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**Resource Title:** Extension Activity 1.2: Examples of Standard Case Definitions for Epidemic Prone Diseases

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**Polio:** Any case of sudden onset of flaccid or floppy paralysis affecting either one or two limbs, in a child less than 15 years of age for which no other cause is apparent, or a patient of any age in which a clinician suspects poliomyelitis; Polio should be suspected at the community level if there is sudden weakness or paralysis in the legs and or arms, in a child less than 15 years of age.

**Measles:** Any child with fever, a rash, Red eyes, Red lips, cough, runny nose or the mother gives history of measles in the last three months; Measles should be suspected at the community level for any person with fever and a rash.

**Neonatal Tetanus:** A history of normal newborn sucking and crying for the first two days of life AND a history of onset of illness between 3 and 28 days of age, AND a history of inability to suck followed by stiffness and spasms sparked off by light or touch; Neonatal tetanus should be suspected at the community level for any newborn child born normal, who stopped sucking and developed stiffness and/or jerking muscles and/or who died during the first month of life.

**Acute Viral Hepatitis:** An acute illness typically including acute jaundice, dark urine, anorexia, malaise, extreme fatigue and right upper quadrant tenderness. Biological signs include increased urine urobilinogen and over two-an-half times the upper limit of liver enzymes in the blood. Most infections occur during early childhood. When it occurs in adulthood, many are asymptomatic.

**Bacterial Meningitis:** A disease characterized by acute onset of fever, headache and one of the following signs: neck stiffness, altered consciousness or other meningeal signs. Haemophilus influenza type B, meningococcal meningitis and pneumococcal meningitis cannot be differentiated on clinical grounds alone.

**Whooping Cough (Pertussis):** It is a case diagnosed as Pertusis by a physician or a person with cough lasting at least two weeks with at least one of the following symptoms: Paroxysms (i.e. fits) of coughing, ‘whooping’ when breathing in, vomiting immediately after coughing without any other apparent cause; It is confirmed with a positive blood test for antibodies.
**Cholera:** In an area where the disease is not known to be present, a patient aged 5 years or more develops severe dehydration or dies from acute watery diarrhoea; in an area where there is a cholera epidemic, a patient aged 5 years or more develops acute watery diarrhoea, with or without vomiting. A case of cholera is confirmed when *Vibrio cholerae* O1 or O139 is isolated from any patient with diarrhoea.

**Ebola:** A person sudden onset high fever with three or more of the following symptoms: headache, vomiting, loss of appetite, weakness, fatigue, abdominal pain, body aches, difficult breathing and bleeding tendencies or sudden unexplained death. During an epidemic, they may have history of contact with another person with Ebola Hemorrhagic Fever; a case of Ebola is confirmed when positive for the antigens, antibodies or PCR in a laboratory test.