

Health Information System (HIS)

Case Definitions

Revised
January 2010



Diseases and health events under surveillance in the Health Information System (HIS)

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Additional disease reporting

It is not possible to monitor everything to the same level of detail in the Health Information System. Each country must identify the priority diseases and health events that present the most significant threat to the health of the refugee and host population.

In addition to the core surveillance list, the HIS permits five diseases or health events to be specified and written in 'free-cells' in the out-patient tally sheets and reporting forms. The selection process must be done in collaboration with UNHCR, Ministries of Health, and health implementing partners, and should take into account the following factors:

- > Does it result in high disease impact?
- > Does it have a significant epidemic potential?
- > Is it a specific target of a national, regional, or international control program?
- > Will the information collected lead to public health action?

All health conditions selected for inclusion in the surveillance list should be assigned a case definition, and each should be mutually exclusive of one another. These should be agreed in close coordination with other health agencies to guarantee the consistency and comparability of information within each country operation.

Classification

Suspected case	Clinical signs and symptoms compatible with the disease in question but no laboratory evidence of infection
Confirmed case	Definite laboratory evidence of current or recent infection, <i>whether or not</i> clinical signs or symptoms are or have been present
Syndromic case	Clinical signs and symptoms due to various or multiple causative organisms. Demonstration of aetiological agent is irrelevant for adequate case management or public health action
Probable case	Compatible signs and symptoms and additional epidemiological or laboratory evidence for the disease in question

Notes

* Diseases with a single asterisk have outbreak potential and have been assigned a corresponding weekly alert threshold. The thresholds are shown with the case definition, in the HIS Training Manual and on the reverse of the Weekly and Monthly report forms.

** Sexually Transmitted Infections (STI) have a double asterisk to indicate they should be recorded in two places on the daily tally sheets. Firstly as a non-specific diagnosis on the front of the tally sheet, and secondly as a syndrome-specific diagnosis on the reverse.

*** Injuries have a triple asterisk to indicate that any case of SGBV-related trauma, which is treated in a health facility, should be recorded within this definition. According to the country protocol on the clinical management of SGBV survivors, an SGBV incident report should be completed for such cases, and appropriate case management, counseling and referral services provided.

1. *Malaria (suspected)

<i>Classification</i> Suspected case	<i>Source</i> WHO
<i>Weekly Alert Threshold</i> 1.5 times the baseline^φ	
<i>Case Definition</i> Uncomplicated malaria Any person 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, myalgia) in whom other obvious causes of fever have been excluded. Severe malaria Any person with symptoms as for uncomplicated malaria, as well as drowsiness with extreme weakness and associated signs and symptoms related to organ failure such as disorientation, loss of consciousness, convulsions, severe anaemia, jaundice, haemoglobinuria, spontaneous bleeding, pulmonary oedema and shock.	

2. * Malaria (confirmed)

<i>Classification</i> Confirmed case	<i>Source</i> WHO
<i>Weekly Alert Threshold</i> 1.5 times the baseline^φ	
<i>Case Definition</i> Confirmed malaria (uncomplicated or severe) Any person with uncomplicated or severe malaria with <u>laboratory confirmation of diagnosis</u> by malaria blood film or other diagnostic test for malaria parasites. To confirm a case Demonstration of malaria parasites in blood film by examining thick or thin smears, or by rapid diagnostic test kit for <i>Plasmodium falciparum</i> .	

3. Upper Respiratory Tract Infection (URTI)

<i>Classification</i> Syndromic Case	<i>Source</i> WHO/IMCI
<i>Case Definition</i> Cough/Cold (non pneumonia) Running nose, cough and low grade fever.	

^φ Baseline = average weekly number of cases of the disease calculated over the past 3 weeks (include both suspected **and** confirmed malaria cases)

4. Lower Respiratory Tract Infection (LRTI)

<i>Classification</i> Syndromic Case	<i>Source</i> WHO/IMCI
<i>Case Definition</i> Pneumonia Any child 2 months to 5 years of age with cough or difficulty breathing and : <ul style="list-style-type: none">• breathing faster than 50 breaths / minute (2 – 12 months)• breathing faster than 40 breaths / minute (1 – 5 years) <i>(Infants less than 2 months with fast breathing 60 breaths or more per minute are referred for serious bacterial infection).</i> Severe pneumonia Any child 2 months to 5 years of age with cough or difficulty breathing and any of the following general danger signs: <ul style="list-style-type: none">• unable to drink or breastfeed• vomits everything• convulsions• lethargic or unconscious or chest indrawing or stridor in a calm child.	

