

Surveillance Case Definitions of Prioritized Infectious Diseases



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Table of Contents

Anthrax	1
Brucellosis	1
Chikungunya	1
Cholera	2
COVID-19	2
Crimean Congo Hemorrhagic Fever (CCHF)	2
Dengue	3
Diphtheria	3
Ebola	4
Echinococcosis/Hydatidosis	4
Enteric fever	4
<i>Haemophilus Influenzae (H. influenzae type b)</i>	4
Hepatitis A.....	5
Hepatitis-B	5
Hepatitis-C.....	5
Hepatitis E.....	5
HIV and AIDS	6
Influenza (seasonal and zoonotic)	6
Japanese Encephalitis	6
Lassa Fever	7
Legionellosis	7
Leishmaniasis	7
Leprosy	8
Leptospirosis.....	8
Lymphatic Filariasis	9
Malaria.....	9
Marburg virus disease	10
Measles	10
MERS	10
Mpox.....	11
Mumps.....	11
Neonatal Tetanus	11
Nipah virus disease	12
Pertussis	12
Plague.....	12
Pneumococcal Pneumonia.....	13
Poliomyelitis	13
Q Fever.....	13
Rabies.....	14
Rift Valley Fever	14
Rota Virus.....	14
Rubella	14

Salmonellosis.....	15
SARS.....	15
Scrub Typhus.....	15
Smallpox.....	16
Taeniasis/Cysticercosis.....	16
Tetanus.....	16
Toxoplasmosis.....	16
Trachoma (TF case/Active Trachoma).....	17
Tuberculosis.....	17
Yellow Fever.....	18
Zika.....	18

List of Abbreviations

ADLA	Acute Dermato-Lymphangio-Adenitis
AES	Acute Encephalitis Syndrome
Ag-RDT	Antigen Rapid Diagnostic Test
ALT	Alanine Aminotransferase
ARDS	Acute Respiratory Distress Syndrome
AUFI	Acute Undifferentiated Febrile Illness
CCHF	Crimean-Congo Hemorrhagic Fever
CFA	Circulating Filarial Antigen
CSF	Cerebrospinal Fluid
DAT	Direct Agglutination Test
DENV	Dengue Virus
ELISA	Enzyme-Linked Immunosorbent Assay
FTS	Filarial Test Strip
HAV	Hepatitis A Virus
HBsAg	Hepatitis B Surface Antigen
HBc	Hepatitis B Core Antigen
HCV	Hepatitis C Virus
HEV	Hepatitis E Virus
Hib	<i>Haemophilus influenzae</i> type b
HIV	Human Immunodeficiency Virus
ICT	Immunochromatographic Test
IFA	Immunofluorescence Assay
IFAT	Indirect Fluorescent Antibody Test
IgG	Immunoglobulin G
IgM	Immunoglobulin M
IMCI	Integrated Management of Childhood Illness
JE	Japanese Encephalitis
LF	Lymphatic Filariasis
MAT	Microscopic Agglutination Test
MERS	Middle East Respiratory Syndrome
MRI	Magnetic Resonance Imaging
MSM	Men who have Sex with Men
NS1	Non-Structural Protein 1
PCR	Polymerase Chain Reaction
PGL	Persistent Generalized Lymphadenopathy
PRNT	Plaque Reduction Neutralization Test

RDT	Rapid Diagnostic Test
RNA	Ribonucleic Acid
SARI	Severe Acute Respiratory Infection
SARS	Severe Acute Respiratory Syndrome
STI	Sexually Transmitted Infection
TF	Trachomatous Inflammation – Follicular
TT	Trachomatous Trichiasis
USG	Ultrasonography
VL	Visceral Leishmaniasis
WHO	World Health Organization
WPV	Wild Poliovirus
VDPV	Vaccine-Derived Poliovirus
ZIKV	Zika Virus

