



UNHCR
The UN Refugee Agency



Health Information System (HIS)

CASE DEFINITIONS

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Cover photo:

Nyarugusu Refugee Camp, Tanzania during a training on digital data collection tools.
The persons in the photo are clinicians and data officer.

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DISEASES AND HEALTH EVENTS UNDER SURVEILLANCE IN THE HEALTH INFORMATION SYSTEM (HIS)


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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

Part 1 ACUTE HEALTH CONDITIONS



Rohingya refugee Moshana, 25, holds her 15-month-old son Mohammad Rahin as a health worker uses a Mid-Upper Arm Circumference (MUAC) tape to determine whether or not he is suffering from malnutrition, at a UNHCR Outpatient Therapeutic Program (OTP) site in Kutupalong Expansion Site for Rohingya refugees, Ukhia, Cox's Bazar District, Bangladesh. Moshana came to UNHCR's Outpatient Therapeutic Program (OTP) after community health workers visited her shelter and saw that her young son might be malnourished. Health care staff examined 15-month-old Mohammad and determined that he show signs of severe acute malnutrition, weighing seven kilograms and measuring 71 centimetres. Moshana received nutritious baby food for Mohammad, as well as advice on how to keep him healthier in the future. Moshana, who is also six months pregnant, received prenatal advice and care to ensure a healthy pregnancy and delivery.

According to the Inter Sector Coordination Group (ISCG) Situation Report published on 5 July 2018, extreme violence in Myanmar's Rakhine State since 25 August 2017 has driven an estimated 706,000 Rohingya refugees across the border into Cox's Bazar, Bangladesh. A situation of statelessness imposed over generations has rendered this population seriously vulnerable, even before the severe traumas of this most recent crisis.

A year later, refugees now face additional threats. They live in congested sites that are ill-equipped to handle the monsoon rains and cyclone seasons, with alarmingly limited options for evacuation. Many refugees have expressed anxiety about their future, explaining that they would not agree to return until questions of citizenship, legal rights, access to services, justice and restitution are addressed.

1. UPPER RESPIRATORY TRACT INFECTION (URTI)

Classification Syndromic Case	Source WHO/IMCI	
<p><i>Case Definition</i> Cough/Cold (non pneumonia) Running nose, cough and low grade fever.</p> <p>Influenza-like illness (ILI) <i>Case Definition</i> Adult or child with:</p> <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 <p>Comments:</p> <ul style="list-style-type: none"> • Applied to all ages 		

2. LOWER RESPIRATORY TRACT INFECTION (LRTI)

Classification Syndromic Case	Source WHO/IMCI	
<p><i>Case Definition</i> Adults (5 years or older):</p> <ul style="list-style-type: none"> • temperature $\geq 38^{\circ}\text{C}$ or subjective fever; and • cough or sore throat; and • breathing rate > 20 breaths/minute <p>Child (2 months to < 5 years of age):</p> <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 in drawing – stridor in a calm child – unable to drink or breastfeed – vomits everything – convulsions – lethargic or unconscious <p>Infant (1 week to < 2 months of age):</p> <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 in drawing – 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>		

3. * WATERY DIARRHEA

Classification Syndromic Case	Source WHO	
<p>Weekly Alert Threshold 1.5 times the baseline</p>		
<p>Case Definition Any person with diarrhea (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 diarrhea with or without vomiting. Person aged over 5 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 diarrhea stool sample.</p>		

4. * BLOODY DIARRHEA

Classification Syndromic Case	Source WHO	
<p>Weekly Alert Threshold 5 cases at one health facility</p>		
<p>Case Definition 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 diarrhea, 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 diarrhea stool sample.</p>		

5. ANEMIA

Classification Syndromic Case	Source ICD	
<p>Case Definition: A condition in which the number of red blood cells is below normal.*</p> <p>Common signs of anemia: pallor of the conjunctivae, mucous membranes, palms of hands ; fatigue, dizziness, dyspnoea, tachycardia and/or oedema in the lower limbs</p>		
		Hb threshold (g/dl)
Children 0.5 to 5 years		< 11.0
Children 5 to 12 years		< 11.5
Children 12 to 15 years		< 12.0
Non-pregnant women (over 15 years)		< 12.0
Pregnant women		< 11.0
Males (over 15 years)		< 13.0
<p>*Note: Normal value: >13 g/dl in men; >12 g/dl in women; > 11 g/dl in pregnant; >13.5 g/dl in newborns; > 9.5 g/dl in infants from 2 to 6 months; > 11 g/dl in children from 6 months to 6 years; > 11.5 g/dl in children from 6 to 12 years Adapted to national guidelines Prevalence cannot be extrapolated from this data</p>		

6. SKIN INFECTION

<i>Classification</i> Confirmed (Clinical) case	<i>Source</i> UNHCR	
<p><i>Case Definition</i> Any infectious cause related to the skin, in which a diagnosis of leprosy has been excluded. This Includes</p> <ul style="list-style-type: none">• cellulitis/soft tissue/wound infection• fungal skin infection• herpes simplex or herpes zoster• body lice• scabies		

7. EYE INFECTION

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

8. EAR INFECTION

<i>Classification</i> Confirmed (Clinical) case	<i>Source</i> UNHCR	
<p><i>Case Definition</i> Any infectious cause related to one or both ears. Includes:</p> <ul style="list-style-type: none">• Otitis externa• Otitis media		

9. DENTAL CONDITIONS (ACUTE)

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

10. INTESTINAL WORMS

Classification Suspected case	Source UNHCR	
<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 Visualization of worms or ova in stool sample under light microscopy.</p>		

11. ACUTE JAUNDICE SYNDROME

Classification Suspected case	Source WHO	
<p><i>Case Definition</i> Any person with acute onset of yellowness of conjunctiva/eyes with or without fever and absence of any known precipitating factors.</p> <p>Confirmed by Laboratory. Differential Diagnosis include Hepatitis A,B C and E</p>		

12. * MENINGITIS

Classification Suspected case	Source WHO	
<p><i>Weekly Alert Threshold</i> 1 case</p>		
<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/purpurul rash <p>In patients less than 18 months meningitis is suspected when fever is accompanied with bulging of a fontanelle.</p> <p>Laboratory Confirmed – Isolate respective causative organism</p>		

13. * ACUTE FLACCID PARALYSIS (SUSPECTED POLIO)

Classification Suspected case	Source WHO	
<p><i>Weekly Alert Threshold</i> 1 case</p>		
<p><i>Case Definition</i> A suspected case is defined as a child under 15 years of age presenting with acute flaccid paralysis, or as any person at any age with paralytic illness if poliomyelitis is suspected.</p>		