5. Skin disease

<i>Classification</i> Confirmed (Clinical) case	<i>Source</i> HIS
<i>Case Definition</i> Any problem related to the skin, in which a diagnosis of leprosy has been excluded.	

6. Eye disease

<i>Classification</i> Confirmed (Clinical) case	<i>Source</i> HIS
<i>Case Definition</i> Any problem related to one or both eyes or conjunctivae. This includes the following signs and symptoms: <ul style="list-style-type: none">• red eye• irritation and/or a gritty feeling• pus or watery discharge• swelling of the conjunctiva or eyelid	

7. Dental conditions

<i>Classification</i> Confirmed (Clinical) case	<i>Source</i> HIS
<i>Case Definition</i> Any condition relating to the teeth or gums. This includes: <ul style="list-style-type: none">• Bleeding or swollen gums• Tooth caries and cavities• Tooth abscess• Tooth impaction	

8. Intestinal worms

<i>Classification</i> Suspected and confirmed case	<i>Source</i> HIS
<p><i>Case Definition</i> Any person with two or more of the following symptoms:</p> <ul style="list-style-type: none"> • fatigue • bloating and/or abdominal pain • altered bowel habit • anal itching <p>To confirm a case Visualisation of worms or ova in stool sample under light microscopy.</p>	

9. * Diarrhoea (watery)

<i>Classification</i> Suspected case	<i>Source</i> WHO
<p><i>Weekly Alert Threshold</i> 1.5 times the baseline^φ</p>	
<p><i>Case Definition</i> Any person with diarrhoea (passage of 3 or more watery or loose stools in the past 24 hours) with or without dehydration.</p> <p>To suspect a case of cholera Person aged over 5 years with severe dehydration or death from acute watery diarrhoea with or without vomiting.</p> <p>Person aged over 2 years with acute watery diarrhea <i>in an area where there is a cholera outbreak.</i></p> <p>To confirm a case of cholera Isolation of <i>Vibrio cholera</i> 01 or 0139 from a diarrhoeal stool sample.</p>	

10. * Diarrhoea (bloody)

<i>Classification</i> Suspected case	<i>Source</i> WHO
<p><i>Weekly Alert Threshold</i> 5 cases</p>	
<p><i>Case Definition</i> Any person with diarrhea (passage of 3 or more watery or loose stools in the past 24 hours) and visible blood in the stool.</p> <p>To suspect a case of shigellosis Any person with acute diarrhoea, visible blood in the stool and fever.</p> <p>To confirm a case of shigellosis Isolation of <i>Shigella dysenteriae</i> type 1 from a diarrhoeal stool sample.</p>	

^φ Baseline = average weekly number of cases of the disease calculated over the past 3 weeks

11. Tuberculosis

<i>Classification</i> Suspected and confirmed case	<i>Source</i> WHO
<p><i>Case Definition</i> Suspected TB case Any person who presents with symptoms or signs suggestive of pulmonary TB, in particular cough of long duration (>2 weeks).</p> <p>May also be coughing blood, have chest pain, shortness of breath, fever/night sweats, tiredness, loss of appetite and significant weight loss.</p> <p>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 taken later in the day.</p> <p>Pulmonary TB smear-positive (PTB+) Any patient with cough for 3 weeks or more and:</p> <ul style="list-style-type: none"> • at least 2 sputum specimens positive for acid-fast bacilli by microscopy; or • 1 sputum specimen smear positive for acid-fast bacilli and radiographic abnormalities consistent with active pulmonary tuberculosis as determined by the treating medical officer; or • one sputum specimen smear positive for acid-fast bacilli and one sputum specimen culture positive for acid-fast bacilli. <p>Pulmonary TB smear-negative (PTB-) A case of pulmonary TB that does not meet the above definition for smear-positive TB. Diagnostic criteria should include:</p> <ul style="list-style-type: none"> • at least 3 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. 	

