

STANDARD CASE DEFINITION OF PRIORITY DISEASES/CONDITIONS IN NIGERIA

Priority Diseases and Conditions	
Disease/Condition	Standard case definition for suspected cases
Acute haemorrhagic fever syndrome	<p>Suspected case: Acute onset of fever of less than 3 weeks duration in a severely ill patient 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 <u>and</u> no known predisposing factors for haemorrhagic manifestations.</p> <p>Confirmed case: A suspected case with laboratory confirmation or epidemiologic link to confirmed cases or outbreak.</p> <p><i>Note: During an outbreak, case definitions may be changed to correspond to the local event.</i></p>
Acute viral hepatitis	<p>Suspected case: Any person with acute illness typically including acute jaundice, dark urine, anorexia, malaise, extreme fatigue, and right upper quadrant tenderness. (Note: infected children are often asymptomatic.)</p> <p>Confirmed case: A suspected case that is laboratory confirmed</p>
Adverse events following immunization (AEFI)	A medical incident that takes place after immunization, causes concern and is believed to be caused by the immunization
Anthrax Anthrax, continued	<p>Suspected case: Any person with acute onset characterized by several clinical forms which are:</p> <p>(a) 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 oedema that may be mild to extensive</p> <p>(b) Gastro-intestinal: Any person with abdominal distress characterized by nausea, vomiting, anorexia and followed by fever</p> <p>(c) Pulmonary (inhalation): any person with brief prodrome resembling acute viral respiratory illness, followed by rapid onset of hypoxia, dyspnoea and high temperature, with X-ray evidence of mediastinal widening</p> <p>(d) 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.</p>

	<p>AND has an epidemiological link to confirmed or suspected animal cases or contaminated animal products</p> <p>Confirmed case:</p> <p>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:</p> <p>(a) isolation of <i>B. anthracis</i> from an affected tissue or site;</p> <p>or</p> <p>(b) Other laboratory evidence of <i>B. anthracis</i> infection based on at least two supportive laboratory tests.</p> <p>Note: <i>It may not be possible to demonstrate B. anthracis in clinical specimens if the patient has been treated with antimicrobial agents.</i></p>
Asthma	<p>Any person who presents with chest symptoms (including cough, breathlessness and/or wheezing, often at night) that come and go, vary from day to day, and especially if they cause the patient to wake and even to rise at night, should be suspected of having asthma. If after careful examination no other cause is found and the symptoms persist for some period of time, asthma should be considered</p>
Buruli ulcer <i>(Mycobacterium ulcerans disease)</i>	<p>Suspected case: A person presenting a painless skin nodule, plaque or ulcer, living or having visited a BU endemic area</p> <p>Confirmed case: A suspected case confirmed by at least one laboratory test (ZN for AFB, PCR, culture or histology)</p>
Cholera	<p>Suspected case: In a patient age 5 years or more, severe dehydration or death from acute watery diarrhoea.</p> <ul style="list-style-type: none"> ▪ If there is a cholera epidemic, a suspected case is any person age 5 years or more with acute watery diarrhoea, with or without vomiting. <p>Confirmed case: A suspected case in which <i>Vibrio cholerae</i> O1 or O139 has been isolated in the stool.</p>
Dengue Fever	<p>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, leucopenia.</p> <p>Dengue Fever Confirmed case: A suspected case with laboratory confirmation (positive IgM antibody, rise in IgG antibody titres, positive PCR or viral isolation).</p> <p>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</p>