Anthrax

Suspected	Any person with a history of exposure to livestock or its products such as butchery, sheep farming, wool shearing, animal hide product making, presenting with signs of meningitis, pleural effusion, lymphadenopathy, black headed eschar in skin (in case of cutaneous)
Probable	A suspected case with gram positive bacilli showing characteristics of <i>Bacillus anthracis</i> in tissue/smear OR epidemiologic linkage to anthrax
Confirmed	A suspected or probable case with laboratory confirmation by: <ul style="list-style-type: none">• Isolation of <i>Bacillus anthracis</i>, OR• Detection of anthrax by PCR OR• Antigen detection by Immunohistochemical staining

Brucellosis

Suspected	Any person presenting with fever (often intermittent or undulant) associated with night sweats, fatigue, joint pain or hepatosplenomegaly AND history of exposure to animals (e.g cattle, buffalo, sheep, goat), unpasteurized/unboiled dairy products or uncooked meat
Probable	A suspected case with a positive Brucella antibody test (RDT, Rose Bengal Test and Standard Brucella agglutination test)
Confirmed	A suspected or probable case with laboratory confirmation by isolation of Brucella (blood culture) OR PCR

Chikungunya

Suspected	Any person presenting with acute onset of fever associated with arthralgia or arthritis, not explained by other medical conditions
Probable	A suspected case with: <ul style="list-style-type: none">• Detection of IgM antibody in a single serum sample (collected during the acute or convalescent phase), OR• Epidemiological link to a confirmed case
Confirmed	A suspected case with laboratory confirmation by: <ul style="list-style-type: none">• Detection of chikungunya virus by PCR, OR• Virus isolation, OR• Four-fold rise in CHIKV-specific antibody titers in paired samples collected at least 14 days apart

Cholera

Suspected	<p>In the absence of cholera outbreak:</p> <ul style="list-style-type: none"> Any person aged two years or older with acute watery diarrhea and dehydration, OR Any person who died from acute watery diarrhea with no other known cause of death <p>In the presence of cholera outbreak</p> <ul style="list-style-type: none"> Any person with acute watery diarrhea, OR Any person who died from acute watery diarrhea
	Probable
Confirmed	<p>A suspected case with laboratory confirmation by:</p> <ul style="list-style-type: none"> Isolation of <i>Vibrio cholerae</i> by culture (including sero-agglutination), OR Detection by PCR

COVID-19

Suspected	<p>Any person presenting with</p> <ul style="list-style-type: none"> an acute onset of fever, cough and sore throat, OR severe acute respiratory infection (SARI) <p>(SARI: acute respiratory infection with history of fever or measured fever of $\geq 38^{\circ}\text{C}$; and cough; with onset within the last 10 days; and requires hospitalization)</p>
	Probable
Confirmed	<p>A suspected case with laboratory confirmation by:</p> <ul style="list-style-type: none"> Positive SARS-CoV-2 Antigen Rapid Diagnostic Test (Ag-RDT), OR Detection of SARS-CoV-2 by PCR

Crimean Congo Hemorrhagic Fever (CCHF)

Suspected	<p>Any person presenting with acute onset of high Fever ($>38.5^{\circ}\text{C}$) associated with headache, muscle/joint pain, petechiae (red spots), bleeding from orifices or vomiting AND</p> <p>History of exposure to tick bites or resided or visited an endemic or outbreak-affected area</p>
	Probable
Confirmed	A suspected case with laboratory confirmation by PCR

Dengue

Suspected	<p>Any person with acute fever of 2-7 days and two or more of the following signs/symptoms:</p> <ul style="list-style-type: none"> • Nausea or vomiting • Exanthema • Headache or retro-orbital pain • Myalgia or arthralgia • Petechiae or positive tourniquet test (+) • Leukopenia • Thrombocytopenia <p>with or without any warning sign or sign of severity</p>
Probable	<p>A suspected case with IgM detected in a single serum sample (collected during the acute or convalescent phase), OR Epidemiological link to a confirmed case</p>
Confirmed	<p>A suspected case with one of the following results</p> <ul style="list-style-type: none"> • Detection of NS1 antigen by ELISA or RDT • Seroconversion in paired serum samples (acute and convalescent) collected 10-14 days apart or four-fold increase in antibody titers, excluding other ortho flaviviruses • DENV detected by PCR • DENV isolated by virus culture