12. * Acute Flaccid Paralysis (AFP) / Polio

<i>Classification</i> Suspected case	<i>Source</i> WHO
<p><i>Weekly Alert Threshold</i> 1 case</p>	
<p><i>Case Definition</i> Acute flaccid paralysis in a child aged < 15 years, including Guillain-Barre syndrome or any paralytic illness in a person of any age or a person of any age in whom the clinician suspects polio.</p>	

13. * Measles

<i>Classification</i> Suspected case	<i>Source</i> WHO
<p><i>Weekly Alert Threshold</i> 1 case</p>	
<p><i>Case Definition</i> Any person with fever and maculopapular (non-vesicular) rash and cough, coryza (running nose) or conjunctivitis (red eyes) or Any person in whom a clinician suspects measles A measles death is a death occurring within 30 days of onset of the rash.</p>	

14. * Meningitis

<i>Classification</i> Suspected case	<i>Source</i> WHO
<i>Weekly Alert Threshold</i> 5 cases or 1.5 times the baseline^φ	
<p><i>Case Definition</i> Any person with sudden onset fever (>38.0°C axillary or >38.5°C rectal) and one of the following signs:</p> <ul style="list-style-type: none"> • neck stiffness • altered consciousness • other meningeal sign or petechial/purpurial rash <p>In patients under 1 year meningitis is suspected when fever is accompanied with bulging of a fontanelle.</p>	

15. HIV/AIDS

<i>Classification</i> Suspected case	<i>Source</i> WHO
<p><i>Case Definition</i> An adult or adolescent (> 12 years of age) is considered to have AIDS if at least two of the following major signs are present in combination with at least one of the minor signs listed below, and if these signs are not known to be due to a condition unrelated to HIV infection.</p> <p><i>Major signs</i></p> <ul style="list-style-type: none"> • Weight loss >10% of body weight • Chronic diarrhoea for >1 month • Prolonged fever for >1 month (intermittent or constant) <p><i>Minor signs</i></p> <ul style="list-style-type: none"> • Persistent cough for >1 month (<i>for patients with TB this should NOT be considered a minor sign</i>) • Generalized pruritic dermatitis • History of herpes zoster • Oropharyngeal candidiasis • Chronic progressive or disseminated herpes simplex infection • Generalized lymphadenopathy <p>The presence of either generalized Kaposi sarcoma or cryptococcal meningitis is sufficient for the diagnosis of AIDS for surveillance purposes.</p>	

^φ *Baseline = average weekly number of cases of the disease calculated over the past 3 weeks*

16. ** Sexually Transmitted Infection (STI)

<i>Classification</i> Syndromic case	<i>Source</i> WHO
<i>Case Definition</i>	
<p>Urethral discharge syndrome Any male with urethral discharge with or without dysuria.</p> <p>Vaginal discharge syndrome Any female with abnormal vaginal discharge (amount, colour and odour) within or without lower abdominal pain or specific symptoms or risk factors.</p> <p>Genital ulcer syndrome (non-vesicular) 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.</p> <p>Pelvic Inflammatory Disease (PID) Symptoms of lower abdominal pain and pain during sexual relations, with examination showing vaginal discharge, lower abdominal tenderness on palpation, or temperature >38.0°C.</p> <p><i>See WHO flowcharts for syndromic management of STIs.</i></p>	

17. Acute Malnutrition

<i>Classification</i> Confirmed case	<i>Source</i> NCHS/CDC and WHO
<i>Case Definition</i>	
<p>Moderate malnutrition Any child with a weight for height index of ≤ -2 and > -3 z-scores , or $\leq 80\%$ and $> 70\%$ percent of median. or Any child with a MUAC of $> 115\text{mm}$ and $\leq 125\text{mm}$</p> <p>Severe malnutrition Any child with a weight for height index of ≤ -3 z-scores or Any child with a MUAC of $\leq 115\text{mm}$ or Any child with kwashiorkor.</p>	