14. TUBERCULOSIS

Classification Suspected and confirmed Clinical case	Source WHO	
<p><i>Case Definition</i></p> <p>Presumptive TB case (previously known as Suspected TB)</p> <p>Any person who presents with symptoms or signs suggestive of pulmonary TB, in particular a 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 presumptive TB 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>A bacteriologically confirmed TB case is one from whom a biological specimen is positive by smear microscopy, culture or WHO-recommended rapid diagnostic (WRD) (such as Xpert MTB/RIF). All such cases should be notified, regardless of whether TB treatment has started.</p> <p>A clinically diagnosed TB case is one who does not fulfil the criteria for bacteriological confirmation but has been diagnosed with active TB by a clinician or other medical practitioner who has decided to give the patient a full course of TB treatment. This definition includes cases diagnosed on the basis of X-ray abnormalities or suggestive histology and extrapulmonary cases without laboratory confirmation.</p>		

15. CUTANEOUS LEISHMANIASIS

Classification Suspected case and Confirmed case	Source WHO	
<p><i>Case Definition</i></p> <p>Probable case: a probable case of cutaneous leishmaniasis is a person showing clinical signs (skin or mucosal lesions) without parasitological confirmation of the diagnosis (positive smear or culture) and/or, for mucocutaneous leishmaniasis only, serological diagnosis.</p> <p>Confirmed case: a confirmed case of cutaneous leishmaniasis is a person showing clinical signs (skin or mucosal lesions) with parasitological confirmation of the diagnosis (positive smear or culture).</p> <p>For the HIS both probably and confirmed cases can be reported but a case should only be reported once. i.e. not a probable case one week and a confirmed case the following week. This is because not all cases are confirmed.</p>		

16. URINARY TRACT INFECTION

Classification Suspected case	Source ICD - N30-N39	
<p><i>Case Definition</i></p> <p>A urinary tract infection (UTI) is an infection in any part of the urinary system – kidneys, ureters, bladder and urethra. Most infections involve the lower urinary tract – the bladder and the urethra.</p> <p>Symptoms may include:</p> <ul style="list-style-type: none"> • urinary frequency • strangury • change in color of urine • lower abdominal/loin pains/tenderness • painful micturition • fever may be present <p>Confirmed</p> <p>Laboratory confirmation of specific organism</p>		

17. *MALARIA (CONFIRMED)

Classification	Source	ICD-10 Version 2015
Confirmed case	WHO/LSHTM	B50-B53.8
<p><i>Weekly Alert Threshold</i></p> <p>1.5 times the baseline (Baseline = average weekly number of cases of the disease calculated over the past 3 weeks [include both suspected and confirmed malaria cases])</p>		
<p><i>Case Definition</i></p> <p>Confirmed malaria (uncomplicated or severe): Any person with uncomplicated or severe malaria with laboratory confirmation of diagnosis by malaria blood film or other diagnostic test for malaria parasites.</p> <p><i>To confirm a case:</i> Demonstration of malaria parasites in blood film by examining thick or thin smears, or by rapid diagnostic test.</p>		

18. *MALARIA (SUSPECTED)

Classification	Source	ICD-10 Version 2015
Suspected case	WHO/LSHTM	B54
<p><i>Weekly Alert Threshold</i></p> <p>1.5 times the baseline (Baseline = average weekly number of cases of the disease calculated over the past 3 weeks [include both suspected and confirmed malaria cases])</p>		
<p><i>Case Definition</i></p> <p>Uncomplicated malaria: Patient with fever or history of fever within the past 48 hours (with or without other symptoms such as nausea, vomiting and diarrhea, headache, back pain, chills, myalgia) in whom other obvious causes of fever have been excluded.</p> <p>Severe malaria: Patient 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 anemia, jaundice, haemoglobinuria, spontaneous bleeding, pulmonary oedema, and shock.</p>		

19. ACUTE MALNUTRITION - MODERATE

Classification	Source	ICD-10 Version 2015
Confirmed case	UNICEF / WHO [13]	E40-E46
<p><i>Case Definition</i></p> <p>Any child with a weight for height index of ≤ -2 and > -3 z-scores</p> <p>or</p> <p>Any child with a MUAC of $> 115\text{mm}$ and $\leq 125\text{mm}$</p>		

20. ACUTE MALNUTRITION - SEVERE

Classification	Source	ICD-10 Version 2015
Confirmed case	UNICEF / WHO [13]	E40-E46
<p><i>Case Definition</i></p> <p>Any child with a weight for height index of ≤ -3 z-scores</p> <p>Or</p> <p>Any child with a MUAC of ≤ 115mm</p> <p>Or</p> <p>The presence of nutritional oedema</p>		

21. SEXUALLY TRANSMITTED INFECTION (STI)

Classification	Source	
Syndromic case	UNAIDS/WHO	
<p><i>Case Definition</i></p> <p>The following case definitions use syndromic case reporting, where cases are diagnosed and reported according to a set of clinical signs and symptoms that correspond to a few clinical syndromes. Diagnostic laboratory tests are not used to make a diagnosis of an STI syndrome.</p> <p>Any of the following syndromes can be included under this case definition of STI:</p> <ol style="list-style-type: none"> <p>1. Urethral discharge syndrome</p> <p>Any male with urethral discharge with or without dysuria.</p> <p><i>Additional information:</i></p> <p>This syndrome is most commonly caused by <i>Neisseria gonorrhoeae</i> and <i>Chlamydia trachomatis</i>. Other infectious causes of urethral discharge include <i>Trichomonas vaginalis</i>, <i>Ureaplasma urealyticum</i> and <i>Mycoplasma spp.</i></p> <p>2. Genital ulcer syndrome (non-vesicular)</p> <p>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><i>Additional information:</i></p> <p>This syndrome is typically caused by herpes simplex virus (HSV) infection.</p> <p>3. Vaginal discharge syndrome</p> <p>Any female with abnormal vaginal discharge (amount, colour and odour) within or without lower abdominal pain or specific symptoms or risk factors.</p> <p><i>Additional information:</i></p> <p>This syndrome is most commonly caused by bacterial vaginosis, vulvovaginal candidiasis and trichomoniasis; it is less frequently caused by gonococcal or chlamydial infection.</p> <p>4. Lower abdominal pain/Pelvic Inflammatory Disease(PID)</p> <p>Symptoms of lower abdominal pain and pain during sexual relations, with examination showing vaginal discharge, lower abdominal tenderness on palpation, or temperature $>38.0^{\circ}\text{C}$.</p> <p><i>Additional information:</i></p> <p>The commonest causes of this syndrome are lymphogranuloma venereum, chancroid or <i>Chlamydia trachomatis</i>.</p> 		