	<p>sites or other; haematemesis or melaena; <u>and</u> thrombocytopenia (100 000 cells or less per mm³) <u>and</u> 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-proteinaemia).</p> <p>Dengue Shock Syndrome: All the above criteria, <u>plus</u> 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.</p>
Diabetes	<p>Suspected new case: Any person presenting with the following symptoms:</p> <ul style="list-style-type: none"> ▪ Increased thirst ▪ Increased hunger ▪ Frequent urination <p>Confirmed new case: Any person with a fasting venous plasma glucose measurement of ≥ 7 mmol/L (126 mg/dl) or capillary glucose ≥ 6.1 mmol/L (110 mg/dl)</p> <p>Or</p> <p>Any person with a non-fasting venous plasma glucose measurement of ≥ 11.1 mmol/L (200 mg/dl) or capillary glucose ≥ 11.1 mmol/L (200 mg/dl)</p> <p><i>*Report only the first lab-confirmed diagnosis of the patient</i></p>
Diarrhoea with blood (dysentery)	<p>Suspected case: A person with diarrhoea with visible blood in stool.</p> <p>Confirmed case: Suspected case with stool culture positive for <i>Shigella dysenteriae</i> type 1.</p>
Diphtheria	<p>Probable Case Clinical illness¹ in the absence of laboratory confirmation or epidemiological linkage to a laboratory-confirmed case.</p> <p>Confirmed Case Clinical illness¹ or systemic manifestations compatible with diphtheria in a person with an upper respiratory tract infection or infection at another site (e.g., wound, cutaneous) plus at least one of the following: Laboratory confirmation of infection:</p> <ul style="list-style-type: none"> ▪ Isolation of <i>Corynebacterium diphtheriae</i> with confirmation of toxin from an appropriate clinical specimen including the exudative membrane OR ▪ Isolation of other toxigenic corynebacteria (<i>Corynebacterium ulcerans</i> or <i>Corynebacterium pseudotuberculosis</i>) from an appropriate clinical specimen, including the exudative membrane OR ▪ Histopathologic diagnosis of diphtheria <p>EPIDEMIOLOGIC link (contact within 2 weeks prior to onset of symptoms) to a laboratory-confirmed case.</p>
Dracunculiasis	<p>Suspected case: A person presenting a skin lesion with itching or blister living in endemic area of Guinea worm.</p>

Hypertension	<p>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.</p> <p>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.</p>
Influenza-like Illness (ILI)	<p>Influenza-like Illness: A person, child or adult with:</p> <ul style="list-style-type: none"> ▪ Sudden onset of fever > 38 °C AND ▪ Cough or sore throat in the absence of other diagnoses. <p>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).</p>
Lassa and Crimean-Congo Haemorrhagic Fevers (CCHF)	<p>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 enanthem 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.</p> <p>Confirmed case of CCHF: A suspected case with laboratory confirmation (positive IgM antibody, PCR, viral isolation or IgG seroconversion by ELISA or IFA) or epidemiologic link to confirmed cases or outbreak.</p> <p>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</p> <p>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.</p>
Leprosy	<p>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.</p> <p>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).</p>
Lymphatic Filariasis	<p>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.</p> <p>Confirmed case: A person with positive laboratory diagnosis of microfilaremia in blood smear, filarial antigenaemia or positive ultrasound test.</p>
Malaria	<p>Uncomplicated malaria: Any person with fever or history of fever within 24 hours;</p>

	<p>without signs of severe disease (vital organ dysfunction) is diagnosed clinically as malaria.</p> <p>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.</p> <p>Unconfirmed severe malaria</p> <p>Any patient hospitalized with severe febrile disease with accompanying vital organ dysfunction diagnosed clinically.</p> <p>Confirmed severe malaria</p> <p>Any patient hospitalized with <i>P. falciparum</i> asexual parasitaemia as confirmed by laboratory tests with accompanying symptoms and signs of severe disease (vital organ dysfunction) diagnosed through laboratory.</p>
Malnutrition	<p>Low birth weight newborns: Any new born with a birth weight less than 2500 grams (or 5.5 lbs)</p> <p>Malnutrition in children:</p> <ul style="list-style-type: none"> - Children under five who are underweight (indicator: weight for age < -2 ZScore) - Children 6 to 59 months with MUAC < 11.5 cm (high risk of mortality) - Bilateral pitting oedema <p>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).</p>
Maternal Deaths	<p>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.</p>
Measles	<p>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.</p> <p>Confirmed case: A suspected case with laboratory confirmation (positive IgM antibody) or epidemiological link to confirmed cases in an outbreak.</p>
Meningococcal Meningitis	<p>Suspected case: Any person with sudden onset of fever (>38.5°C rectal or 38.0°C axillary) and one of the following signs: neck stiffness, altered consciousness or other meningeal signs.</p> <p>Confirmed case: A suspected case confirmed by isolation of <i>N. meningitidis</i> from CSF</p>