18. Anaemia

<i>Classification</i> Confirmed Case	<i>Source</i> WHO
<i>Case Definition</i>	
A person with a haemoglobin (Hb) below the following levels:	
	Hb (g/dl)
.....	
Children 6 to 59 months	< 11.0
Children 5 to 14 years:	< 12.0
Non-pregnant women (over 15 years):	< 12.0
Pregnant women:	< 11.0
Men (over 15 years):	< 13.0

19. Chronic disease

<i>Classification</i> Probable	<i>Source</i> HIS
<i>Case Definition</i> Any health condition which is long-lasting or recurrent. The definition of chronic usually applies to a condition that lasts more than three months. Most chronic diseases require chronic care management for effective long-term treatment. <i>(see Annex 1 for detailed chronic disease categories)</i>	

20. Mental illness

<i>Classification</i> Probable	<i>Source</i> HIS
<i>Case Definition</i> Mental illness of all causes, including depression, anxiety disorder, psychosis, epilepsy and somatization disorders <i>(see Annex 2 for detailed mental illness categories)</i>	

21. *** Injury

<i>Classification</i> Confirmed (Clinical) case	<i>Source</i> HIS
<i>Case Definition</i> Trauma from all causes, including burns. Both intentional and non-intentional. For the purposes of OPD recording, all forms of SGBV should be recorded under this definition (including domestic violence). <i>(see Annex 3 for detailed injury categories)</i>	

Annex 1 Detailed chronic disease categories

The following categories are not true case definitions. They describe the range of disorders that can be grouped within each chronic disease reporting category. Each is broadly divided into systems of the body, as defined by the WHO International Classification of Disease (ICD-10)¹.

The codes listed in **blue** are linked to the WHO ICD website² which provides more information on each sub-category. User defined fields (UDFs) in each table can be used to record more specific diagnoses as required.

1. Cancer

<i>Classification</i> Probable	<i>Source</i> WHO ICD
<i>Case Definition</i> A person with cancer of any type, including: C00-C97 Malignant neoplasms D00-D09 In situ neoplasms D10-D36 Benign neoplasms D37-D48 Neoplasms of uncertain or unknown behaviour	

2. Cardiovascular disease

<i>Classification</i> Probable	<i>Source</i> WHO ICD
<i>Case Definition</i> A person with any health condition related to disorders of the heart and blood vessels including: I00-I02 Acute rheumatic fever I05-I09 Chronic rheumatic heart diseases I10-I15 Hypertensive diseases I20-I25 Ischaemic heart diseases I26-I28 Pulmonary heart disease and diseases of pulmonary circulation I30-I52 Other forms of heart disease I70-I79 Diseases of arteries, arterioles and capillaries I80-I89 Diseases of veins, lymphatic vessels and lymph nodes, not elsewhere classified I95-I99 Other and unspecified disorders of the circulatory system	

3. Cerebrovascular disease

<i>Classification</i> Probable	<i>Source</i> WHO ICD
<i>Case Definition</i> Disease of the blood vessels and, especially, the arteries that supply the brain: I60-I69 Cerebrovascular diseases (including stroke)	

¹ Not all categories represent systems of the body (e.g. Cancer, Cerebrovascular disease, Gynaecological disorders). However, these were included as distinct categories due to (1) public health importance and/or (2) ease of classification in a primary health care setting.

² More information can be found at <http://www.who.int/classifications/apps/icd/icd10online/>

4. Digestive disorders

<i>Classification</i> Probable	<i>Source</i> WHO ICD
<p><i>Case Definition</i> A person with any health condition related to disorders of the digestive system, including:</p> <ul style="list-style-type: none"> K00-K14 Diseases of oral cavity, salivary glands and jaws K20-K31 Diseases of oesophagus, stomach and duodenum K35-K38 Diseases of appendix (excluding acute appendicitis) K40-K46 Hernia K50-K52 Noninfective enteritis and colitis K55-K63 Other diseases of intestines K65-K67 Diseases of peritoneum (excluding acute peritonitis) K70-K77 Diseases of liver K80-K87 Disorders of gallbladder, biliary tract and pancreas K90-K93 Other diseases of the digestive system 	

