 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 <i>Y. pestis</i> infection or vaccination. <p><i>[*Compatible clinical Presentation: Disease characterized by rapid onset of fever, chills headache, severe malaise, prostration with</i></p> <ol style="list-style-type: none"> 1. Bubonic plague: <i>Most common form with extreme painful swelling of lymph nodes at groin, axilla and neck (Buboes).</i> 2. Pneumonic plague: <i>Cough with blood stained sputum, chest pain, difficulty in breathing.</i> 3. Septicemic plague: <i>Toxic changes in the patient.]</i>
22.	Leptospirosis	<p>A person having acute febrile illness with</p> <ul style="list-style-type: none"> • 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 • Haemorrhagic manifestations • Meningeal irritation • Nausea, Vomiting, Abdominal pain, Diarrhoea <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><i>Source: CAZD shared on 10.10.2023</i></p> </div>

23.	Scrub Typhus	<p>Acute undifferentiated febrile illness of 5 days or more (in which common aetiologies such as dengue, malaria, and typhoid have been ruled out)</p> <ul style="list-style-type: none"> • 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) <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><i>Source: CAZD shared on 10.10.2023</i></p> </div>
24.	Brucellosis	<p>An illness characterized by acute or insidious onset of fever with any of the following:</p> <ul style="list-style-type: none"> • Night sweats, arthralgia, headache, fatigue, anorexia, myalgia, weight loss, arthritis/spondylitis, meningitis, or focal organ involvement (endocarditis, orchitis/ epididymitis, hepatomegaly, splenomegaly) <p>AND</p> <p>Important risk factors to be kept in mind are</p> <ul style="list-style-type: none"> • Slaughterhouse workers • Meat-packing plant employees • Veterinarians • Ingesting undercooked meat • Consumption of unpasteurized / raw dairy products. • Assisted animals giving birth <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><i>Source: CAZD shared on 10.10.2023</i></p> </div>

25.	Anthrax	<p>A person who has clinical illness* with an epidemiological link to confirmed or suspected animal cases (bleeding from natural orifices or bloated carcass) OR has exposure to contaminated animal products from these animals.</p> <p><i>[Clinical description:</i></p> <ul style="list-style-type: none"> • <i>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.</i> • <i>Gastrointestinal anthrax: There are two clinical forms of intestinal anthrax - Symptoms include nausea, vomiting, fever, abdominal pain, hematemesis, bloody diarrhea and ascites.</i> • <i>Oropharyngeal anthrax – clinical features are sore throat, dysphagia, fever, lymphadenopathy in the neck and toxemia.</i> • <i>Pulmonary (inhalation): brief prodrome resembling acute respiratory illness, rapid onset of hypoxia, dyspnea and high temperature.]</i>
26.	CCHF	<p>A suspected CCHF case* with any two type of hemorrhagic manifestations:</p> <ul style="list-style-type: none"> • 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. <p><i>[*Suspected case: A patient with abrupt onset of high fever >38.5°C and history of tick bite within 14 days prior to the onset of symptoms in an endemic area with one of the following symptoms:</i></p> <ul style="list-style-type: none"> • <i>severe headache, myalgia, nausea, vomiting, diarrhea;</i> <p>OR</p> <ul style="list-style-type: none"> • <i>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;</i> <p>OR</p> <ul style="list-style-type: none"> • <i>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)].</i>

27.	KFD	<p>A patient presenting with acute onset of high grade fever with:</p> <ul style="list-style-type: none"> • 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; <p>OR</p> <ul style="list-style-type: none"> • History of exposure to tick bite. • Travel and/ or Living 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.
28.	Nipah Virus Disease	<p>Any person who has fever with</p> <ul style="list-style-type: none"> • Altered mental status OR • Seizure, OR • Headache, OR • Cough or shortness of breath <p>AND</p> <ul style="list-style-type: none"> • Residence in or travel to an area (village(s)/ward(s)/contiguous area), where presumptive/confirmed case(s) of Nipah virus (NiV) disease were living during the outbreak period or who died before confirmation of the diagnosis. <p>OR</p> <ul style="list-style-type: none"> • who came in direct contact with confirmed patient/(s) in a hospital/transit/ any other setting during the outbreak period or who died before confirmation of the diagnosis. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><i>Source: NCDC, CD Alert September, 2023</i></p> </div>