	or blood.
Neonatal tetanus	<p>Suspected case: 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.</p> <p>Confirmed case: No laboratory confirmation recommended.</p>
New AIDS Cases	WHO/AFRO recommends that countries use either Bangui or Abidjan HIV/AIDS case definitions. 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.
Noma	<p>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.</p> <p>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.</p>
Onchocerciasis	<p>Suspected case: In an endemic area, any person with fibrous nodules in subcutaneous tissues.</p> <p>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).</p>
Perinatal Death	A death that occurred around the time of birth; it includes still births and early neonatal deaths.
Plague	<p>Suspected case: Any person with 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.</p> <p>Confirmed case: Suspected case confirmed by isolation of <i>Yersinia pestis</i> from blood or aspiration of buboes, or epidemiologic link to confirmed cases or outbreak.</p>
Poliomyelitis (Acute flaccid paralysis)	<p>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.</p> <p>Confirmed case: A suspected case with virus isolation in stool.</p>
Rabies	Suspected: 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.

	<p>Confirmed: A suspected case that is laboratory confirmed</p>
<p>Severe Acute Respiratory Infections (SARIs)</p>	<p>Severe acute respiratory infection (persons ≥ 5 years old): Any severely ill person presenting with manifestations of acute lower respiratory infection with:</p> <ul style="list-style-type: none"> ▪ Sudden onset of fever (>38°C) AND ▪ Cough or sore throat AND ▪ Shortness of breath, or difficulty breathing ▪ With or without Clinical or radiographic findings of pneumonia <p>OR</p> <p>Any person who died of an unexplained respiratory illness.</p>
<p>Severe Acute Respiratory Syndrome (SARS)</p>	<p>Suspected case of SARS: An individual with:</p> <ol style="list-style-type: none"> 1. A history of fever, or documented fever ≥ 38 °C AND 2. One or more symptoms of lower respiratory tract illness (cough, difficulty breathing, shortness of breath) AND 3. 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 4. No alternative diagnosis can fully explain the illness. <p>Confirmed case of SARS: An individual who tests positive for SARS-CoV infection by the WHO recommended testing procedures.</p>
<p>Severe Pneumonia in Children under 5</p>	<p>Clinical case definition (IMCI) for pneumonia:</p> <p>A child presenting with cough or difficult breathing and:</p> <ul style="list-style-type: none"> ▪ 50 or more breaths per minute for infant age 2 months up to 1 year ▪ 40 or more breaths per minute for young child 1 year up to 5 years. <p><i>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.</i></p> <p>Clinical case definition (IMCI) for severe pneumonia:</p> <p>A child presenting with cough or difficult breathing and any general danger sign, or chest indrawing 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.</p> <p>Confirmed case: Radiographic or laboratory confirmation of pneumonia may not be feasible in most LGAs.</p>
<p>Sexually transmitted</p>	<p>Genital ulcer syndrome (non-vesicular):</p> <p>Suspected case: Any male with an ulcer on the penis, scrotum, or rectum, with or</p>

