

## Notifiable Diseases

STANDARD CASE DEFINITION/CLASSIFICATION Category I: Immediately Notifiable within 24 hours

1. Adverse Events Following Immunization  
Suspected AEFI case: Any individual that experience a serious condition any time after he or she received an immunization and is considered by a health worker (e.g., midwife, nurse, physician) to be possible related to that immunization.
2. Anthrax  
Suspected case: A person with acute onset of illness characterized by several clinical forms as follows:
  - a) localized form:
    - cutaneous: skin lesion evolving over 1 to 6 days from a papular through a vesicular stage, to a depressed bl

invariably accompanied by edema that may be mild to extensive.

- b) systemic forms:
  - gastro-intestinal distress characterized by nausea, vomiting, anorexia and followed by fever;
  - pulmonary (inhalation): brief prodrome resembling acute viral respiratory illness, followed by rapid onset of hypoxia, dyspnea and high temperature, with x-ray evidence of mediastinal widening;
  - meningeal: acute onset of high fever possibly with convulsions, loss of consciousness and meningeal signs and symptoms; commonly noted in all systemic infections; AND has an epidemiological link to a suspected or confirmed animal cases or contaminated animal products.

Probable case: A suspected case that has a positive reaction to allergic skin test (in non-vaccinated individuals);  
Confirmed case: A suspected case that is laboratory-confirmed.

- Isolation of *Bacillus anthracis* from blood, lesions or discharges
- Demonstration of *Bacillus anthracis* in a clinical specimen by microscopic examination of stained smears (vesicular fluid, blood, cerebrospinal fluid, pleural fluid, stools)
- Positive serology (ELISA, Western Blot, toxin detection, chromatographic assay, fluorescent antibody test (FAT))

3. Human Avian Influenza  
Suspected case: A suspect ILI case with exposure to sudden bird deaths (sudden bird deaths in 2 or more households in abarangay or death of at least 3% of commercial flock increasing twice daily for 2-3 consecutive days) OR confirmed human avian influenza case.
4. Meningococcal Disease  
Suspected case: A person with sudden onset of fever ( $>38.5$  degrees Celsius rectal or  $>38.0$  degrees Celsius axillary) and one or more of the following:
  - neck stiffness
  - altered consciousness
  - other meningeal signs
  - petachial or purpurial rash

Probable case: A suspected case as defined above and Turbid CSF (with or without positive Gram stain) or ongoing epidemic and epidemiological link to a confirmed case.  
Confirmed case: A suspected or probable case with laboratory confirmation.

- Positive CSF antigen detection or culture.
- Positive blood culture.

5. Paralytic Shellfish Poisoning  
Suspected case: A person who develops one or more of the following signs and symptoms after taking shellfish meal or soup:
  - Sensory: paresthesias (tingling sensation of the skin), numbness of the oral mucosa and lips, numbness of the extremities
  - Motor: difficulty in speaking, swallowing or breathing, weakness or paralysis of the extremities

Confirmed case: A suspected case in which laboratory tests (biological or environmental) have confirmed exposure.  
in epidemiologically implicated food, serum or urine of cases.

6. Rabies  
Suspected case: A person presenting with an acute neurological syndrome (encephalitis) dominated by forms of hyperactivity (furious rabies) or paralytic syndromes (dumb rabies) that progress towards coma and death, usually by respiratory failure, within 7 to 10 days after the first symptom if no intensive care is instituted.  
Probable case: A suspected case plus history of contact with suspected rabid animal.  
Confirmed case: A suspected case that is laboratory confirmed.

- Detection of rabies viral antigens by direct fluorescent antibody (FA) in clinical specimens, preferably brain tissue (collected post mortem);

- Detection by FA on skin or corneal smear (collected ante mortem);
- FA positive after inoculation of brain tissue, saliva or CSF in cell culture, in mice or in suckling mice;
- Detectable rabies-neutralizing antibody titer in the CSF of an unvaccinated person;
- Identification of viral antigens by PCR on fixed tissue collected post mortem or in a clinical specimen (brain tissue or skin, cornea or saliva);

- Isolation of rabies virus from clinical specimens and confirmation of rabies viral antigens by direct fluorescent antibody testing.

