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

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Additional disease reporting

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

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

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

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

<table>
<thead>
<tr>
<th>Classification</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suspected case</td>
<td>Clinical signs and symptoms compatible with the disease in question but no laboratory evidence of infection</td>
</tr>
<tr>
<td>Confirmed case</td>
<td>Definite laboratory evidence of current or recent infection, <em>whether or not</em> clinical signs or symptoms are or have been present</td>
</tr>
<tr>
<td>Syndromic case</td>
<td>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</td>
</tr>
<tr>
<td>Probable case</td>
<td>Compatible signs and symptoms and additional epidemiological or laboratory evidence for the disease in question</td>
</tr>
</tbody>
</table>

---

### Notes

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

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

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

<table>
<thead>
<tr>
<th>Classification</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suspected case</td>
<td>WHO</td>
</tr>
</tbody>
</table>

**Weekly Alert Threshold**

1.5 times the baseline

**Case Definition**

**Uncomplicated malaria**
Any person with fever or history of fever within the past 48 hours (with or without other symptoms such as nausea, vomiting and diarrhoea, headache, back pain, chills, myalgia) in whom other obvious causes of fever have been excluded.

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

2. *Malaria (confirmed)*

<table>
<thead>
<tr>
<th>Classification</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confirmed case</td>
<td>WHO</td>
</tr>
</tbody>
</table>

**Weekly Alert Threshold**

1.5 times the baseline

**Case Definition**

**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.

**To confirm a case**
Demonstration of malaria parasites in blood film by examining thick or thin smears, or by rapid diagnostic test kit for *Plasmodium falciparum*.

3. Upper Respiratory Tract Infection (URTI)

<table>
<thead>
<tr>
<th>Classification</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Syndromic Case</td>
<td>WHO/IMCI</td>
</tr>
</tbody>
</table>

**Case Definition**

**Cough/Cold** (non pneumonia)
Running nose, cough and low grade fever.

---

Baseline = average weekly number of cases of the disease calculated over the past 3 weeks (include both suspected and confirmed malaria cases)
4. Lower Respiratory Tract Infection (LRTI)

<table>
<thead>
<tr>
<th>Classification</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Syndromic Case</td>
<td>WHO/IMCI</td>
</tr>
</tbody>
</table>

**Case Definition**

**Pneumonia**
Any child 2 months to 5 years of age with cough or difficulty breathing and:
- breathing faster than 50 breaths / minute (2 – 12 months)
- breathing faster than 40 breaths / minute (1 – 5 years)
(Infants less than 2 months with fast breathing 60 breaths or more per minute are referred for serious bacterial infection).

**Severe pneumonia**
Any child 2 months to 5 years of age with cough or difficulty breathing and any of the following general danger signs:
- unable to drink or breastfeed
- vomits everything
- convulsions
- lethargic or unconscious
or chest indrawing or stridor in a calm child.

5. Skin disease

<table>
<thead>
<tr>
<th>Classification</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confirmed (Clinical) case</td>
<td>HIS</td>
</tr>
</tbody>
</table>

**Case Definition**
Any problem related to the skin, in which a diagnosis of leprosy has been excluded.

6. Eye disease

<table>
<thead>
<tr>
<th>Classification</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confirmed (Clinical) case</td>
<td>HIS</td>
</tr>
</tbody>
</table>

**Case Definition**
Any problem related to one or both eyes or conjunctivae. This includes the following signs and symptoms:
- red eye
- irritation and/or a gritty feeling
- pus or watery discharge
- swelling of the conjunctiva or eyelid

7. Dental conditions

<table>
<thead>
<tr>
<th>Classification</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confirmed (Clinical) case</td>
<td>HIS</td>
</tr>
</tbody>
</table>

**Case Definition**
Any condition relating to the teeth or gums. This includes:
- Bleeding or swollen gums
- Tooth caries and cavities
- Tooth abscess
- Tooth impaction
8. Intestinal worms

<table>
<thead>
<tr>
<th>Classification</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suspected and confirmed case</td>
<td>HIS</td>
</tr>
</tbody>
</table>

**Case Definition**

Any person with two or more of the following symptoms:
- fatigue
- bloating and/or abdominal pain
- altered bowel habit
- anal itching

**To confirm a case**

Visualisation of worms or ova in stool sample under light microscopy.