5. Endocrine and metabolic disorders

<i>Classification</i> Probable	<i>Source</i> WHO ICD
<p><i>Case Definition</i> A person with any health condition related to disorders of the endocrine or metabolic system:</p> <ul style="list-style-type: none"> E00-E07 Disorders of thyroid gland E10-E14 Diabetes mellitus E15-E16 Other disorders of glucose regulation and pancreatic internal secretion E20-E35 Disorders of other endocrine glands E40-E46 Malnutrition E50-E64 Other nutritional deficiencies E65-E68 Obesity and other hyperalimentation E70-E90 Metabolic disorders 	

6. Gynaecological disorders

<i>Classification</i> Probable	<i>Source</i> HIS
<p><i>Case Definition</i> A person with any health condition related to disorders of the female reproductive system, including:</p> <ul style="list-style-type: none"> Endometriosis Pelvic floor disorders Prolapse Fistula Menstruation disorders Hysterectomy 	

7. Haematological disorders

<i>Classification</i> Probable	<i>Source</i> WHO ICD
<p><i>Case Definition</i> A person with any health condition related to disorders of blood, the blood-forming organs, and blood diseases including:</p> <ul style="list-style-type: none"> D50-D53 Nutritional anaemias D55-D59 Haemolytic anaemias D60-D64 Aplastic and other anaemias D65-D69 Coagulation defects, purpura and other haemorrhagic conditions D70-D77 Other diseases of blood and blood-forming organs D80-D89 Certain disorders involving the immune mechanism 	

8. Musculoskeletal disorders

<i>Classification</i> Probable	<i>Source</i> WHO ICD
<p><i>Case Definition</i> A person with any health condition related to disorders of bones, muscles, cartilage, tendons, ligaments, joints, and other connective tissue, including:</p> <ul style="list-style-type: none"> M00-M25 Arthropathies M30-M36 Systemic connective tissue disorders M40-M54 Dorsopathies M60-M79 Soft tissue disorders (including muscles, synovium and tendon) M70-M79 Other soft tissue disorders M80-M94 Osteopathies and chondropathies M95-M99 Other disorders of the musculoskeletal system and connective tissue 	

9. Nervous system disorders

<i>Classification</i> Probable	<i>Source</i> WHO ICD
<p><i>Case Definition</i> A person with any health condition related to disorders of the central or peripheral nervous systems, including:</p> <ul style="list-style-type: none"> G00-G09 Inflammatory diseases of the central nervous system G10-G13 Systemic atrophies primarily affecting the central nervous system G20-G26 Extrapyrmidal and movement disorders G30-G32 Other degenerative diseases of the nervous system G35-G37 Demyelinating diseases of the central nervous system G40-G47 Episodic and paroxysmal disorders G50-G59 Nerve, nerve root and plexus disorders G60-G64 Polyneuropathies and other disorders of the peripheral nervous system G70-G73 Diseases of myoneural junction and muscle G80-G83 Cerebral palsy and other paralytic syndromes G90-G99 Other disorders of the nervous system 	

10. Respiratory disorders

<i>Classification</i> Probable	<i>Source</i> WHO ICD
<p><i>Case Definition</i> A person with any health condition related to disorders of the upper or lower respiratory system, including:</p> <ul style="list-style-type: none"> J30-J39 Other diseases of upper respiratory tract J40-J47 Chronic lower respiratory diseases J60-J70 Lung diseases due to external agents J80-J84 Other respiratory diseases principally affecting the interstitium J85-J86 Suppurative and necrotic conditions of lower respiratory tract J90-J94 Other diseases of pleura J95-J99 Other diseases of the respiratory system 	

Annex 2 Detailed mental illness categories

These definitions are based on IASC MHPSS Guidelines action sheet 6.2³ and were developed with the support of staff of the following agencies: WHO, IMC, MSF-H, WHO Collaborating Centre Verona, HealthNet TPO, and UNHCR

All seven categories are “probable” and have been developed for use in a primary health care setting. Consultation by a specialist would be needed to make a confirmed diagnosis.

1. Epilepsy/seizures

<i>Classification</i> Probable	<i>Source</i> IASC WG
<i>Case Definition</i> A person with epilepsy has at least two episodes of seizures not provoked by any apparent cause such as fever, infection, injury or alcohol withdrawal. These episodes are characterized by loss of consciousness with shaking of the limbs and sometimes associated with physical injuries, bowel/bladder incontinence and tongue biting.	