22. HIV/AIDS

Classification Confirmed case	Source UNAIDS/WHO	
<p data-bbox="129 309 316 338"><i>Case Definition</i></p> <p data-bbox="129 353 1445 454">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 data-bbox="129 477 284 506">Major signs</p> <ul data-bbox="188 521 890 618" style="list-style-type: none">• Weight loss >10% of body weight• Chronic diarrhea for >1 month• Prolonged fever for >1 month (intermittent or constant) <p data-bbox="129 651 284 680">Minor signs</p> <p data-bbox="129 696 1273 725">Persistent cough for >1 month (for patients with TB this should NOT be considered a minor sign)</p> <ul data-bbox="188 741 959 904" style="list-style-type: none">• Generalized pruritic dermatitis• History of herpes zoster• Oropharyngeal candidiasis• Chronic progressive or disseminated herpes simplex infection• Generalized lymphadenopathy <p data-bbox="129 938 1445 999">The presence of either generalized Kaposi sarcoma or cryptococcal meningitis is sufficient for the diagnosis of AIDS for surveillance purposes.</p> <p data-bbox="129 1032 1174 1061">Diagnosis is confirmed by a positive laboratory test as per the specific country protocols</p>		

Part 2 NOTIFIABLE DISEASES

Abdul, 21, from Homs, is undergoing kidney dialysis at Luzmila Hospital in Amman. He was born with diabetes and since arriving in Jordan in 2013 has been unable to get regular treatment due to lack of financial support. In 2016, he suffered kidney failure and lost his eyesight. The cost of his treatment is paid by Islamic Relief Jordan. ; In March 2018, Jordan introduced rules that dramatically increased the cost of healthcare for Syrian refugees. The Government is struggling with the financial burden of hosting more than 650,000 registered refugees from Syria's seven-year conflict and has increased health fees by as much as five times. Charges for a regular hospital birth have

risen from \$85 to \$340 and a caesarean section has increased from \$338 to \$846, for example. For some serious medical conditions, particularly rarer diseases, that need regular treatment, the cost has soared from just a few dollars per month several thousand dollars a month. An impossible sum for refugees with no regular income in a country where 80 per cent of Syrian refugees in urban areas live below the poverty line on less than \$3 per day. Without urgent financial support, vast numbers of Syrian refugees in Jordan requiring treatment and antenatal and postnatal care will be unable to afford it, putting their lives at risk.



1. CHOLERA

Classification	Source	ICD-10 Version 2015
Suspected and confirmed cases	WHO / LSHTM	A00
<p><i>Case Definition:</i></p> <p>Cholera - suspected</p> <p>Person aged over 5 years of age with severe dehydration or death from acute watery diarrhea with or without vomiting.</p> <p>Person aged over 2 years of age with acute watery diarrhea in a geographic location where there is an ongoing cholera outbreak.</p> <p>Cholera - confirmed</p> <p>Isolation of <i>Vibrio cholera</i> O1 or O139 from diarrheal stool sample.</p>		

2. DENGUE

Classification	Source	ICD-10 Version 2015
Suspected and confirmed cases	Centers for Disease Control and Prevention – Atlanta (CDC)	A90, A91
<p><i>Case Definitions:</i></p> <p>Dengue without warning signs:</p> <ul style="list-style-type: none"> • Fever and two of the following: <ul style="list-style-type: none"> • Nausea/vomiting • Rash • Aches and pains • Leukopenia • Positive tourniquet test <p>Dengue with warning signs</p> <ul style="list-style-type: none"> • Dengue as defined above with any of the following: <ul style="list-style-type: none"> • Abdominal pain or tenderness • Persistent vomiting • Clinical fluid accumulation (ascites, pleural effusion) • Mucosal bleeding • Lethargy, restlessness • Liver enlargement >2 cm • Laboratory: increase in HCT concurrent with rapid decrease in platelet count <p>Severe Dengue:</p> <p>Dengue with at least one of the following criteria:</p> <ul style="list-style-type: none"> • Severe plasma leakage leading to shock • (DSS) Fluid accumulation with respiratory distress • Severe Bleeding as evaluated by clinician • Liver AST or ALT > 1000 • CNS: impaired consciousness • Failure of heart and other organs 		

3. DIPHTHERIA

Classification	Source	ICD-10 Version 2015
Suspected and confirmed cases	WHO	A36
<p><i>Case Definition</i></p> <p>Probable Case</p> <p>An illness characterized by laryngitis or pharyngitis or tonsillitis, and an adherent membrane of the tonsils, pharynx and/or nose.</p> <p>Confirmed Case</p> <p>Isolation of <i>Corynebacterium diphtheriae</i> from a clinical specimen, or fourfold or greater rise in serum antibody (but only if both serum samples were obtained before the administration of diphtheria toxoid or antitoxin).</p>		

4. INFLUENZA-LIKE ILLNESS (ILI)

Classification	Source	ICD-10 Version 2015
Suspected cases	WHO	J10-J11
<p><i>Case Definition</i></p> <p>An acute respiratory infection with:</p> <ul style="list-style-type: none"> • measured fever of $\geq 38\text{ C}^\circ$ • and cough or sore throat or runny nose; and • does not meet criteria for LRTI or person under investigation 		

5. INFLUENZA (SUSPECTED H1N1)

Classification	Source	ICD-10 Version 2015
Suspected and confirmed cases	WHO	J09
<p><i>Case Definition</i></p> <p>In order to understand the spectrum of severity of the disease caused by swine influenza A(H1N1) virus infection, the clinical case description includes both mild form of influenza-like illness (ILI) and more severe forms (lower respiratory tract infections including pneumonia and severe acute respiratory illness (SARI)). In addition, asymptomatic laboratory-confirmed infections should be reported. The following case definitions are for the purpose of reporting probable and confirmed cases of swine influenza A(H1N1) virus infection to WHO.</p> <p>Clinical case description</p> <p>Acute febrile respiratory illness (fever $>38\text{ C}^\circ$) with the spectrum of disease from influenza-like illness to pneumonia.</p> <p>Confirmed case</p> <p>A confirmed case of swine influenza A(H1N1) virus infection is defined as an individual with laboratory confirmed swine influenza A(H1N1) virus infection by one or more of the following tests:</p> <p>(1) real-time RT-PCR; (2) viral culture; or (3) four-fold rise in swine influenza A(H1N1) virus specific neutralizing antibodies.</p> <p>A probable case of swine influenza A(H1N1) virus infection is defined as an individual with an influenza test that is positive for influenza A, but is unsubtypable by reagents used to detect seasonal influenza virus infection.</p> <p>OR</p> <p>An individual with a clinically compatible illness or who died of an unexplained acute respiratory illness who is considered to be epidemiologically linked to a probable or confirmed case.</p>		