infections	<p>without inguinal adenopathy, or any female with ulcer on labia, vagina, or rectum, with or without inguinal adenopathy.</p> <p>Confirmed case: Any suspected case confirmed by a laboratory method.</p> <p>Urethral discharge syndrome:</p> <p>Suspected case: Any male with urethral discharge with or without dysuria.</p> <p>Confirmed case: <i>Urethral discharge syndrome:</i> A suspected case confirmed by a laboratory method (for example Gram stain showing intracellular Gram-negative diplococci).</p>
Shistosomiasis	<p>URINARY SCHISTOSOMIASIS</p> <p>Suspected: Any person with blood in urine</p> <p>Confirmed: A person with blood in urine or with positive reagent strip for haematuria and with characteristic parasite eggs in urine (microscope).</p> <p>INTESTINAL SCHISTOSOMIASIS:</p> <p>Suspected: A person with non-specific abdominal symptoms, blood in stool, hepato (spleno) megaly</p> <p>Confirmed: A person with eggs of <i>S. mansoni</i>, <i>S. japonicum</i>, <i>S. mekongi</i> or <i>S. intercalatum</i> in stools (microscope).</p>
Smallpox (Variola)	<p>Suspected case: An illness with acute onset of fever $\geq 38.3^{\circ}\text{C}$ (101°F) followed by a rash characterized by vesicles or firm pustules in the same stage of development without other apparent cause.</p> <p>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.</p> <p>Confirmed case: A clinically compatible case that is laboratory confirmed.</p>
Sickle Cell Disorder	<p>Suspected case:</p> <p>Any person, especially infants and children, who present to the health services with typical painful hand and foot syndrome, joint pain with or without fever should be suspected of having SCD. Such patients should be examined with care and if no other cause is found Emmel test should be performed in case of known or unknown parental SCD traits.</p> <p>Confirmed case:</p> <p>SCD is confirmed if test positive or any Haemoglobin electrophoresis with high Haemoglin S or C percentages</p>
Soil Transmitted Helminths	<p>Ascariasis:</p> <p>Suspected: Abdominal or respiratory symptoms with history of passing worms.</p> <p>Confirmed: suspected case, and passage of <i>Ascaris lumbricoides</i> (anus, mouth, nose), or presence of <i>Ascaris lumbricoides</i> eggs in stools</p>

	<p>Hookworm infection Suspected: Severe anaemia for which there is no other obvious cause.</p> <p>Confirmed : suspected case and presence of hookworm ova in stools.</p> <p>Trichuriasis Suspected: Bloody, mucoid stools.</p> <p>Confirmed: suspected case, and presence of <i>T. trichiura</i> eggs in stools.</p>
Snake bite	<ul style="list-style-type: none"> • Suspected: Not applicable • Confirmed: A person who is visibly bitten by a snake and/or injury from snakebite
Trachoma	<p>Suspected case: Any patient with red sticky eyes who complains of pain and itchiness of the eyes.</p> <p>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.</p>
Human African Trypanosomiasis	<p>Suspected case:</p> <p>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.</p> <p>Late stage: cachexia, somnolence, and central nervous system signs.</p> <p>Confirmed case: A suspected case confirmed by card agglutination trypanosomal test (CATT) or by isolation of trypanosomes in blood lymph nodes or cerebrospinal fluid.</p>
Tuberculosis	<p>Suspected case: Any person with a cough of 3 weeks or more.</p> <p>Confirmed case:</p> <p>Smear-positive pulmonary TB: a) a suspected patient with at least 2 sputum specimens positive for acid-fast bacilli (AFB), or b) one sputum specimen positive for AFB by microscopy and radiographic abnormalities consistent with active PTB as determined by the treating medical officer, or c) one positive sputum smear by microscopy and one sputum specimen positive on culture for AFB.</p> <p>Smear negative PTB: a patient who fulfils all the following criteria: a) two sets taken at least 2 weeks apart of at least two sputum specimens negative for AFB on microscopy, radiographic abnormalities consistent with PTB and a lack of clinical response despite one week of a broad spectrum antibiotic, a decision by a physician to treat with a full course of anti-TB chemotherapy, or b) a patient who fulfils all the</p>