2. Alcohol or other substance use disorder

<i>Classification</i> Probable	<i>Source</i> IASC WG
<i>Case Definition</i> A person with this disorder seeks to consume alcohol (or other addictive substances) on a daily basis and has difficulties controlling consumption. Personal relationships, work performance and physical health often deteriorate. The person continues consuming alcohol (or other addictive substances) despite these problems. Exclusion criteria: The category should not be applied to people who are heavy alcohol (or other substance) users if they can control their consumption.	

3. Mental retardation/ intellectual disability

<i>Classification</i> Probable	<i>Source</i> IASC WG
<i>Case Definition</i> The person has very low intelligence causing problems in daily living. As a child, this person is slow in learning to speak. As an adult, the person can work if tasks are simple. Rarely will this person be able to live independently or look after oneself and/or children without support from others. When severe, the person may have difficulties speaking and understanding others and may require constant assistance.	

4. Psychotic disorder

<i>Classification</i> Probable	<i>Source</i> IASC WG
<i>Case Definition</i> The person may hear or see things that are not there or strongly believe things that are not true. They may talk to themselves, their speech may be confused, or incoherent and their appearance unusual. They may neglect themselves. Alternatively they may go through periods of being extremely happy, irritable, energetic, talkative, and reckless. The person's behaviour is considered “crazy”/highly bizarre by other people from the same culture.	

³ See http://www.who.int/mental_health/emergencies/en/

5. Severe emotional disorder

<i>Classification</i> Probable	<i>Source</i> IASC WG
<i>Case Definition</i> This person's daily normal functioning is markedly impaired for more than two weeks due to (a) overwhelming sadness/apathy and/or (b) exaggerated, uncontrollable anxiety/fear. Personal relationships, appetite, sleep and concentration are often affected. The person may be unable to initiate or maintain conversation. The person may complain of severe fatigue and be socially withdrawn, often staying in bed for much of the day. Suicidal thinking is common. Inclusion criteria: This category should only be applied if there is marked impairment in daily functioning.	

6. Other psychological complaint

<i>Classification</i> Probable	<i>Source</i> IASC WG
<i>Case Definition</i> This category covers complaints related to emotions (e.g., depressed mood, anxiety), thoughts (e.g., ruminating, poor concentration) or behavior (e.g., inactivity, aggression). The person tends to be able to function in all or almost all day-to-day, normal activities. The complaint may be a symptom of a less severe emotional disorder or may represent normal distress (i.e., no disorder). Inclusion criteria: This category should only be applied if (a) if the person is requesting help for the complaint and (b) if the person is not positive for any of the above five categories.	

7. Medically unexplained somatic complaint

<i>Classification</i> Probable	<i>Source</i> IASC WG
<i>Case Definition</i> The category covers any somatic/physical complaint that does not have an apparent organic cause Inclusion criteria: This category should only be applied (a) after conducting necessary physical examinations.(b) if the person is not positive for any of the above six categories and (c) if the person is requesting help for the complaint	

Annex 3 Detailed injuries categories

All injuries reported in the HIS can be classified by (a) the mode of the injury and (b) the location where the injury occurred. Definitions for the mode of injury are given below.

1. Accident

<i>Classification</i> Confirmed (clinical)	<i>Source</i> HIS
<i>Case Definition</i> An undesirable or unfortunate incident that occurs unintentionally and results in personal harm or damage.	
Inclusion criteria: This category should only be applied if the cause of the injury was proven to be unintentional and non-volitional.	

2. Self-harm

<i>Classification</i> Confirmed (clinical)	<i>Source</i> HIS
<i>Case Definition</i> Deliberate infliction of tissue damage or alteration to oneself. Examples include can self-poisoning, burning, and stabbing.	
Inclusion criteria: this category should only be applied if there was <i>no</i> suicidal intent. If suicidal intent was evident the case should be recorded as 'attempted suicide' (chosen from the UDF list).	

3. Assault (no weapon)

<i>Classification</i> Confirmed (clinical)	<i>Source</i> HIS
<i>Case Definition</i> Any intentional physical contact with another person without their consent, with no form of weapon involved.	
Other inclusion criteria: An assault can also occur when a person attempts to assault another or threatens to do so without the consent of the other person.	