6. INFLUENZA (SUSPECTED H5N1)

Classification	Source	ICD-10 Version 2015
Suspected and confirmed cases	WHO	J09
<p><i>Case Definition</i></p> <p>Person under investigation A person who health authorities have decided to investigate for possible H5N1 infection.</p> <p>Suspected H5N1 case A person presenting with unexplained acute lower respiratory illness with fever (>38 °C) and cough, shortness of breath or difficulty breathing.</p> <p>AND One or more of the following exposures in the 7 days prior to symptom onset:</p> <ul style="list-style-type: none"> a. Close contact (within 1 meter) with a person (e.g. caring for, speaking with, or touching) who is a suspected, probable, or confirmed H5N1 case; b. Exposure (e.g. handling, slaughtering, defeathering, butchering, preparation for consumption) to poultry or wild birds or their remains or to environments contaminated by their faeces in an area where H5N1 infections in animals or humans have been suspected or confirmed in the last month; c. Consumption of raw or undercooked poultry products in an area where H5N1 infections in animals or humans have been suspected or confirmed in the last month; d. Close contact with a confirmed H5N1 infected animal other than poultry or wild birds (e.g. cat or pig); e. Handling samples (animal or human) suspected of containing H5N1 virus in a laboratory or other setting. <p>Probable H5N1 case (notify WHO)</p> <p>Probable definition 1: A person meeting the criteria for a suspected case</p> <p>AND One of the following additional criteria:</p> <ul style="list-style-type: none"> a. infiltrates or evidence of an acute pneumonia on chest radiograph plus evidence of respiratory failure (hypoxemia, severe tachypnea) <p>OR</p> <ul style="list-style-type: none"> b. positive laboratory confirmation of an influenza A infection but insufficient laboratory evidence for H5N1 infection. <p>Probable definition 2: A person dying of an unexplained acute respiratory illness that is epidemiologically linked by time, place, and exposure to a probable or confirmed H5N1 case.</p> <p>Confirmed H5N1 case (notify WHO) A person meeting the criteria for a suspected or probable case and confirmed by a national, regional or international influenza laboratory accepted as WHO collaborative/reference laboratory.</p>		

7. PERTUSSIS (WHOOPIING COUGH)

Classification	Source	ICD-10 Version 2015
Suspected and confirmed cases	WHO	A37
<p><i>Case Definition</i></p> <p>Clinical case definition A case diagnosed as pertussis by a physician</p> <p>OR</p>		

A person with a cough lasting at least two weeks with at least one of the following symptoms:

- Paroxysms (i.e. fits) of coughing
- Inspiratory whooping
- Post-tussive vomiting (i.e. vomiting immediately after coughing) without other apparent cause

Criteria for laboratory confirmation

Isolation of *Bordetella pertussis*

OR

Detection of genomic sequences by means of the polymerase chain reaction (PCR)

OR

Positive paired serology

8. PLAGUE

Classification	Source	ICD-10 Version 2015
Suspected and confirmed cases	CDC	A20
<p><i>Case Definition</i></p> <p>Clinical Description The disease is characterized by fever, chills, headache, malaise, prostration, and leukocytosis that manifests in one or more of the following principal clinical forms:</p> <ul style="list-style-type: none"> • Regional lymphadenitis (bubonic plague) • Septicemia without an evident bubo (septicemic plague) • Plague pneumonia, resulting from hematogenous spread in bubonic or septicemic cases (secondary pneumonic plague) or inhalation of infectious droplets (primary pneumonic plague) • Pharyngitis and cervical lymphadenitis resulting from exposure to larger infectious droplets or ingestion of infected tissues (pharyngeal plague) <p>Laboratory Criteria for Diagnosis</p> <p>Presumptive Elevated serum antibody titer(s) to <i>Yersinia pestis</i> fraction 1 (F1) antigen (without documented fourfold or greater change) in a patient with no history of plague vaccination, OR Detection of F1 antigen in a clinical specimen by fluorescent assay</p> <p>Confirmed Isolation of <i>Y. pestis</i> from a clinical specimen, OR Fourfold or greater change in serum antibody titer to <i>Y. pestis</i> F1 antigen</p>		

9. POLIOMYELITIS / ACUTE FLACCID PARALYSIS

Classification	Source	ICD-10 Version 2015
Clinically confirmed case	WHO	A80
<p><i>Case Definition</i></p> <p>Any child under 15 years of age with acute flaccid paralysis or any person of any age with paralytic illness if polio is suspected.</p>		

10. RABIES

Classification	Source	ICD-10 Version 2015
Suspected and confirmed cases	WHO	A82
<p><i>Case Definition</i></p> <p>Clinical case definition: a person presenting with an acute neurological syndrome (encephalitis) dominated by forms of hyperactivity (furious rabies) or paralytic syndromes (dumb rabies) progressing towards coma and death, usually by respiratory failure, within 7-10 days after the first symptom if no intensive care is instituted.</p> <p>Laboratory criteria One or more of the following:</p> <ul style="list-style-type: none"> • Detection of rabies viral antigens by direct fluorescent antibody test (FAT) or by ELISA in clinical specimens, preferably brain tissue (collected post mortem). • Detection by FAT on skin biopsy (ante mortem). • FAT positive after inoculation of brain tissue, saliva or CSF in cell culture, or after intracerebral inoculation in mice or in suckling mice. • Detectable rabies-neutralizing antibody titre in the serum or the CSF of an unvaccinated person. • Detection of viral nucleic acids by PCR on tissue collected post mortem or intra vitam in a clinical specimen (brain tissue or skin, cornea, urine or saliva). <p>Probable A suspected case plus history of contact with a suspected rabid animal</p> <p>Confirmed A suspected case that is laboratory confirmed</p>		

11. TETANUS

Classification	Source	ICD-10 Version 2015
Suspected cases	WHO	A33-A35
<p><i>Case Definition</i></p> <ul style="list-style-type: none"> • Muscle rigidity that progressively affects the entire body • Painful Paroxymal spasms • Level of consciousness is not altered. <p>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 and not investigated</p> <p>Confirmed Any neonate with normal ability to suck and cry during the first 2 days of life and who, between 3 and 28 days of age, cannot suck normally and Becomes stiff or has spasms (i.e. jerking of the muscles)</p>		

