

CASE DEFINITIONS FOR INTERNALLY DISPLACED PERSONS SURVEILLANCE SYSTEM (IDPSS)

ACUTE HEMORRHAGIC FEVER SYNDROME

Acute onset of fever of less than 3 weeks' duration in a severely ill patient and any two of the following:

- Hemorrhagic or purpuric rash
- Epistaxis
- Hematemesis
- Hemoptysis
- Blood in stools
- Other hemorrhagic symptom and no known predisposing host factors for hemorrhagic manifestations

SUSPECTED CASE OF MENINGITIS

Sudden onset fever ($>38.0^{\circ}\text{C}$ axillary) and one of the following signs:

- Neck stiffness
- Altered consciousness
- Other meningeal signs **or** petechial/purpurial rash

In patients under 1 year of age, meningitis is suspected when fever is accompanied by bulging of the fontanelle.

Meningeal Signs

- Brudzinski's Sign - Severe neck stiffness causes the patient's hips and knees to flex when the neck is flexed
- Kernig's Sign – Severe stiffness of the hamstrings causes an inability to straighten the leg when the hip is flexed to 90 degrees

SUSPECTED CASE OF DIPHTHERIA

Laryngitis or pharyngitis or tonsillitis and adherent membrane of the tonsils, pharynx and/or nares.

ACUTE FLACCID PARALYSIS (suspected poliomyelitis)

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

SUSPECTED CASE OF MEASLES

Fever **and** maculopapular rash (i.e. non-vesicular) **and** one of the following: cough, coryza (i.e. runny nose) or conjunctivitis (i.e. red eyes);

or

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

BITE BY ANIMAL SUSPECTED OF HAVING RABIES

A person who has had close contact (usually a bite or a scratch) with a rabies-susceptible animal (dog, cat, bat, mongoose) or an animal displaying clinical signs consistent with rabies (aggression/unprovoked bite, unusual behavior, excessive salivation) at the time of exposure, or within 10 days following exposure.

FEVERS OF UNKNOWN ORIGIN:

Person with fever (>38°C) in whom all obvious causes of fever have been excluded. This would include suspected cases of Dengue Fever.

Note: Please see “Dengue Diagnosis, Treatment, and Reporting in Haiti” for the dengue testing protocol for all patients with fever of unknown origin.

ACUTE FEBRILE ILLNESS WITH JAUNDICE

Acute onset of jaundice **and** fever >38°C with the absence of any known precipitating factors.

ACUTE RESPIRATORY INFECTION

Fever >38° and at least one of the following:

Rhinitis, cough, redness or soreness of throat

Or

Fever **and** fast breath **and** at least one of the following: cough or difficulty breathing

Respiratory distress in children under 5:

- Breathing 50 or more times per minute for infants aged 2 months to 1 year;
- Breathing 40 or more times per minute for children aged 1 to 5 years;
- Severe respiratory distress in a child may be signaled by an inability to drink or breastfeed, persistent vomiting, convulsions, lethargy, or chest indrawing or stridor in a calm child

ACUTE NON-BLOODY DIARRHEA

Acute diarrhea (three or more abnormally loose or fluid stools in the past 24 hours) with or without dehydration.

ACUTE BLOODY DIARRHEA

Acute diarrhea with visible blood in the stool.

SUSPECTED TYPHOID FEVER

A patient with fever (38°C and above) that has lasted for at least three days

And

2 of the following: Headache, Anorexia, Abdominal pain, Constipation, Diarrhea, Vomiting

And

Other obvious causes of fever have been excluded.

For example, malaria should be ruled out (by high clinical suspicion, RDT, or microscopy) before giving a diagnosis of suspected typhoid fever.

SUSPECTED CASE OF PERTUSSIS

Cough for >2 weeks and 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

SUSPECTED CASE OF TETANUS (Tetanus and Neonatal Tetanus)

In an adult with a wound history or a visible infection entry point:

- Jaw contracture with impossibility to eat and to talk,
- Painful muscular contractions
- Generalized muscle spasms
- Rigidity

In a neonate:

- Any neonate with normal ability to suck and cry during the first 2 days of life who between 3 and 28 days of age cannot suck normally and becomes stiff or has convulsions (i.e. jerking of the muscles).

SUSPECTED MALARIA

• Uncomplicated malaria

Fever ($>38.0^{\circ}\text{C}$) or history of fever within the past 48 hours (with or without other symptoms such as nausea, vomiting and diarrhoea, headache, back pain, chills, myalgia) in whom other obvious causes of fever have been excluded.

• Severe malaria

Symptoms as for uncomplicated malaria, plus drowsiness with extreme weakness and associated signs and symptoms related to organ failure such as disorientation, loss of consciousness, convulsions, severe anaemia, jaundice, haemoglobinuria, spontaneous bleeding, pulmonary oedema and shock.

CONFIRMED MALARIA

Demonstration of malaria parasites in blood film by examining thick or thin smears, or by rapid diagnostic test kit.

SUSPECTED CASE OF CUTANEOUS ANTHRAX

Skin lesion evolving over 1–6 days: papular through vesicular stage, to depressed black eschar invariably accompanied by oedema that may be mild or extensive.

HIV/AIDS (with interruption in ART)

Any HIV-infected patient who states that he or she has experienced an interruption in HIV care or in anti-retroviral therapy (ART).

TUBERCULOSIS (with interruption in TB treatment)

Any patient who has active Tuberculosis (TB) and is currently out of care or experiencing an interruption in anti-TB treatment.