

COMMUNICABLE DISEASE TOOLKIT

LIBERIA

4. CASE DEFINITIONS



World Health Organization
Geneva

WHO/MOH-RECOMMENDED CASE DEFINITIONS

ACUTE WATERY DIARRHOEA

Any person with 3 or more abnormally loose or fluid stools in the past 24 hours with or without dehydration.

Suspected cholera case:

- Person aged over 5 years with severe dehydration or death from acute watery diarrhoea with or without vomiting.
- Person aged over 2 years with acute watery diarrhoea in an area where there is a cholera outbreak.

Confirmed cholera case:

Isolation of *Vibrio cholera* O1 or O139 from diarrhoeal stool sample.

ACUTE BLOODY DIARRHOEA

Person with acute diarrhoea with visible blood in the stool.

Suspected shigellosis case:

Any person with acute diarrhoea, visible blood in the stool, and fever.

Confirmed shigellosis case:

Isolation of *Shigella dysenteriae* type 1 through stool culture and serology from a suspected case.

ACUTE HAEMORRHAGIC FEVER SYNDROME

Any person with severe illness, acute onset of fever **and** at least one of the following:

- sore throat (found in Lassa fever only)
- bloody stools
- vomiting blood
- unexplained bleeding from any other site (gums, nose, vagina, skin, eyes).

ACUTE JAUNDICE SYNDROME (INCLUDING YELLOW FEVER)

Any person with acute onset of jaundice **with or without** fever **and** absence of any known precipitating factors.

Confirmed yellow fever case:

Presence of yellow fever-specific IgM or a fourfold or greater increase in serum IgG levels between the acute and convalescent serum samples. Yellow fever can also be confirmed by isolation of the yellow fever virus in blood or detection of yellow fever antigen in tissues by immunohistochemistry.

MEASLES

Any person with fever **and** maculopapular rash (i.e. non-vesicular) **and** cough, coryza (i.e. runny nose) or conjunctivitis (i.e. red eyes)

or

Any person in whom a clinical health worker suspects measles infection.

Confirmed measles case:

A case that meets the case definition and is laboratory-confirmed through serology (presence of measles-specific IgM antibodies) or linked epidemiologically to a laboratory-confirmed case.

MENINGITIS

Suspected meningitis case:

Any person with sudden onset of fever (>38 °C axillary) **and** one of the following:

- neck stiffness
- altered consciousness

other meningeal sign **or** petechial/purpurial rash.

In children <1 year, meningitis is suspected when fever is accompanied by a bulging fontanelle.

Confirmed meningitis case:

A suspected case with laboratory confirmation through positive cerebrospinal fluid antigen detection **or** positive cerebrospinal fluid culture **or** positive blood culture.

ACUTE FLACCID PARALYSIS (SUSPECTED POLIOMYELITIS)

Acute flaccid paralysis in a child aged <15 years, including Guillain–Barré syndrome **or** any paralytic illness in a person of any age.

Confirmed case:

An AFP case with laboratory-confirmed wild poliovirus in stool sample.

ACUTE LOWER RESPIRATORY TRACT INFECTION / PNEUMONIA IN CHILDREN UNDER 5 YEARS

Cough or difficult breathing

and

Breathing 50 or more times per minute for infants aged 2 months to 1 year

Breathing 40 or more times per minute for children aged 1 to 5 years

and

No chest indrawing, no stridor, no general danger signs.

*Note: **Severe pneumonia** = Cough or difficult breathing **plus** any general danger sign (unable to drink or breastfeed, vomits everything, convulsions, lethargic or unconscious) or chest indrawing or stridor in a calm child.*

MALARIA

Uncomplicated malaria

Patient with fever or history of fever within the past 48 hours (with or without other symptoms such as nausea, vomiting and diarrhoea, headache, back pain, chills and myalgia)

Severe malaria

Patient with symptoms as for uncomplicated malaria, and also drowsiness with extreme weakness and associated signs and symptoms related to organ failure (e.g. disorientation, loss of consciousness, convulsions, severe anaemia, jaundice, haemoglobinuria, spontaneous bleeding, pulmonary oedema and shock)

Confirmed malaria case (uncomplicated or severe):

Patient with uncomplicated or severe malaria with laboratory confirmation of diagnosis by malaria blood film or other diagnostic test for malaria parasites.