12. YELLOW FEVER

Classification	Source	ICD-10 Version 2015
Suspected and confirmed cases	WHO	A95
<p><i>Case Definition</i></p> <p>Clinical case definition A sudden onset of fever; chills; head, back and muscle pain; nausea and vomiting. These may progress to jaundice and hemorrhagic signs or death within three weeks of onset.</p> <p>Suspected case A case that is characterized by acute onset of fever followed by jaundice within 2 weeks of the onset of the first symptoms</p> <p>Confirmed A suspected case that is laboratory confirmed or epidemiologically linked to a laboratory-confirmed case or outbreak</p> <p>Laboratory criteria for Diagnosis Presence of yellow-fever-specific IgM or a fourfold or greater rise in serum IgG levels (acute or convalescent) in the absence of recent yellow fever vaccination</p> <ul style="list-style-type: none"> • Or isolation of yellow fever virus • Or positive postmortem liver histopathology • Or detection of yellow fever antigen in tissues by immunohistochemistry • Or detection of yellow fever virus genomic sequences in blood or organs by PCR 		

13. TYPHOID FEVER

Classification	Source	ICD-10 Version 2015
Probable and confirmed cases	WHO	A95
<p>Probable Case A patient with persistent fever (38 degrees Celsius or more) lasting 3 or more days, with a positive sero-diagnosis or antigen detection test but no S.typhi isolation A clinical compatible case that is epidemiologically linked to a confirmed case in an outbreak</p> <p>Confirmed case A patient with persistent fever (38 degrees Celsius or more) lasting 3 days or more days with laboratory culture confirmed S.typhi organisms (blood, bone marrow, bowel fluid) A clinical compatible case that is laboratory confirmed using bacterial culture.</p> <p>Chronic Carrier State An individual excreting S.typhi in the stool or urine for longer than one year after the onset of acute typhoid fever</p>		

14. MEASLES

Classification Suspected and Confirmed Case	Source WHO	
<p><i>Weekly Alert Threshold</i> 1 case</p>		
<p><i>Case Definition</i></p> <p>Suspected case Any person with fever and maculopapular (non-vesicular) rash and cough, coryza (running nose) or conjunctivitis (red eyes)</p> <p>OR Any person in whom a clinician suspects measles</p> <p>Confirmed</p> <ul style="list-style-type: none"> • Laboratory-confirmed: A case that meets the clinical case definition and is laboratory-confirmed • Epidemiologically confirmed: A case that meets the clinical case definition and is linked to a laboratory-confirmed case • Clinically confirmed: A case that meets the clinical case definition and for which no adequate blood specimen was taken • Discarded: A suspect case that does not meet the clinical or laboratory definition <p>A measles death is a death occurring within 30 days of onset of the rash.</p>		

15. VARICELLA (CHICKEN POX)

Classification Syndromic Case	Source WHO/ICD	
<p><i>Case Definition</i></p> <p>Clinical Description An illness with acute onset of diffuse (generalized) maculo-papulovesicular rash without other apparent cause.</p> <p>Laboratory Criteria for Diagnosis</p> <ul style="list-style-type: none"> • Isolation of varicella virus from a clinical specimen, OR • Varicella antigen detected by direct fluorescent antibody test, OR • Varicella-specific nucleic acid detected by polymerase chain reaction (PCR), OR • Significant rise in serum anti-varicella immunoglobulin G (IgG) antibody level by any standard serologic assay. 		

Part 3 CHRONIC HEALTH CONDITIONS

In order to respond to the increasing Venezuelan influx, The Brazilian Federal Government established a Screening Centre that started operating at the border location of Pacaraima on June 18th and is being coordinated by the Army. UNHCR and IOM are working together to provide guidance and information to Vene-

zuelans on asylum procedures and other available legal forms of stay. Furthermore, UNHCR is carrying out biometric registration, identifying and addressing specific needs as well as collecting and compiling data on gender, age, education, professional background and vaccination.



Many of the following categories are not true case definitions. They describe the range of disorders that can be grouped within each chronic disease reporting category. Many are defined by the WHO International Classification of Disease (ICD-10).

The codes listed in [blue](#) are linked to the WHO ICD website which provides more information on each sub-category.

1. DIABETES

Classification Suspected	Source HIS	
<p><i>Case Definition</i></p> <p>Any person with following symptoms:</p> <ul style="list-style-type: none"> • weight loss and • polyuria (frequent urination) and • polydipsia (increased thirst) <p>In which other causes have been excluded.</p> <p>Notes: This case definition includes suspected cases of both type I and type II diabetes. There may or may not be associated symptoms of blurred vision (especially in type I diabetes) as well as gastric symptoms (e.g. nausea, vomiting and abdominal pain).</p> <p><i>Confirmed</i></p> <p>Two tests on two separate occasions required. If above symptoms are present, a single test is confirmatory.</p> <p>Fasting glucose (Best test) 126mg/dl or more, 7mmol/l or more</p> <p>Random glucose 200mg/dl or more, 11.1mmol/l or more</p>		

2. HYPERTENSION

Classification Confirmed	Source HIS	
<p><i>Case Definition</i></p> <p>Any person aged 18 years or older with a systolic and/or a diastolic blood pressure measurement higher than 139 mmHg systolic, 89 mmHg diastolic on at least 2 consecutive visits.</p>		

3. ASTHMA

Classification Suspected	Source WHO	
<p><i>Case Definition</i></p> <p>Asthma and COPD can both present with cough, difficult breathing, tight chest and/or wheezing. If uncertainty exists, the following features make a diagnosis of asthma more likely:</p> <ul style="list-style-type: none"> • previous diagnosis of asthma; • symptoms since childhood or early adulthood; • history of hayfever, eczema; • intermittent symptoms with asymptomatic periods in between; • symptoms worse at night or early morning; • symptoms triggered by respiratory infection, exercise, weather changes or stress; • Symptoms respond to salbutamol. <p>Probable</p> <p>Measuring PEF before and 15 minutes after two puffs of salbutamol. If the PEF improves by 20%, a diagnosis of asthma is very probable.</p>		