7. Severe Acute Respiratory Syndrome (SARS)  
Suspected case: A suspect ILI case with exposure to confirmed SARS case.

- Category II: Weekly Notifiable
1. Acute Bloody Diarrhea  
- A person with acute diarrhea with visible blood in the stool.
2. Acute Encephalitis Syndrome  
Suspected case: A person with acute onset of fever and a change in mental status (confusion, disorientation, coma, or inability to talk) and/or new onset of seizures (excluding simple febrile seizures).  
"Acute Encephalitis Syndrome" - other agent: A suspected case in which diagnostic testing was performed and an etiological agent other than JE virus is identified.  
"Acute Encephalitis Syndrome" - unknown: A suspected case in which testing was performed but no etiological agent was identified or in which the test results were indeterminate.  
Probable JE: A suspected case that occurs in close geographic and temporal relationship to a laboratory-confirmed case of JE, in the context of an outbreak.  
Laboratory-confirmed Japanese Encephalitis (JE): A suspected case that has been laboratory-confirmed as JE.

- Presence of JE virus-specific IgM antibody in a single sample of cerebrospinal fluid (CSF) or serum, as detected by an IgM-capture ELISA specifically for JE virus;

- Detection of JE virus antigens in tissue by immunohistochemistry
  - Detection of JE virus genome in serum, plasma, blood, CSF, or tissue by reverse transcriptase polymerase chain reaction (PCR) or an equally sensitive and specific nucleic acid amplification test
  - Isolation of JE virus in serum, plasma, blood, CSF, or tissue
  - Detection of a four-fold or greater rise in JE virus-specific antibody as measured by hemagglutination inhibition (HI) or plaque reduction neutralization assay (PRNT) in serum collected during the acute and convalescent phase of illness. The two specimens for IgG should be collected at least 14 days apart. The IgG test should be performed in parallel with other confirmatory tests to eliminate the possibility of cross-reactivity.
- 3. Acute Hemorrhagic Fever Syndrome** Any hospitalized person with acute onset of fever of less than 3 weeks duration and with any two of the following:
- hemorrhagic or purpuric rash
  - epistaxis (nose bleeding)
  - hematemesis (vomiting of blood)
  - hemoptysis (coughing out blood)
  - blood in stools
  - other hemorrhagic symptoms AND the diagnosis is not Dengue.
- 4. Acute Viral Hepatitis** Suspected case: A person with acute illness characterized by acute jaundice, dark urine, loss of appetite, body weakness, extreme fatigue, and high upper quadrant tenderness. Confirmed case: A suspected case that is laboratory confirmed.
- Hepatitis A: Positive for IgM anti-HAV
  - Hepatitis B: Positive for Hepatitis B surface antigen (HBsAg) or Positive for IgM anti-HBc
  - Non-A, non-B: Negative for IgM anti-HAV and IgM anti-HBs (or HBsAg) For patients negative for hepatitis A or B, further testing for a diagnosis of acute hepatitis C, D, or E is recommend:
  - Hepatitis C: anti-HCV positive
  - Hepatitis D: HbsAg positive or IgM anti-HBc positive PLUS anti-HDV positive (only as co-infection or super-infection of Hepatitis B)
  - Hepatitis E: IgM anti-HEV positive
- 5. Bacterial Meningitis** Suspected case: A person with sudden onset of fever (>38.50 degrees Celsius rectal or 38 degrees Celsius axillary) and one of the following signs:
- neck stiffness,
  - altered consciousness,
  - other meningeal sign.
- Probable case: A suspected case with CSF examination showing st least one of the following:
- turbid appearance;
  - leukocytosis (>100 cells/mm<sup>3</sup>);
  - leukocytosis (10-100 cells/mm<sup>3</sup>) AND either an elevated protein (>100mg/dl) or decreased glucose (<40mg/dl)
- Confirmed case: A suspected case that is laboratory-confirmed.