NEONATAL TETANUS

Suspected case:

Any neonatal death between 3 and 28 days of age in which the cause of death is unknown

or

any neonate reported as having suffered from neonatal tetanus between 3 and 28 days of age but not investigated.

Confirmed case:

Any newborn with normal ability to suck and cry during the first 2 days of life but who, between 3 and 28 days of age, can no longer suck normally and becomes stiff or has convulsions (i.e. jerking of the muscles) or both.

Hospital-reported cases are considered as confirmed cases.

The diagnosis is entirely clinical and does not depend on bacteriological confirmation.

SEXUALLY TRANSMITTED INFECTIONS

Genital ulcer syndrome

Ulcer on penis or scrotum in men and on labia, vagina or cervix in women, with or without inguinal adenopathy

Urethral discharge syndrome

Urethral discharge in men with or without dysuria.

Vaginal discharge syndrome

Abnormal vaginal discharge (amount, colour, and odour), with or without lower abdominal pain or specific symptoms or specific risk factors.

Lower abdominal pain

Lower abdominal pain and pain during sexual relations, with examination showing vaginal discharge, lower abdominal tenderness on palpation, or axillary temperature >38 °C.

TUBERCULOSIS

Suspected TB case:

Any person who presents with symptoms or signs suggestive of pulmonary TB, in particular cough of long duration (>2 weeks).

May also be coughing blood, have chest pain, shortness of breath, fever/night sweats, tiredness, loss of appetite and significant weight loss.

All TB suspects should have three sputum samples examined by light microscopy. Early morning samples are more likely to contain the TB organism than a sample later in the day.

Pulmonary TB smear-positive (PTB+)

Diagnostic criteria should include:

- At least two sputum smear specimens positive for acid-fast bacilli (AFB)
or
- One sputum smear specimen positive for AFB and radiographic abnormalities consistent with active pulmonary TB
or
- One sputum smear specimen positive for AFB and a culture positive for *M. tuberculosis*.

Pulmonary TB smear-negative (PTB-)

A case of pulmonary tuberculosis that does not meet the above definition for smear-positive TB. Diagnostic criteria should include:

- At least three sputum smear specimens negative for AFB
and
- Radiographic abnormalities consistent with active pulmonary TB
and
- No response to a course of broad-spectrum antibiotics
and
- Decision by a clinician to treat with a full course of anti-TB chemotherapy.

FEVER OF UNKNOWN ORIGIN

Any person with fever (>38 °C axillary) in whom all obvious causes of fever have been excluded.

SEVERE MALNUTRITION

In children aged 6–59 months (65–110 cm in height):

- Weight-for-height (W/H) index < –3 Z-scores (on table of NCHS/WHO normalized reference values of weight-for-height by sex) (<70% of normal)
or
- Bilateral pitting oedema irrespective of W/H, in absence of other causes.

TRAUMA/ INJURY

Any person who has sustained, either directly or indirectly, a fatal or non-fatal injury caused by:

- war-related: any weapons or explosion of a landmine or other unexploded ordnance (UXO).
- other: road traffic accidents, domestic violence, burns.

Note: Landmine injuries relate to buried mines (e.g. antipersonnel and/or antivehicle mines). UXO injuries arise from explosive objects/devices that are typically above ground at time of detonation, such as cluster munitions that did not detonate on impact.

MATERNAL DEATH

Death of a woman while pregnant or within 42 days of termination of pregnancy, regardless of the site or duration of pregnancy, from any cause related to or aggravated by the pregnancy or its management.

NEONATAL DEATH

Death of liveborn infant during the first 28 days of life. It is a classification by age, not cause.