4. Assault (with weapon)

<i>Classification</i> Confirmed (clinical)	<i>Source</i> HIS
<i>Case Definition</i> Any intentional physical contact with another person without their consent, with the involvement of a weapon. A weapon includes any foreign object or tool with which force was applied to cause injury (e.g. rock, stick, bottle, axe, knife, machete/panga, gun).	
Other inclusion criteria: An assault can also occur when a person attempts to assault another with a weapon, or threatens to do so, without the consent of the other person.	

Annex 4 Definitions of ‘New visit’ and ‘Revisit’

Table 1 Generic definition

New visit	A patient with no previous history of the diagnosis; or A patient with a history of the diagnosis and in whom a minimum period of time has elapsed since the most recent diagnosis was made (see Table 2)
Revisit	A patient with a history of the diagnosis and in whom the minimum period of time has not yet elapsed since the most recent diagnosis was made (see Table 2)

Table 2 Time that should elapse before a patient with a history of a diagnosis can be considered a “new” visit

At least 1 week	At least 1 month	At least 1 year	Lifelong*
Malaria	Skin disease	Vitamin A deficiency	Measles
URTI, LRTI	Malnutrition	Tuberculosis	Polio
Diarrhoea	Anaemia	Meningitis	Hypertension
Eye disease	STI		Diabetes
Intestinal worms	Gastritis		HIV/AIDS
	Dental conditions		Leprosy

* A patient can never again be termed a “New Visit” for problems in this category, if a diagnosis has previously been made

Annex 5 Classification of dehydration

In countries where IMCI is being used for case management of children under five, the following case definitions can be used to classify the severity of dehydration in cases of diarrhoea.

<i>Classification</i> Confirmed (Clinical) case	<i>Source</i> WHO/IMCI
<i>Case Definition</i> Diarrhoea with no dehydration: Any child less than 5 years of age with diarrhoea who does not fulfill criteria for some or severe dehydration given below. Diarrhoea with some dehydration: Any child less than 5 years of age with diarrhoea and two or more of the following: <ul style="list-style-type: none">• restless or irritable• sunken eyes• drinks eagerly, thirsty• skin pinch goes back slowly Diarrhoea with severe dehydration: Any child less than 5 years of age with diarrhoea and two or more of the following: <ul style="list-style-type: none">• lethargic or unconscious• sunken eyes• not able to drink or drinking poorly• skin pinch goes back very slowly	

Annex 6 Supplementary case definitions for respiratory illness surveillance

Including the reporting of individual(s) or clusters for further investigation for influenza A (H1N1) virus infection

Introduction

At this early stage of the outbreak of influenza A (H1N1) virus, the main aims of surveillance are the early warning of virus spread and identification of individuals who are potentially at risk of influenza A (H1N1) infection.

Accordingly, UNHCR encourages all implementing partners to enhance their surveillance and diagnostic capacity for influenza and other acute respiratory infections, building on existing Health Information System (HIS) case definitions and surveillance resources.

The audiences for this guidance document are UNHCR Health Coordinators and implementing partner staff working in refugee camps. The primary objective is to identify individuals for whom further investigation of influenza A (H1N1) virus infection is warranted.

Case definitions for infections with influenza A (H1N1) Virus

In order to understand the spectrum of severity of the disease caused by influenza A (H1N1) virus infection, these supplementary case descriptions build upon the existing HIS case definitions for Upper and Lower Respiratory tract infection (URTI and LRTI).

They should replace existing URTI and LRTI case definitions and include more specific inclusion criteria prior to reporting in the HIS. There is also an added category Person under investigation (PUI), which defines epidemiological risk factors to assist in the detection of persons for whom investigation of influenza A (H1N1) virus infection is warranted.

Health programmes are advised to move these supplementary case definitions for respiratory surveillance at their own discretion, in consultation with UNHCR, implementing partners and the Ministry of Health.

Reporting of individual(s) or clusters under investigation for influenza A(H1N1) virus infection

Camps that identify unusual cases or clusters of acute respiratory illness should immediately notify the UNHCR Health Coordinator and the Regional Epidemic Preparedness and Response Coordinator (EPRC).