29.	Zika Virus Disease	<p>Any person residing in a community of a confirmed Zika Virus Disease outbreak and has skin rash or elevation of body temperature ≥ 37.2 degrees with one or more of the following symptoms (not explained by other medical conditions):</p> <ul style="list-style-type: none"> • Arthralgia or myalgia • Non purulent conjunctivitis or conjunctival hyperaemia • Headache or malaise <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><i>Source: NCDC, CD Alert March 2016</i></p> </div>
30.	Monkeypox	<p>A person having history of travel to affected countries within last 21 days presenting with an unexplained acute rash AND one or more of the following signs or symptoms</p> <ul style="list-style-type: none"> • Swollen lymph nodes • Fever • Headache • Body aches • Profound weakness <p>AND</p> <p>has an epidemiological link (i.e. face-to-face exposure, including health care workers without appropriate PPE; direct physical contact with skin or skin lesions, including sexual contact; contact with contaminated materials such as clothing, bedding or utensils).</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><i>Source: NCDC, CD Alert July, 2022</i></p> </div>

<p>31.</p>	<p>Ebola Virus Disease (EBD)</p>	<p>Any person ill or deceased with a history of acute fever and 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 / any acute signs of haemorrhage (bleeding of the gums, nose-bleeds, conjunctival injection, red spots on the body, melena, hematemesis).</p> <p>OR</p> <p>Any unexplained death.</p> <p>AND</p> <p>Residence in or travel to an area (village(s)/ward(s)/contiguous area), where presumptive/confirmed case(s) of EBD were living during the outbreak period or who died before confirmation of the diagnosis.</p> <p>OR</p> <p>came in direct contact with confirmed patient(s) in a hospital/transit/ any other setting during the outbreak period or who died before confirmation of the diagnosis.</p> <div data-bbox="583 862 1913 932" style="border: 1px solid black; padding: 5px;"> <p><i>Source: NCDC, CD Alert December, 2022</i></p> </div>
<p>32.</p>	<p>Yellow Fever</p>	<p>Any person with history of travel in/transit through a yellow fever affected area within the last six days prior to the development of acute onset of fever followed by Jaundice within 2 weeks of onset.</p>

33.	MERS CoV	<p>A person having contact/exposure with infected camel OR any of the following direct epidemiological link with a confirmed MERS-CoV patient:</p> <ul style="list-style-type: none">• Exposure during travel• Staying in the same close environment of a individuals infected with MERS-CoV.• Working 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.) <p>AND</p> <p>Presenting with An acute febrile illness with symptoms such as body ache, headache, diarrhoea, nausea/vomiting, respiratory symptoms, unexplained leucopenia (WBC<3.5x10⁹/L) thrombocytopenia (platelets<150x10⁹/L).</p> <p>OR</p> <p>A person (including health care workers) with 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.</p> <p>OR</p> <p>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.</p>
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34.	Marburg Virus Disease (MVD)	<p>Any person ill or deceased who has or had an acute onset of Fever</p> <p>AND</p> <p>One or more of the following signs/symptoms:</p> <ul style="list-style-type: none">• Severe headache• Muscle pain• Erythematous maculo popular rash• Vomiting• Bloody diarrhoea• Abdominal pain• Bleeding from gums• Bleeding from other body orifices <p>AND</p> <p>Epidemiologic Linkage</p> <p>One or more of the following exposures within 3 weeks before onset of symptoms:</p> <ul style="list-style-type: none">• Contact with blood or other body fluids of a patient with MVD• Residence in or travel to an area with active transmission of MVD• Work in a laboratory that handles MVD specimens• Work in a laboratory that handles bats, rodents, or primates from an area with active transmission of MVD• Sexual exposure to semen from a confirmed acute or clinically recovered case of MVD <p><i>Source: NCDC, CD Alert July, 2023</i></p>
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The Institutes/Divisions which contributed in the finalization of the above case definitions are:

1. Various Divisions of NCDC –
 - (a) NCVBDC
 - (b) CAZD
 - (c) Centre for One Health
 - (d) Division of Epidemiology
 - (e) Division of Microbiology
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