9. * Diarrhoea (watery)

<table>
<thead>
<tr>
<th>Classification</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suspected case</td>
<td>WHO</td>
</tr>
</tbody>
</table>

**Weekly Alert Threshold**

1.5 times the baseline

**Case Definition**

Any person with diarrhoea (passage of 3 or more watery or loose stools in the past 24 hours) with or without dehydration.

**To suspect a case of cholera**

Person aged over 5 years with severe dehydration or death from acute watery diarrhoea with or without vomiting.

Person aged over 2 years with acute watery diarrhoea *in an area where there is a cholera outbreak*.

**To confirm a case of cholera**

Isolation of *Vibrio cholera* 01 or 0139 from a diarrhoeal stool sample.

10. * Diarrhoea (bloody)

<table>
<thead>
<tr>
<th>Classification</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suspected case</td>
<td>WHO</td>
</tr>
</tbody>
</table>

**Weekly Alert Threshold**

5 cases

**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.

**To suspect a case of shigellosis**

Any person with acute diarrhoea, visible blood in the stool and fever.

**To confirm a case of shigellosis**

Isolation of *Shigella dysenteriae* type 1 from a diarrhoeal stool sample.

---

*Baseline = average weekly number of cases of the disease calculated over the past 3 weeks*
11. Tuberculosis

<table>
<thead>
<tr>
<th>Classification</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suspected and confirmed case</td>
<td>WHO</td>
</tr>
</tbody>
</table>

**Case Definition**

**Suspected TB case**
Any person who presents with symptoms or signs suggestive of pulmonary TB, in particular cough of long duration (>2 weeks).

May also be coughing blood, have chest pain, shortness of breath, fever/night sweats, tiredness, loss of appetite and significant weight loss.

All TB suspects should have three sputum samples examined by light microscopy. Early morning samples are more likely to contain the TB organism than a sample taken later in the day.

**Pulmonary TB smear-positive (PTB+)**
Any patient with cough for 3 weeks or more and:
- at least 2 sputum specimens positive for acid-fast bacilli by microscopy; or
- 1 sputum specimen smear positive for acid-fast bacilli and radiographic abnormalities consistent with active pulmonary tuberculosis as determined by the treating medical officer; or
- one sputum specimen smear positive for acid-fast bacilli and one sputum specimen culture positive for acid-fast bacilli.

**Pulmonary TB smear-negative (PTB-)**
A case of pulmonary TB that does not meet the above definition for smear-positive TB. Diagnostic criteria should include:
- at least 3 sputum smear specimens negative for AFB; and
- radiographic abnormalities consistent with active pulmonary TB; and
- no response to a course of broad spectrum antibiotics; and
- decision by a clinician to treat with a full course of anti-TB chemotherapy.

12. * Acute Flaccid Paralysis (AFP) / Polio

<table>
<thead>
<tr>
<th>Classification</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suspected case</td>
<td>WHO</td>
</tr>
</tbody>
</table>

**Weekly Alert Threshold**

1 case

**Case Definition**
Acute flaccid paralysis in a child aged < 15 years, including Guillain-Barre syndrome or any paralytic illness in a person of any age or a person of any age in whom the clinician suspects polio.

13. * Measles

<table>
<thead>
<tr>
<th>Classification</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suspected case</td>
<td>WHO</td>
</tr>
</tbody>
</table>

**Weekly Alert Threshold**

1 case

**Case Definition**
Any person with fever and maculopapular (non-vesicular) rash and cough, coryza (running nose) or conjunctivitis (red eyes) or
Any person in whom a clinician suspects measles
A measles death is a death occurring within 30 days of onset of the rash.
14. * Meningitis

<table>
<thead>
<tr>
<th>Classification</th>
<th>Suspected case</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weekly Alert Threshold</td>
<td></td>
<td>WHO</td>
</tr>
<tr>
<td>5 cases or 1.5 times the baseline*</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Case Definition**

Any person with sudden onset fever (>38.0°C axillary or >38.5°C rectal) and one of the following signs:
- neck stiffness
- altered consciousness
- other meningeal sign or petechial/purpural rash

In patients under 1 year meningitis is suspected when fever is accompanied with bulging of a fontanelle.