For further help and guidance please write to the UNHCR Outbreak mailbox (outbreak@unhcr.org)

Note

This is an interim document based on *WHO guidance for the global surveillance of the emerging influenza A(H1N1) virus infection*. It will be reviewed and modified in accordance with changes in the epidemiology of this virus. As the event evolves, there will be a need to switch surveillance activities to the longer-term monitoring of the disease. UNHCR will alert countries when a change in surveillance objectives and methods occurs.

1. Upper Respiratory Tract Infection (URTI)

<i>Classification</i> Syndromic Case	<i>Source</i> WHO/IMCI
<i>Case Definition</i> Cough/Cold (non pneumonia) Running nose, cough and low grade fever.	

2. Influenza-like illness (ILI)

<i>Classification</i> Syndromic case	<i>Source</i> WHO
<i>Case Definition</i> Adult or child with: <ul style="list-style-type: none"> • temperature $\geq 38^{\circ}\text{C}$ or subjective fever; and • cough or sore throat or runny nose; and • does not meet criteria for LRTI or person under investigation Comments: <ul style="list-style-type: none"> • Applied to all ages • To be entered into user-defined field (UDF) in HIS 	

3. Lower Respiratory Tract Infection (LRTI)

<i>Classification</i> Syndromic Case	<i>Source</i> WHO/IMCI
<i>Case Definition</i> Adults (5 years or older): <ul style="list-style-type: none"> • temperature $\geq 38^{\circ}\text{C}$ or subjective fever; and • cough or sore throat; and • shortness of breath or difficulty breathing Child (2 months to < 5 years of age): <ul style="list-style-type: none"> • cough or difficulty breathing; and • any <u>one</u> of the following general danger signs: <ul style="list-style-type: none"> – breathing rate > 50 breaths / minute (infant 2 – 12 months) – breathing rate > 40 breaths / minute (child 1 – 5 years) – chest indrawing – stridor in a calm child – unable to drink or breastfeed – vomits everything – convulsions – lethargic or unconscious Infant (1 week to < 2 months of age): <ul style="list-style-type: none"> • any <u>one</u> of the following*: <ul style="list-style-type: none"> – breathing > 60 breaths / minute – severe chest indrawing – nasal flaring (when an infant breathes in) – grunting (when an infant breathes out) <p>(*Note: Infants < 2 months with any of these danger signs must be referred for serious bacterial infection).</p>	

4. Person Under Investigation (PUI)

Reporting of individual(s) or clusters under investigation for influenza A(H1N1) virus infection.

Camps that identify unusual clusters of acute respiratory illness (URTI or LRTI) should immediately notify the UNHCR Health Coordinator and Regional Epidemic Preparedness and Response Coordinator (EPRC).

Definition of cluster

A cluster is defined as:

- two or more persons presenting with manifestations of unexplained, acute respiratory illness with fever $>38^{\circ}\text{C}$ **or** who died of an unexplained respiratory illness; **and**
- that are detected with onset of illness within a period of 14 days; **and**
- in the same geographical area; **and/or**
- are epidemiologically linked.

Triggers/signals for the investigation of possible cases of influenza A(H1N1)

The primary focus of early investigation is to trigger the initial investigation. Specific triggers include:

- Clusters of cases of unexplained URTI or acute LRTI
- Severe, unexplained respiratory illness occurring in one or more health care worker(s)
- who provide care for patients with respiratory disease
- changes in the epidemiology of mortality associated with the occurrence of URTI or LRTI, an increase in deaths observed from respiratory illness or an
- increase in the occurrence of severe respiratory disease in previously healthy adults or adolescents
- persistent changes noted in the treatment response or outcome of severe lower respiratory illness.

Epidemiological risk factors that should raise suspicion of influenza A (H1N1) include:

- Close contact⁴ to a confirmed case of influenza A (H1N1) virus infection while the case was ill
- Recent travel to an area where there are confirmed cases of influenza A (H1N1)

⁴ Close contact: having cared for, lived with, or had direct contact with respiratory secretions or body fluids of a probable or confirmed case of influenza A (H1N1).