	<p>following criteria: severely ill, at least two sputum specimens negative for AFB by microscopy, radiographic abnormalities consistent with extensive pulmonary TB (interstitial and diarrhoea), a decision by a physician to treat with a full course of anti-TB chemotherapy, or c) a patient whose initial sputum smears were negative, who had sputum sent for culture initially, and whose subsequent sputum culture result is positive.</p>
Typhoid Fever	<p>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.</p> <p>Confirmed case: Suspected case confirmed by isolation of <i>Salmonella typhi</i> from blood, bone marrow, bowel fluid or stool.</p>
Whooping Cough (Pertusis)	<p>Suspected case</p> <p>Cough illness lasting at least 2 weeks with either paroxysms of coughing, inspiratory “whoop”, or post-tussive vomiting without other apparent cause</p> <p>Confirmed case:</p> <p>A clinically compatible case that is laboratory-confirmed or epidemiologically linked to a laboratory confirmed case</p>
Yellow fever	<p><u>Suspected case:</u></p> <p>Any person with acute onset of fever, with jaundice appearing within 14 days of onset of the first symptoms.</p> <p><u>Probable case:</u></p> <p>A suspected case</p> <p style="text-align: center;">AND</p> <p>One of the following</p> <ul style="list-style-type: none"> ▪ Epidemiological link to a confirmed case or an outbreak ▪ Positive post-mortem liver histopathology <p><u>Confirmed case:</u></p> <p>A probable case</p> <p style="text-align: center;">AND</p> <p>One of the following</p> <ul style="list-style-type: none"> ▪ Detection of YF-specific* IgM ▪ Detection of four-fold increase in YF IgM and/or IgG antibody titres between acute and convalescent serum samples ▪ Detection of YFV-specific* neutralizing antibodies <p><i>*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.</i></p>

OR

One of the following

- Detection of YF virus genome in blood or other organs by PCR
- Detection of yellow fever antigen in blood, liver or other organs by immunoassays

Isolation of the yellow fever virus

ANNEX 1B: Simplified signs and symptoms for case definitions for use at community level

Inform community leaders, community health workers, traditional healers, birth attendants, and health workers who conduct outreach activities in hard-to-reach areas about the priority diseases and conditions under surveillance in your area. Use signs and symptoms of simplified case definitions such as the following to help the community to recognize when they should refer a person with these signs for treatment and notify the health facility.

Examples of how signs and symptoms of the simplified case definitions may be described at the community level	
Acute flaccid paralysis	Any child with a sudden onset of acute paralytic disease
Acute watery diarrhoea	Any person with 3 or more loose stools within the last 24 hours and a danger sign *or dehydration. <i>(*Danger signs include lethargy, unconsciousness, vomits everything, convulsions, and in children less than 5, unable to drink or breast-feed)</i>
Adverse event following immunization (AEFI)	Any unusual event that follows immunization that is thought to be caused by the vaccine
Cholera	Any person 5 years of age or more with lots of watery diarrhoea
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 (<i>Shigella</i>)	Any person with diarrhoea and visible blood in the stool
Dracunculiasis	Any person exhibiting or having a history of a skin lesion with the emergence of a worm
Hepatitis	Any person with fever and yellowing in the white part of the eyes or yellowing of the skin within two weeks of onset of first symptoms
Influenza-like Illness (ILI)	Any person with fever and cough or sore throat or nasal discharge
Leprosy	Any person with light or reddish skin lesions with definite loss of sensation
Malaria	Any person with fever in a malaria endemic area. Any under five child who has an illness with high fever and a danger sign* <i>(*Danger signs include lethargy, unconsciousness, vomits everything, convulsions, and in children less than 5, unable to drink or breast-feed)</i>
Measles	Any person with fever and rash

Examples of how signs and symptoms of the simplified case definitions may be described at the community level	
Meningococcal meningitis	Any person with fever and neck stiffness
Neonatal tetanus	Any newborn who is normal at birth, and then after 2 days, becomes stiff and unable to suck or feed or has convulsions.
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	Any person with a sense of apprehension, headache, fever, malaise and indefinite 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 an urethral/vaginal discharge or genital ulcer
Tuberculosis	Any person with cough for 3 weeks or more
Typhoid fever	Any person with a prolonged fever during the previous 3 weeks or more
Viral hemorrhagic fevers	Any person who has an unexplained illness with fever and bleeding or who died after an unexplained severe illness with fever and bleeding