15. HIV/AIDS

<table>
<thead>
<tr>
<th>Classification</th>
<th>Suspected case</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Definition</td>
<td></td>
<td>WHO</td>
</tr>
<tr>
<td>An adult or adolescent (&gt; 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.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Major signs**
- Weight loss >10% of body weight
- Chronic diarrhoea for >1 month
- Prolonged fever for >1 month (intermittent or constant)

**Minor signs**
- Persistent cough for >1 month *(for patients with TB this should NOT be considered a minor sign)*
- Generalized pruritic dermatitis
- History of herpes zoster
- Oropharyngeal candidiasis
- Chronic progressive or disseminated herpes simplex infection
- Generalized lymphadenopathy

The presence of either generalized Kaposi sarcoma or cryptococcal meningitis is sufficient for the diagnosis of AIDS for surveillance purposes.

*Baseline = average weekly number of cases of the disease calculated over the past 3 weeks*
### 16. **Sexually Transmitted Infection (STI)**

<table>
<thead>
<tr>
<th>Classification</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Syndromic case</td>
<td>WHO</td>
</tr>
</tbody>
</table>

**Case Definition**

**Urethral discharge syndrome**  
Any male with urethral discharge with or without dysuria.

**Vaginal discharge syndrome**  
Any female with abnormal vaginal discharge (amount, colour and odour) within or without lower abdominal pain or specific symptoms or risk factors.

**Genital ulcer syndrome (non-vesicular)**  
Any male with an ulcer on the penis, scrotum, or rectum, with or without inguinal adenopathy, or any female with ulcer on labia, vagina, or rectum, with or without inguinal adenopathy.

**Pelvic Inflammatory Disease (PID)**  
Symptoms of lower abdominal pain and pain during sexual relations, with examination showing vaginal discharge, lower abdominal tenderness on palpation, or temperature >38.0°C.

See WHO flowcharts for syndromic management of STIs.

### 17. **Acute Malnutrition**

<table>
<thead>
<tr>
<th>Classification</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confirmed case</td>
<td>NCHS/CDC and WHO</td>
</tr>
</tbody>
</table>

**Case Definition**

**Moderate malnutrition**  
Any child with a weight for height index of ≤ -2 and > - 3 z-scores, or ≤ 80% and > 70% percent of median.  
**or**  
Any child with a MUAC of > 115mm and ≤ 125mm

**Severe malnutrition**  
Any child with a weight for height index of ≤ -3 z-scores  
**or**  
Any child with a MUAC of ≤ 115mm  
**or**  
Any child with kwashiorkor.

### 18. **Anaemia**

<table>
<thead>
<tr>
<th>Classification</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confirmed Case</td>
<td>WHO</td>
</tr>
</tbody>
</table>

**Case Definition**  
A person with a haemoglobin (Hb) below the following levels:

<table>
<thead>
<tr>
<th></th>
<th>Hb (g/dl)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children 6 to 59 months</td>
<td>&lt; 11.0</td>
</tr>
<tr>
<td>Children 5 to 14 years:</td>
<td>&lt; 12.0</td>
</tr>
<tr>
<td>Non-pregnant women (over 15 years):</td>
<td>&lt; 12.0</td>
</tr>
<tr>
<td>Pregnant women:</td>
<td>&lt; 11.0</td>
</tr>
<tr>
<td>Men (over 15 years):</td>
<td>&lt; 13.0</td>
</tr>
</tbody>
</table>
### 19. Chronic disease

<table>
<thead>
<tr>
<th>Classification</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Probable</td>
<td>HIS</td>
</tr>
</tbody>
</table>

**Case Definition**
Any health condition which is long-lasting or recurrent. The definition of chronic usually applies to a condition that lasts more than three months. Most chronic diseases require chronic care management for effective long-term treatment.