4. ISCHEMIC HEART DISEASE

Classification Probable	Source WHO ICD	
<p><i>Case Definition</i></p> <p>Symptoms of a heart attack may include</p> <ul style="list-style-type: none"> • Pain or discomfort in the centre of the chest; • Pain or discomfort in the arms, the left shoulder, elbows, jaw, or back. • difficulty in breathing or shortness of breath; • feeling sick or vomiting; • feeling light-headed or faint; • breaking into a cold sweat; • becoming pale <p>A person diagnosed with a condition related to ICD I20-I25 Ischaemic heart disease, including:</p> <ul style="list-style-type: none"> I20 Angina pectoris I21 Acute myocardial infarction I22 Subsequent myocardial infarction I23 Certain current complications following acute myocardial infarction I24 Other acute ischemic heart diseases I25 Chronic ischemic heart disease 		

5. CARDIOVASCULAR DISORDERS

Classification Probable	Source WHO/ICD	
<p><i>Case Definition</i></p> <p>A person with any health condition related to disorders of the heart and blood vessels including:</p> <ul style="list-style-type: none"> I00-I02 Acute rheumatic fever I05-I09 Chronic rheumatic 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 I60-I62 Non-traumatic intracranial hemorrhage (i.e., spontaneous subarachnoid, intracerebral, or subdural hemorrhages) I63 Cerebral infarctions (i.e., due to a vessel thrombosis or embolus) I65-I66 Occlusion and stenosis of cerebral or precerebral vessels without infarction I67-I68 Other cerebrovascular diseases I69 Sequelae of cerebrovascular disease (late effect) <p>Symptoms of a stroke may include:</p> <ul style="list-style-type: none"> • sudden weakness of the face, arm, or leg, most often on one side of the body • numbness of the face, arm, or leg, especially on one side of the body • confusion, difficulty speaking or understanding speech • difficulty seeing with one or both eyes • difficulty walking, dizziness, loss of balance or coordination • severe headache with no known cause and • fainting or unconsciousness. <p>Symptoms of rheumatic heart disease may include:</p> <ul style="list-style-type: none"> • shortness of breath • fatigue • irregular heartbeats • chest pain and • fainting. 		

Symptoms of acute rheumatic fever may include:

- fever
- pain and swelling of the joints
- nausea
- stomach cramps and vomiting.

Exclusion criteria: ICD category **I20-I25** Ischaemic heart diseases are **excluded** from this case definition, as they are reported separately.

6. CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

Classification	Source WHO	
Case Definition		
<p>Both asthma and COPD can present with cough, difficult breathing, tight chest and/or wheezing. If there is diagnostic uncertainty, the following features favor COPD:</p> <ul style="list-style-type: none">• previous diagnosis of COPD;• history of heavy smoking, i.e. >20 cigarettes per day for >15 years;• history of heavy and prolonged exposure to burning fossil fuels in an enclosed space, or high exposure to dust in an occupational setting;• symptoms started in middle age or later (usually after age 40);• symptoms worsened slowly over a long period of time;• long history of daily or frequent cough and sputum production often starting before shortness of breath;• symptoms that are persistent with little day-to-day variation		
Probable		
<p>Measuring PEF before and 15 minutes after two puffs of salbutamol may also help. If the PEF improves by < 20%, COPD is more likely</p>		

7. LIVER DISEASE

Classification Probable	Source WHO ICD	
Case Definition		
<p>A person with liver disease of any type, including: Damage to or a disease of the liver, including fascioliasis, chronic hepatitis, alcoholic liver disease, and others. Symptoms may include weakness, fatigue, weight loss, nausea, vomiting, and yellow discoloration of the skin.</p>		
<ul style="list-style-type: none">K70 Alcoholic liver diseaseK71 Toxic liver diseaseK72 Hepatic failure, not elsewhere classifiedK73 Chronic hepatitis, not elsewhere classifiedK74 Fibrosis and cirrhosis of liverK75 Other inflammatory liver diseasesK76 Other diseases of liverK77 Liver disorders in diseases classified elsewhere		
<p>Note: Exclude Acute hepatitis</p>		

8. THYROID DISORDERS

Classification Probable	Source WHO ICD	
<p><i>Case Definition</i></p> <p>Symptoms may include lethargy, slower mental processes or depression, reduced heart rate, increased sensitivity to cold, tingling or numbness in the hands, and/or development of a goiter (an enlargement in your neck).</p> <ul style="list-style-type: none"> E00 Congenital iodine-deficiency syndrome E01 Iodine-deficiency-related thyroid disorders and allied conditions E02 Subclinical iodine-deficiency hypothyroidism E03 Other hypothyroidism E04 Other nontoxic goiter E05 Thyrotoxicosis [hyperthyroidism] E06 Thyroiditis E07 Other disorders of thyroid 		

9. CANCER

Classification Probable	Source WHO ICD	
<p><i>Case Definition</i></p> <p>A person with cancer of any type, including:</p> <ul style="list-style-type: none"> C00-C97 Malignant neoplasms D00-D09 In situ neoplasms D10-D36 Benign neoplasms D37-D48 Neoplasms of uncertain or unknown behavior 		

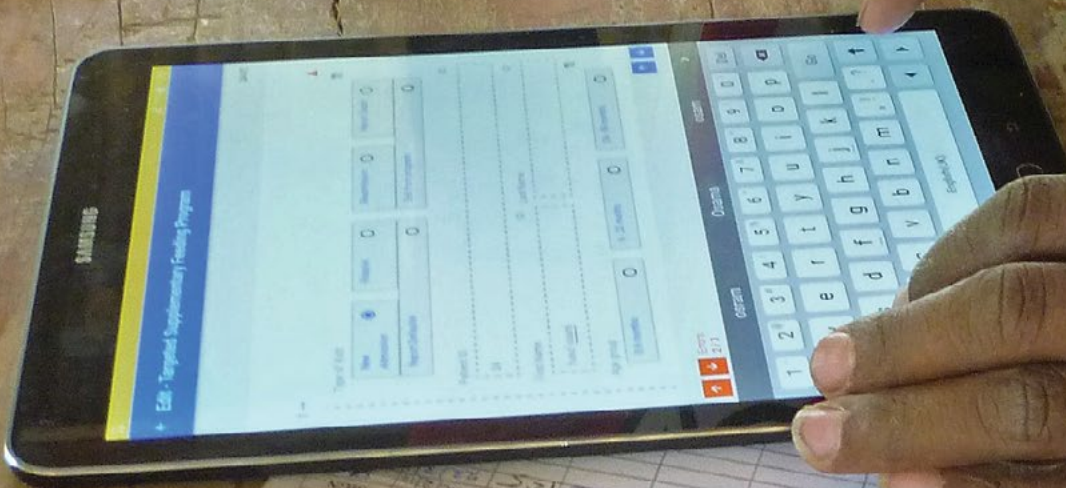
10. RENAL DISEASE

Classification Probable	Source ICD	
<p><i>Case Definition</i></p> <p>Renal diseases refer to any disease of the kidneys, including:</p> <ul style="list-style-type: none"> 581 Nephrotic syndrome 582 Chronic glomerulonephritis 583 Nephritis and nephropathy 584 Acute renal failure 585 Chronic renal failure 586 Renal failure, unspecified 587 Renal sclerosis, unspecified 588 Disorders resulting from impaired renal function 589 Small kidney of unknown cause 		

Part 4 MENTAL HEALTH

Nutrition Assistant in Kakuma Refugee Camp using tablet to enter data at the nutrition center.