Diphtheria

Suspected	<p>Any person presenting with upper respiratory tract infection (laryngitis, pharyngitis, or tonsillitis)</p> <p>AND</p> <p>An adherent pseudo-membrane on:</p> <ul style="list-style-type: none"> • Tonsils OR • Pharynx OR • Larynx AND/OR • Nose
Probable	<p>Not applicable</p>
Confirmed	<p>A suspected case with laboratory confirmation of Corynebacterium spp., isolated by culture and positive for toxin production from an oropharyngeal/nasopharyngeal swab (confirmed by the phenotypic Elek test) OR PCR</p>

Ebola

Suspected	Any person with onset of fever and no response to treatment for usual causes of fever in the area with travel history to endemic countries (such as Democratic Republic of Congo, Guinea, Uganda) or with contact history and at least one of the following signs: <ul style="list-style-type: none">• bloody diarrhea• bleeding from gums• bleeding into skin (purpura)• bleeding into eyes and urine.
Probable	A suspected case with epidemiological linkage to a confirmed case
Confirmed	A suspected case with laboratory confirmation by PCR OR IgM antibody detection (ELISA) OR antigen detection

Echinococcosis/Hydatidosis

Suspected	Any person with abdominal pain and/or chronic cough associated with cystic lesions in the liver, lungs, or other organs in imaging (Chest X-ray or USG)
Probable	A suspected case with positive anti- echinococcus antibody test (IgG)
Confirmed	A suspected case with laboratory confirmation by histopathological examination

Enteric fever

Suspected	Any person presenting with fever associated with headache, nausea, constipation or pea-soup diarrhea
Probable	A suspected case with rose spots, mild splenomegaly or leucopenia
Confirmed	A suspected case with laboratory confirmation by culture, OR PCR

Haemophilus Influenzae (H. influenzae type b)

Suspected	Any person presenting with fever, cough, difficulty breathing, chest pain, irritability, vomiting, lethargy or seizure. OR Any person, particularly a child, presenting with signs of meningitis, epiglottitis, pneumonia, pericarditis, or septicemia, not explained by another cause.
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Probable	A suspected case with Gram-negative coccobacilli seen in cerebrospinal fluid (CSF) or sterile site without confirmation of species/type OR Detection of Hib antigen in CSF
Confirmed	A suspected case with laboratory confirmation by isolation of <i>Haemophilus influenzae</i> type b OR by PCR

Hepatitis A

Suspected	Any person with acute jaundice, fever, anorexia and/or tender hepatomegaly or ALT >2.5x upper limits of normal
Probable	A suspected case with epidemiological link to a confirmed case
Confirmed	A suspected case with laboratory confirmation by Positive anti-HAV IgM OR HAV RNA detected by PCR

Hepatitis-B

Suspected	Any person with fever, malaise, fatigue, jaundice, and right upper quadrant tenderness AND/OR raised alanine aminotransferase (ALT) levels
Probable	Not applicable
Confirmed	<ul style="list-style-type: none"> HBsAg +ve plus anti-HBc IgM +ve for acute, AND HBsAg +ve plus anti-HBc IgG +ve for chronic, OR Detection by PCR

Hepatitis-C

Suspected	Any person with fever, malaise, fatigue, jaundice, right upper quadrant tenderness or history of chronic liver disease or history of IV drug user AND/OR raised alanine aminotransferase (ALT) levels
Probable	Positive anti-HCV antibodies
Confirmed	Detection of HCV RNA by PCR

Hepatitis E

Suspected	Any person with acute jaundice, fever, anorexia and/or tender hepatomegaly or ALT >2.5x upper limits of normal
Probable	A suspected case with epidemiological link to a confirmed case

Confirmed	A suspected case with laboratory confirmation by Positive anti-HEV IgM OR HEV RNA detected by PCR
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HIV and AIDS