*(see Annex 1 for detailed chronic disease categories)*

### 20. Mental illness

<table>
<thead>
<tr>
<th>Classification</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Probable</td>
<td>HIS</td>
</tr>
</tbody>
</table>

**Case Definition**
Mental illness of all causes, including depression, anxiety disorder, psychosis, epilepsy and somatization disorders

*(see Annex 2 for detailed mental illness categories)*

### 21. Injury

<table>
<thead>
<tr>
<th>Classification</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confirmed (Clinical) case</td>
<td>HIS</td>
</tr>
</tbody>
</table>

**Case Definition**
Trauma from all causes, including burns. Both intentional and non-intentional. For the purposes of OPD recording, all forms of SGBV should be recorded under this definition (including domestic violence).

*(see Annex 3 for detailed injury categories)*
Annex 1  Detailed chronic disease categories

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

The codes listed in blue are linked to the WHO ICD website\(^2\) which provides more information on each sub-category. User defined fields (UDFs) in each table can be used to record more specific diagnoses as required.

1. Cancer

<table>
<thead>
<tr>
<th>Classification</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Probable</td>
<td>WHO ICD</td>
</tr>
</tbody>
</table>

Case Definition
A person with cancer of any type, including:
- **C00-C97** Malignant neoplasms
- **D00-D09** In situ neoplasms
- **D10-D36** Benign neoplasms
- **D37-D48** Neoplasms of uncertain or unknown behaviour

2. Cardiovascular disease

<table>
<thead>
<tr>
<th>Classification</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Probable</td>
<td>WHO ICD</td>
</tr>
</tbody>
</table>

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

3. Cerebrovascular disease

<table>
<thead>
<tr>
<th>Classification</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Probable</td>
<td>WHO ICD</td>
</tr>
</tbody>
</table>

Case Definition
Disease of the blood vessels and, especially, the arteries that supply the brain:
- **I60-I69** Cerebrovascular diseases (including stroke)

---

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

\(^2\) More information can be found at [http://www.who.int/classifications/apps/icd/icd10online/](http://www.who.int/classifications/apps/icd/icd10online/)
### 4. Digestive disorders

<table>
<thead>
<tr>
<th>Classification</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Probable</td>
<td>WHO ICD</td>
</tr>
</tbody>
</table>

**Case Definition**

A person with any health condition related to disorders of the digestive system, including:

- **K00-K14** Diseases of oral cavity, salivary glands and jaws
- **K20-K31** Diseases of oesophagus, stomach and duodenum
- **K35-K38** Diseases of appendix (excluding acute appendicitis)
- **K40-K46** Hernia
- **K50-K52** Noninfective enteritis and colitis
- **K55-K63** Other diseases of intestines
- **K65-K67** Diseases of peritoneum (excluding acute peritonitis)
- **K70-K77** Diseases of liver
- **K80-K87** Disorders of gallbladder, biliary tract and pancreas
- **K90-K93** Other diseases of the digestive system

### 5. Endocrine and metabolic disorders

<table>
<thead>
<tr>
<th>Classification</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Probable</td>
<td>WHO ICD</td>
</tr>
</tbody>
</table>

**Case Definition**

A person with any health condition related to disorders of the endocrine or metabolic system:

- **E00-E07** Disorders of thyroid gland
- **E10-E14** Diabetes mellitus
- **E15-E16** Other disorders of glucose regulation and pancreatic internal secretion
- **E20-E35** Disorders of other endocrine glands
- **E40-E46** Malnutrition
- **E50-E64** Other nutritional deficiencies
- **E65-E68** Obesity and other hyperalimentation
- **E70-E90** Metabolic disorders

### 6. Gynaecological disorders

<table>
<thead>
<tr>
<th>Classification</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Probable</td>
<td>HIS</td>
</tr>
</tbody>
</table>

**Case Definition**

A person with any health condition related to disorders of the female reproductive system, including:

- Endometriosis
- Pelvic floor disorders
- Prolapse
- Fistula
- Menstruation disorders
- Hysterectomy

### 7. Haematological disorders

<table>
<thead>
<tr>
<th>Classification</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Probable</td>
<td>WHO ICD</td>
</tr>
</tbody>
</table>

**Case Definition**

A person with any health condition related to disorders of blood, the blood-forming organs, and blood diseases including:

- **D50-D53** Nutritional anaemias
- **D55-D59** Haemolytic anaemias
- **D60-D64** Aplastic and other anaemias
- **D65-D69** Coagulation defects, purpura and other haemorrhagic conditions
- **D70-D77** Other diseases of blood and blood-forming organs
- **D80-D89** Certain disorders involving the immune mechanism
### 8. Musculoskeletal disorders

<table>
<thead>
<tr>
<th>Classification</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Probable</td>
<td>WHO ICD</td>
</tr>
</tbody>
</table>

**Case Definition**
A person with any health condition related to disorders of bones, muscles, cartilage, tendons, ligaments, joints, and other connective tissue, including:
- **M00-M25** Arthropathies
- **M30-M36** Systemic connective tissue disorders
- **M40-M54** Dorsopathies
- **M60-M79** Soft tissue disorders (including muscles, synovium and tendon)
- **M70-M79** Other soft tissue disorders
- **M80-M94** Osteopathies and chondropathies
- **M95-M99** Other disorders of the musculoskeletal system and connective tissue

### 9. Nervous system disorders

<table>
<thead>
<tr>
<th>Classification</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Probable</td>
<td>WHO ICD</td>
</tr>
</tbody>
</table>

**Case Definition**
A person with any health condition related to disorders of the central or peripheral nervous systems, including:
- **G00-G09** Inflammatory diseases of the central nervous system
- **G10-G13** Systemic atrophies primarily affecting the central nervous system
- **G20-G26** Extrapyramidal and movement disorders
- **G30-G32** Other degenerative diseases of the nervous system
- **G35-G37** Demyelinating diseases of the central nervous system
- **G40-G47** Episodic and paroxysmal disorders
- **G50-G59** Nerve, nerve root and plexus disorders
- **G60-G64** Polyneuropathies and other disorders of the peripheral nervous system
- **G70-G73** Diseases of myoneural junction and muscle
- **G80-G83** Cerebral palsy and other paralytic syndromes
- **G90-G99** Other disorders of the nervous system

### 10. Respiratory disorders

<table>
<thead>
<tr>
<th>Classification</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Probable</td>
<td>WHO ICD</td>
</tr>
</tbody>
</table>

**Case Definition**
A person with any health condition related to disorders of the upper or lower respiratory system, including:
- **J30-J39** Other diseases of upper respiratory tract
- **J40-J47** Chronic lower respiratory diseases
- **J60-J70** Lung diseases due to external agents
- **J80-J84** Other respiratory diseases principally affecting the interstitium
- **J85-J86** Suppurative and necrotic conditions of lower respiratory tract
- **J90-J94** Other diseases of pleura
- **J95-J99** Other diseases of the respiratory system
Annex 2  Detailed mental illness categories

These definitions are based on IASC MHPSS Guidelines action sheet 6.2 and were developed with the support of staff of the following agencies: WHO, IMC, MSF-H, WHO Collaborating Centre Verona, HealthNet TPO, and UNHCR.

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

1. Epilepsy/seizures

<table>
<thead>
<tr>
<th>Classification</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Probable</td>
<td>IASC WG</td>
</tr>
</tbody>
</table>

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

2. Alcohol or other substance use disorder

<table>
<thead>
<tr>
<th>Classification</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Probable</td>
<td>IASC WG</td>
</tr>
</tbody>
</table>

Case Definition
A person with this disorder seeks to consume alcohol (or other addictive substances) on a daily basis and has difficulties controlling consumption. Personal relationships, work performance and physical health often deteriorate. The person continues consuming alcohol (or other addictive substances) despite these problems.

Exclusion criteria: The category should not be applied to people who are heavy alcohol (or other substance) users if they can control their consumption.