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IRCAKUMA NUTRITION FEEDING PROGRAM
CHILDREN (6-23 MONTHS)
George
Natalena
Lorkin
K079K
Zone: 2
Block: 12
Center: 4
Date of Birth: 24/1/17
Date of Admission: 26/5/16
Address: Natalena Ikorok
Member's Name: George
Number's Name: Natalena
Address: Natalena Ikorok
Zone: 2
Block: 12
Center: 4
National Card #14488652
974

DATE	WEIGHT	HEIGHT	Z SCORE	MIAC	TCA	TCV	TCN
26/5/16	2.6	76.8	NA	18.5	22.2	22.2	22.2

This section contains various mental, neurological and substance use (MNS) conditions.

All categories except 'Self-Harm (including suicide attempt)' 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.

The conditions are often chronic. The distinction between new and follow-up cases needs to be clear within HIS forms.

Most of the case definitions include *specifiers for dedicated mental health workers*. These will only be available to health workers who have completed advanced mental health training and/or are assigned by the health facility to do dedicated consultations for MNS conditions with appropriate supervision and support.

1. EPILEPSY/SEIZURES

Classification	Source	ICD-10
Probable case	WHO/UNHCR mhGAP HIG and expert group	G40-G47
<p><i>Case Definition</i></p> <p>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.</p> <p>NB: pseudo seizures that can mimic epileptic seizures closely in terms of changes in consciousness and movements are classified under 'other psychological complaint'</p>		

2. ALCOHOL OR OTHER SUBSTANCE USE DISORDER

Classification	Source	ICD-10 Version 2015
Probable case	WHO/UNHCR mhGAP HIG and expert group	F10-F19
<p><i>Case Definition</i></p> <p>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.</p> <p>Specifiers for dedicated mental health workers:</p> <ol style="list-style-type: none"> Alcohol-related disorders (F10) Substance use disorders related to opiate use (F11) Substance use disorders related to use of benzodiazepine or other prescription medication (F13) Other substance use disorders (F12, F14 - F19) <p>Exclusion criteria: The category should not be applied to people who are heavy users of alcohol or other substances if they can control their consumption.</p>		

3. INTELLECTUAL DISABILITY AND DEVELOPMENTAL DISORDER

Classification	Source	ICD-10 Version 2015
Probable case	WHO/UNHCR mhGAP HIG and expert group	F70-F79 F84
<p><i>Case Definition</i></p> <p>A person with intellectual disability has low intelligence causing problems in daily living. As a child, this person is slow in learning to speak. As an adult, the person may be able work if tasks are simple. The person will have difficulties in living independently or in looking 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.</p> <p><i>Specifiers for dedicated mental health workers:</i></p> <ul style="list-style-type: none"> a) Intellectual disability (F70-F79) b) Developmental disorder, such as autism spectrum disorder (F84), characterized by deficits in social interaction and social communication, and by restricted, repetitive, and inflexible patterns of behaviour and interests. The onset of the disorder is in childhood. 		

4. PSYCHOTIC DISORDER (INCLUDING BIPOLAR DISORDER)

Classification	Source	ICD-10 Version 2015
Probable case	WHO/UNHCR mhGAP HIG and expert group	F20-F29
<p><i>Case Definition</i></p> <p>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.</p> <p>Alternatively they may go through periods of being extremely happy, irritable, energetic, talkative, and reckless. The person's behavior is considered "crazy"/highly bizarre by other people from the same culture.</p> <p><i>Specifiers for dedicated mental health workers:</i></p> <ul style="list-style-type: none"> a) Acute psychosis (if symptoms persist for less than 3 months (F23)) b) Chronic psychosis (if symptoms persist for more than 3 months) (F20-F22) c) Bipolar disorder (mania) F30-F31, F25 		

5. DEMENTIA OR DELIRIUM

Classification	Source	ICD-10 Version 2015
Probable case	WHO/UNHCR mhGAP IG and expert group	F01-F05
<p><i>Case Definition</i></p> <p>Dementia: The person has problems with memory (severe forgetfulness) and orientation (awareness of time, place and person) that have existed for at least six months and worsen over time. The person has increasing difficulties in carrying out usual work, domestic or social activities.</p> <p>Delirium: Transient and fluctuating state of severe confusion caused by physical conditions including infection, drug toxicity/withdrawal, head injury and metabolic disturbances. It is characterized by disturbed attention and reduced orientation to the environment and is often accompanied by hallucinations and disturbed behaviour.</p> <p><i>Specifiers for dedicated mental health workers:</i></p> <ul style="list-style-type: none"> a) Dementia (F0-F4) b) Delirium (F5) 		