- Culture or detection by Gram stain or antigen detection methods of a bacterial pathogen other than Neisseria meningitides. Note: Identified Neisseria meningitides cases shall be reported as confirmed Meningococcal Disease.
- 6. Cholera** Suspected case:
- Disease unknown in the area: A person aged 5 years or more with severe dehydration or who died from acute watery diarrhea, OR
  - Disease endemic in the area: A person aged 5 years or more with acute watery diarrhea with or without vomiting,
  - In an area where there is a cholera epidemic: A person with acute watery diarrhea, with or without vomiting.
- Confirmed case: A suspected case that is laboratory-confirmed.
- Isolation of *Vibrio cholerae* 01 or 139 from stools in any patient with diarrhea.
- 7. Dengue** Suspected case: A person with an acute febrile illness of 2-7 days duration with 2 or more of the following: headache, retro-orbital pain, myalgia, arthralgia, rash, hemorrhagic manifestations, leucopenia. Probable case: A suspected case with one or more of the following: Supportive serology (reciprocal hemagglutination-inhibition antibody titer >1280), comparable IgG EIA titer or positive IgM antibody test in late acute or convalescent-phase serum specimen. Confirmed case: A suspected case that is laboratory confirmed.
- Isolation of the dengue virus from serum, plasma or leukocytes.
  - Demonstration of a fourfold or greater change in reciprocal IgG or IgM antibody titers to one or more dengue virus antigens in paired serum samples
  - Detection of viral genomic sequences in serum or CSF samples by polymerase chain reaction (PCR).
- TYPES:**  
**DENGUE HEMORRHAGIC FEVER:** A probable or confirmed case of dengue AND Hemorrhagic tendencies evidenced by one or more of the following:
- positive tourniquet test,
  - petechiae, ecchymoses or purpura,
  - Bleeding: mucosa, gastrointestinal tract, injection sites or other hematemesis or melena AND thrombocytopenia (100,000 cells or less per mm<sup>3</sup>) AND evidence of plasma leakage due to increased vascular permeability.
- DENGUE SHOCK SYNDROME:** All the above criteria, plus 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.
- 8. Diphtheria** Probable case: A person with an illness of the upper respiratory tract characterized by laryngitis or pharyngitis or tonsillitis, and adherent membranes on tonsils, pharynx and/or nose. Confirmed case: A probable case that is laboratory confirmed or linked epidemiologically to a laboratory confirmed case.
- Isolation of *Corynebacterium diphtheriae* from a clinical specimen.
- 9. Influenza-like Illness** Suspected case: A person with sudden onset of fever of >38 degrees Celsius and cough or sore throat in the absence of other diagnoses. Confirmed case: A suspected case that is laboratory-confirmed.

- Virus isolation or Polymerase Chain Reaction (PCR) of nasal/oropharyngeal swab or tracheal aspirate from the suspected individual or direct detection of influenza viral antigen or 4-fold rise in antibody titer between early and late serum. 10. Leptospirosis Suspected case: A person who developed acute febrile illness with headache, myalgia and prostration associated with any of the following:

- conjunctival suffusion,
- meningeal irritation,
- anuria or oliguria and/or proteinuria,
- jaundice,
- hemorrhages (from the intestines or lungs),
- cardiac arrhythmia or failure,
- skin rash AFTER exposure to infected animals or an environment contaminated with animal urine (e.g. wading in flood waters, rice fields, drainage). Confirmed case: A suspect case that is laboratory confirmed.
- Isolation (and typing) from blood or other clinical materials through culture of pathogenic *Leptospira*.
- Positive serology, preferably Microscopic Agglutination Test (MAT), using a range of *Leptospira* strains for antigens that should be representative of local strains.