3. Mental retardation/ intellectual disability

<table>
<thead>
<tr>
<th>Classification</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Probable</td>
<td>IASC WG</td>
</tr>
</tbody>
</table>

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

4. Psychotic disorder

<table>
<thead>
<tr>
<th>Classification</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Probable</td>
<td>IASC WG</td>
</tr>
</tbody>
</table>

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

3 See http://www.who.int/mental_health/emergencies/en/
5. Severe emotional disorder

<table>
<thead>
<tr>
<th>Classification</th>
<th>Probable</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Case Definition</strong></td>
<td></td>
<td>IASC WG</td>
</tr>
<tr>
<td>This person’s daily normal functioning is markedly impaired for more than two weeks due to (a) overwhelming sadness/apathy and/or (b) exaggerated, uncontrollable anxiety/fear. Personal relationships, appetite, sleep and concentration are often affected. The person may be unable to initiate or maintain conversation. The person may complain of severe fatigue and be socially withdrawn, often staying in bed for much of the day. Suicidal thinking is common.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Inclusion criteria:** This category should only be applied if there is marked impairment in daily functioning.

6. Other psychological complaint

<table>
<thead>
<tr>
<th>Classification</th>
<th>Probable</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Case Definition</strong></td>
<td></td>
<td>IASC WG</td>
</tr>
<tr>
<td>This category covers complaints related to emotions (e.g., depressed mood, anxiety), thoughts (e.g., ruminating, poor concentration) or behavior (e.g., inactivity, aggression). The person tends to be able to function in all or almost all day-to-day, normal activities. The complaint may be a symptom of a less severe emotional disorder or may represent normal distress (i.e., no disorder).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Inclusion criteria:** This category should only be applied if (a) if the person is requesting help for the complaint and (b) if the person is not positive for any of the above five categories.

7. Medically unexplained somatic complaint

<table>
<thead>
<tr>
<th>Classification</th>
<th>Probable</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Case Definition</strong></td>
<td></td>
<td>IASC WG</td>
</tr>
<tr>
<td>The category covers any somatic/physical complaint that does not have an apparent organic cause</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Inclusion criteria:** This category should only be applied (a) after conducting necessary physical examinations.(b) if the person is not positive for any of the above six categories and (c) if the person is requesting help for the complaint
Annex 3  Detailed injuries categories

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

1. Accident

<table>
<thead>
<tr>
<th>Classification</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confirmed (clinical)</td>
<td>HIS</td>
</tr>
</tbody>
</table>

**Case Definition**
An undesirable or unfortunate incident that occurs unintentionally and results in personal harm or damage.

**Inclusion criteria:** This category should only be applied if the cause of the injury was proven to be unintentional and non-volitional.

2. Self-harm

<table>
<thead>
<tr>
<th>Classification</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confirmed (clinical)</td>
<td>HIS</td>
</tr>
</tbody>
</table>

**Case Definition**
Deliberate infliction of tissue damage or alteration to oneself. Examples include self-poisoning, burning, and stabbing.

**Inclusion criteria:** this category should only be applied if there was no suicidal intent. If suicidal intent was evident the case should be recorded as ‘attempted suicide’ (chosen from the UDF list).

3. Assault (no weapon)

<table>
<thead>
<tr>
<th>Classification</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confirmed (clinical)</td>
<td>HIS</td>
</tr>
</tbody>
</table>

**Case Definition**
Any intentional physical contact with another person without their consent, with no form of weapon involved.

**Other inclusion criteria:** An assault can also occur when a person attempts to assault another or threatens to do so without the consent of the other person.

4. Assault (with weapon)

<table>
<thead>
<tr>
<th>Classification</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confirmed (clinical)</td>
<td>HIS</td>
</tr>
</tbody>
</table>

**Case Definition**
Any intentional physical contact with another person without their consent, with the involvement of a weapon. A weapon includes any foreign object or tool with which force was applied to cause injury (e.g. rock, stick, bottle, axe, knife, machete/panga, gun).