6. MODERATE-SEVERE EMOTIONAL DISORDER / DEPRESSION

Classification	Source	ICD-10 Version 2015
Probable case	WHO/UNHCR mhGAP HIG and expert group	F32-F39, F40-42, F43.1
<p><i>Case Definition</i></p> <p>The person's daily normal functioning is markedly impaired for more than two weeks due to (a) overwhelming sadness/apathy and/or (b) highly distressing symptoms related to traumatic events (re-experiencing plus avoidance plus hyper-arousal) and/or (c) Exaggerated or uncontrollable anxiety/fear.</p> <p>Personal relationships, appetite, sleep and concentration are often affected. The person may complain of severe fatigue and be socially withdrawn, often staying in bed for much of the day. Suicidal thinking is common.</p> <p>This category includes people with moderate-severe depression, posttraumatic stress disorder, or severe forms of anxiety disorders. NB: People often have mixed presentations.</p> <p>Exclusion criteria: Milder forms of these disorders that do not cause marked impairment of daily functioning are classified as "other psychological complaint".</p> <p><i>Specifiers for dedicated mental health workers:</i></p> <p>a) <i>Moderate-severe depression F32-F39</i></p> <ol style="list-style-type: none"> a. Persistent depressed mood and/or markedly diminished interest in or pleasure from activities for at least two weeks), AND b. Several of the following: <ul style="list-style-type: none"> • disturbed sleep, • change in appetite or weight, • beliefs of worthlessness or excessive guilt, • fatigue or loss of energy • reduced ability to concentrate and sustain attention on tasks • indecisiveness • observable agitation or physical restlessness • talking or moving more slowly than normal • hopelessness about the future • suicidal thoughts or acts. c. Considerable difficulty with daily functioning in personal, family, social, educational, occupational or other important domains. <p>b) <i>Posttraumatic stress disorder (F43.1)</i></p> <ol style="list-style-type: none"> a. Re-experiencing symptoms, AND b. Avoidance symptoms, AND c. Symptoms related to a heightened sense of current threat, AND d. Considerable difficulty with daily functioning in personal, family, social, educational, occupational or other important domains. <p>c) <i>Other moderate-severe emotional disorders including moderate-severe forms of anxiety disorder and mixed presentations (F40-42)</i></p>		

7. MEDICALLY UNEXPLAINED SOMATIC COMPLAINT

Classification	Source	ICD-10 Version 2015
Probable case	WHO/UNHCR mhGAP HIG and expert group	F45
<p><i>Case Definition</i></p> <p>The category covers any somatic/physical complaint that does not have an apparent organic cause.</p> <p>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.</p>		

8. SELF-HARM (INCLUDING SUICIDE ATTEMPT)

Classification	Source	ICD-10 Version 2015
Probable case	<ul style="list-style-type: none"> WHO/UNHCR mhGAP HIG Practice manual for establishing and maintaining surveillance systems for suicide attempts and self-harm (WHO, 2016) Expert group 	X71-X84 T14.91
<p><i>Case Definition</i></p> <p>Self-harm (including suicide attempt) is an intentional self-inflicted poisoning or injury, which may or may not have a fatal intent. Examples include burning, stabbing, self-poisoning (including overdose of illegal drugs or medication where it is clear that the self-harm was intentionally inflicted).</p> <p>Exclusion criteria:</p> <p>If the harm is clearly the result of an accident, then the case is not considered to be self-harm.</p> <p><i>Specifiers for dedicated mental health workers:</i></p> <ol style="list-style-type: none"> Self-harm without suicidal intention: intentional self-inflicted poisoning or injury, <u>without the intention to die.</u> <u>Suicide attempts:</u> A non-fatal, self-directed, potentially injurious behavior <u>with an intent to die</u> as a result of the behavior; might or might not result in injury. 		

9. OTHER PSYCHOLOGICAL COMPLAINT

Classification	Source	ICD-10 Version 2015
Probable case	WHO/UNHCR mhGAP HIG and expert group	F43.0, F43.2-F43.9, F44, F50-F52, F54
<p><i>Case Definition</i></p> <p>This category covers complaints related to emotions (e.g., depressed mood, anxiety), thoughts (e.g., ruminating, poor concentration) or behavior (e.g., inactivity, aggression).</p> <p>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).</p> <p>This category includes:</p> <ul style="list-style-type: none"> Acute stress: a wide range of non-specific psychological and medically unexplained physical complaints in reaction to a distressing event within the last month. Grief ('Significant symptoms of grief'): non-specific psychological and medically unexplained physical complaints starting in reaction to a loss that has occurred within the last 6 months and that cause considerable difficulty with daily functioning (beyond what is culturally expected) or if people seek help for the symptoms. Other psychological complaint such as dissociation, behavioral problems, etcetera. <p>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 more specific categories.</p> <p><i>Specifiers for dedicated mental health workers:</i></p> <ul style="list-style-type: none"> Acute Stress F43.0, F43.2-F43.9) Grief: ('Significant symptoms of grief') Dissociative disorder (conversion) (F44) Other psychological complaint 		

Part 5 INJURIES

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Lab technician, Mohammad Fazle Rabby, takes a blood sample from Rohingya refugee, Nur Alam, while working the night-shift at a 24-hour clinic in Kutupalong. Equitable access to healthcare is among UNHCR's aims in supporting the Rohingya community in Bangladesh, where limited night and weekend care has been a critical gap. Currently, 25 primary health centres provide night services in the camps. UNHCR supports nine of those facilities and is gradu-

ally strengthening services, upgrading facilities and widening coverage. Since the arrival of more than 740,000 Rohingya refugees beginning in August 2017, UNHCR and its partner NGOs and UN agencies have worked closely with the Bangladesh Ministry of Health and Family Welfare. The big breakthrough has been the expansion of night services and a 24/7 ambulance service to take critically ill refugees to hospitals outside the settlements.

1. BITES (ALL CAUSES)

Classification	Source	ICD-10 Version 2015
Confirmed(Clinical) case	HIS	
<p><i>Case Definition</i> A skin wound or puncture produced by an animal's teeth or mouthparts.</p> <p>Inclusion criteria: this category includes bites from all types of animal (including dogs, spiders, snakes, scorpions etc)</p>		

2. INJURY (BURNS)

Classification	Source	ICD-10 Version 2015
Confirmed(Clinical) case	HIS	
<p><i>Case Definition</i> A burn is an injury to the skin or other organic tissue primarily caused by heat or due to radiation, radioactivity, electricity, friction or contact with chemicals.</p> <p>Note: (excluding war-related burns)</p>		

3. INJURY (UNINTENTIONAL)

Classification	Source	ICD-10 Version 2015
Confirmed(Clinical) case	HIS	
<p><i>Case Definition</i> An event which results in minor injury. Ex, simple wound.</p>		

4. ACCIDENT

Classification	Source	ICD-10 Version 2015
Confirmed(Clinical) case	HIS	
<p><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.</p>		

5. ASSAULT

Classification	Source	ICD-10 Version 2015
Confirmed(Clinical) case	HIS	
<p><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. Case Definition Any intentional physical contact with another person without their consent.</p> <p>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.</p>		

Annex 1

DEFINITIONS OF 'NEW VISIT' AND 'REVISIT' FOR ACUTE HEALTH CONDITIONS

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 1

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*
URTI, LRTI, ILI	Skin infection	Tuberculosis	Measles
Watery diarrhea	Ear infection	Meningitis	Polio
Bloody diarrhea	Dental conditions		
Eye infection	STI Urinary Tract Infection		
Intestinal worms			
Fever of unknown origin			

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



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