11. Malaria Uncomplicated Malaria: Signs and symptoms vary; most patients experience fever. Splenomegaly and anemia are common associated signs. Common but non-specific symptoms include otherwise unexplained headache, back pain, chills, sweating, myalgia, nausea, vomiting. Severe Malaria: Coma, generalized convulsions, hyperparasitemia, normocytic anemia, disturbance in fluid, electrolyte and acid-base balance, renal failure, hypoglycemia, hyperpyrexia, hemoglobinuria, circulatory collapse/shock, spontaneous bleeding (disseminated intravascular coagulation) and pulmonary edema. In areas WITHOUT access to laboratory-based diagnosis:

Probable uncomplicated malaria case: A person with signs (fever, splenomegaly, anemia) and/or symptoms (unexplained headache, back pain, chills, sweating, myalgia, nausea, vomiting) of malaria who receives anti-malarial treatment.

Probable severe malaria case: A person who requires hospitalization for symptoms and signs of severe malaria (coma, generalized convulsions, hyperparasitemia, normocytic anemia, disturbances in fluid, electrolyte, and acid-base balance, renal failure, hypoglycemia, hyperpyrexia, hemoglobinuria, circulatory collapse/shock, spontaneous bleeding, disseminated intravascular coagulation, and pulmonary edema) and receives anti-malarial treatment.

Probable malaria death: death of a patient diagnosed with probable severe malaria in areas WITH access to laboratory-based diagnosis:

Asymptomatic malaria: A person with no recent history of symptoms and/or signs of malaria who shows laboratory confirmation of parasitemia.

Confirmed uncomplicated malaria case. A person with signs (fever, splenomegaly, anemia) and/or symptoms (unexplained headache, back pain, chills, sweating, myalgia, nausea, vomiting) of malaria who receives anti-malarial treatment AND with laboratory confirmation of diagnosis.

Confirmed severe malaria case: A person who requires hospitalization for symptoms and signs of severe malaria (coma, generalized convulsions, hyperparasitemia, normocytic anemia, disturbances in fluid, electrolyte, and acid-base balance, renal failure, hypoglycemia, hyperpyrexia, hemoglobinuria, circulatory collapse/shock, spontaneous bleeding, disseminated intravascular coagulation and pulmonary edema) and receives anti-malarial treatment AND with laboratory confirmation of diagnosis (microscopy or RDT).

Confirmed malaria death: death of a patient classified as confirmed severe malaria.

Malaria Treatment Failure: A patient with uncomplicated malaria without any clear symptoms suggesting another concomitant disease who has taken a correct dosage of anti-malarial treatment, and who presents with clinical deterioration or recurrence of symptoms within 14 days of the start of treatment, in combination with parasitemia (asexual forms).` 12. Non-Neonatal Tetanus

Confirmed case: Acute onset of hypertonia and/or painful muscular contractions (usually muscles of the neck and jaw) and generalized muscle spasms without apparent medical cause as reported by health care professional. 13. Pertussis

Suspected case: A person with cough lasting at least two weeks with at least one of the following:

- paroxysms (i.e. fits) of coughing
- inspiratory "whooping"
- post-tussive vomiting (i.e. vomiting immediately after coughing)
- without other apparent cause

Confirmed case: A suspected case that is laboratory-confirmed.

- Isolation of *Bordetella pertussis*, or detection of genomic sequences by polymerase chain reaction (PCR).

14. Typhoid and Paratyphoid Fever      Suspected case: A person with an illness characterized by insidious onset of sustained fever, headache, malaise, anorexia, relative bradycardia, constipation or diarrhea, and non-productive cough. Probable case: A suspected case that is epidemiologically linked to a confirmed case in an outbreak or, a suspected case positive for Typhidot test.      Confirmed case: A suspected or probable case that is laboratory confirmed.

- Isolation of *Salmonella enterica* from blood, stool, or other clinical specimen.