Suspected	<p>Any person having chronic fever, chronic diarrhea, significant weight loss, persistent generalized lymphadenopathy (PGL), or associated with one or more of the following risk behaviors:</p> <ul style="list-style-type: none"> • Having unprotected sexual intercourse with multiple partners • Engaging in sex work or being the client of a sex worker • Male-to-male sexual contact (MSM) • Injecting drug use and sharing needles, syringes, or other injection equipment • Having a known HIV-positive sexual partner or spouse • History of other sexually transmitted infections (STIs)
Probable	Not applicable
Confirmed	<ul style="list-style-type: none"> • Any person above 18 months of age who tests reactive on three sequential HIV assays (A1, A2, and A3), each with different antigenic principles, as per the national HIV testing algorithm or has a positive HIV PCR, OR • Positive HIV PCR among children younger than 18 months of age

Influenza (seasonal and zoonotic)

Suspected	<p>For Seasonal Influenza: Acute respiratory illness with measured fever ($\geq 38^{\circ}\text{C}$) and cough.</p> <p>For Zoonotic Influenza: Acute respiratory illness with fever, cough and a history of exposure to sick or dead poultry, live animal markets, or individuals with suspected or confirmed zoonotic influenza infection.</p>
Probable	A suspected case with a positive rapid diagnostic test
Confirmed	A suspected case with laboratory confirmation by PCR or virus isolation

Japanese Encephalitis

Suspected	<p>Any person with acute onset of fever AND at least one of the following:</p> <ul style="list-style-type: none"> • A change in mental status (including symptoms such as confusion, disorientation, coma or inability to talk); or • New onset of seizures, excluding simple febrile seizures*.
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	*A simple febrile seizure is defined as a seizure among children who are between 6 months and 6 years of age, in whom the only findings are fever and a single generalized convulsion lasting less than 15 minutes, and who recover consciousness within 60 minutes of the seizure.
Probable	A suspected case with an epidemiological link in outbreak setting
Confirmed	A suspected case with laboratory confirmation by IgM ELISA

Lassa Fever

Suspected	Any person with acute onset of fever associated with sore throat, chest pain, hearing loss, diarrhea, vomiting or bleeding AND history of travel to endemic area (e.g West Africa)
Probable	A suspected case with epidemiological link to confirmed case
Confirmed	A suspected case with laboratory confirmation by either of the following <ul style="list-style-type: none"> • PCR, • IgM antibody detection

Legionellosis

Suspected	Any person with fever associated with cough, chest pain, shortness of breath or diarrhea with a history of recent stay at hotel or hospital with cooling system, or exposure to aerosol-producing devices (e.g., cooling towers, hot tubs, fountains)
Probable	Not applicable
Confirmed	A suspected case with laboratory confirmation by positive urinary antigen OR Culture OR PCR

Leishmaniasis

Suspected	Any person living in or having travelled to kala-azar endemic areas, presenting with <ul style="list-style-type: none"> • Fever lasting more than two weeks AND Splenomegaly AND/OR • Weight loss after ruling out malaria in endemic areas.
Probable	A suspected VL case that has not been confirmed by any laboratory test (i.e. tests not done or negative) but assessed by a clinician to be confirmed VL case based on clinical grounds

Confirmed	<p>A suspected case with laboratory confirmation by any of the following:</p> <ul style="list-style-type: none"> • Serological (rK-39 RDT, DAT, ELISA, IFAT) • Parasitological confirmation by demonstration of <i>Leishmania</i> amastigotes in tissue smear or culture • Detection by PCR
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Leprosy

Suspected	<p>Any person with any of the following symptoms or signs:</p> <ul style="list-style-type: none"> • Hypo-pigmented (pale) or erythematous (reddish) patches on the skin • Loss, or decrease, of sensation to temperature, touch or pain in the skin patch • Shiny or oily or smooth appearance of the skin (infiltration) • Nodules on shiny, erythematous skin • Numbness or tingling of the hands or feet • Weakness of the hands, feet or eyelids • Presence of deformity in hands or feet or eyes • Loss of sweating in an area of skin • Painful or tender nerves • Painless wounds or burns on the hands or feet.
Probable	Not applicable
Confirmed	<p>Any person having one or more of the following:</p> <ol style="list-style-type: none"> 1. Hypo-pigmented skin lesion with definite loss of sensation 2. Thickening or enlargement of peripheral nerve (impairment) or involvement of the peripheral nerve, as demonstrated by <ol style="list-style-type: none"> (a) definite loss of sensation or (b) weakness of muscles in hands/feet or face, or (c) autonomic function disorders such as anhidrosis (dry skin); or (d) presence of visible impairments. 3. Signs of the disease with demonstrated presence of acid-fast bacilli in slit-skin smear or histopathological confirmation.