**Other inclusion criteria:** An assault can also occur when a person attempts to assault another with a weapon, or threatens to do so, without the consent of the other person.
Annex 4  Definitions of ‘New visit’ and ‘Revisit’

Table 1  Generic definition

| New visit | A patient with no previous history of the diagnosis;  
or  
A patient with a history of the diagnosis and in whom a minimum period of time has elapsed since the most recent diagnosis was made (see Table 2) |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Revisit</td>
<td>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)</td>
</tr>
</tbody>
</table>

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

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

* A patient can never again be termed a “New Visit” for problems in this category, if a diagnosis has previously been made
Annex 5  Classification of dehydration

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

<table>
<thead>
<tr>
<th>Classification</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confirmed (Clinical) case</td>
<td>WHO/IMCI</td>
</tr>
</tbody>
</table>

**Case Definition**

**Diarrhoea with no dehydration:**
Any child less than 5 years of age with diarrhoea who does not fulfill criteria for some or severe dehydration given below.

**Diarrhoea with some dehydration:**
Any child less than 5 years of age with diarrhoea and two or more of the following:
- restless or irritable
- sunken eyes
- drinks eagerly, thirsty
- skin pinch goes back slowly

**Diarrhoea with severe dehydration:**
Any child less than 5 years of age with diarrhoea and two or more of the following:
- lethargic or unconscious
- sunken eyes
- not able to drink or drinking poorly
- skin pinch goes back very slowly
Annex 6 Supplementary case definitions for respiratory illness surveillance
Including the reporting of individual(s) or clusters for further investigation for influenza A (H1N1) virus infection

Introduction

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

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

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

Case definitions for infections with influenza A (H1N1) Virus

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Classification</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Syndromic Case</td>
<td>WHO/IMCI</td>
</tr>
</tbody>
</table>

**Case Definition**
Cough/Cold (non pneumonia)
Running nose, cough and low grade fever.

2. Influenza-like illness (ILI)

<table>
<thead>
<tr>
<th>Classification</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Syndromic case</td>
<td>WHO</td>
</tr>
</tbody>
</table>

**Case Definition**
Adult or child with:
- temperature ≥ 38°C or subjective fever; **and**
- cough or sore throat or runny nose; **and**
- does not meet criteria for LRTI or person under investigation

**Comments:**
- Applied to all ages
- To be entered into user-defined field (UDF) in HIS

3. Lower Respiratory Tract Infection (LRTI)

<table>
<thead>
<tr>
<th>Classification</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Syndromic Case</td>
<td>WHO/IMCI</td>
</tr>
</tbody>
</table>

**Case Definition**
Adults (5 years or older):
- temperature ≥ 38°C or subjective fever; **and**
- cough or sore throat; **and**
- shortness of breath or difficulty breathing

Child (2 months to < 5 years of age):
- cough or difficulty breathing; **and**
- any one of the following general danger signs:
  - breathing rate > 50 breaths / minute (infant 2 – 12 months)
  - breathing rate > 40 breaths / minute (child 1 – 5 years)
  - chest indrawing
  - stridor in a calm child
  - unable to drink or breastfeed
  - vomits everything
  - convulsions
  - lethargic or unconscious

Infant (1 week to < 2 months of age):
- any one of the following*:
  - breathing > 60 breaths / minute
  - severe chest indrawing
  - nasal flaring (when an infant breathes in)
  - grunting (when an infant breathes out)

(*Note: Infants < 2 months with any of these danger signs must be referred for serious bacterial infection).
4. Person Under Investigation (PUI)

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

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

**Definition of cluster**

A cluster is defined as:
- two or more persons presenting with manifestations of unexplained, acute respiratory illness with fever >38°C or who died of an unexplained respiratory illness; and
- that are detected with onset of illness within a period of 14 days; and
- in the same geographical area; and/or
- are epidemiologically linked.

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

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

Epidemiological risk factors that should raise suspicion of influenza A (H1N1) include:
- Close contact\(^4\) to a confirmed case of influenza A (H1N1) virus infection while the case was ill
- Recent travel to an area where there are confirmed cases of influenza A (H1N1)

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