Leptospirosis

Suspected	<p>Any person presenting with</p> <ul style="list-style-type: none"> • Acute fever, headache, myalgia or conjunctival redness AND accompanied by any (jaundice, renal dysfunction, bleeding, aseptic meningitis or ARDS) AND history of exposure to contaminated water or animals / animal products (mostly rodents)
Probable	A suspected case with supportive serological test (e.g., <i>Leptospira</i> IgM RDT positive)

Confirmed	<p>A suspected case with laboratory confirmation by:</p> <ul style="list-style-type: none"> • Leptospira IgM ELISA OR • MAT OR • PCR, OR • Culture
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Lymphatic Filariasis

Suspected	<p>Any person living in or having travelled to an LF endemic area who presents with any of the following:</p> <ul style="list-style-type: none"> • Recurrent inflammatory episodes of acute dermato-lymphangio-adenitis (ADLA) • Chronic, painless swelling of the leg, arm, or breast • Scrotal swelling (hydrocele)
Probable	<p>A suspected case (usually aged ≥ 15 years) assessed and confirmed by a trained health worker, based on:</p> <ul style="list-style-type: none"> • Lymphoedema: usually unilateral, non-pitting chronic swelling (if bilateral, typically asymmetric), not explained by other causes. • Hydrocele: scrotal swelling in males, not explained by other conditions.
Confirmed	<p>Any person with laboratory evidence of <i>W. bancrofti</i> infection*:</p> <ul style="list-style-type: none"> • Positive filarial antigen (CFA) by FTS or ICT, OR • Detection of microfilariae in blood smear (microscopy), OR • Visualization of live adult worms on ultrasonography (filarial dance sign, where feasible)

**Laboratory confirmation (RDT or microfilariae) may not always be positive in patients with chronic manifestations such as lymphoedema or hydrocele, as the disease may persist after clearance of infection. Clinical diagnosis remains the standard for morbidity management and reporting.*

Malaria

Suspected	<p>Any person with an illness suspected by a health worker to be due to malaria, generally based on the presence of fever with or without following symptoms.</p> <ul style="list-style-type: none"> • Chills and rigors • Headache • Nausea, vomiting, or diarrhea • Sweating after fever subsides
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	<ul style="list-style-type: none"> • Malaise and fatigue • Altered sensorium <p>Usually has a history of travel to areas at risk of malaria, either within the country or abroad.</p>
Probable	Not applicable
Confirmed	Presence of malaria parasite or antigen in the peripheral blood, detected by quality-assured microscopy, OR WHO-PQ RDT (antigen-based) OR PCR

Marburg virus disease

Suspected	<p>Any person with onset of fever and no response to treatment for usual causes of fever in the area with travel history to endemic countries (such as united Republic of Tanzania, Rwanda, Guinea, Ghana, Uganda, Kenya, and others) or with contact history and at least one of the following signs:</p> <ul style="list-style-type: none"> • bloody diarrhea • bleeding from gums • bleeding into skin (purpura) • bleeding into eyes and urine.
Probable	A suspected case with epidemiological linkage to a confirmed case
Confirmed	A suspected case with laboratory confirmation by antigen detection OR positive IgM antibody, OR PCR, OR virus isolation

Measles

Suspected	<p>Any person with acute onset of fever and maculopapular rash (non-vesicular) OR</p> <p>Any person, whom a health care worker suspects measles.</p>
Probable/ Epi-linked Measles	A suspected case with anyone 'C' (Cough/Coryza/Conjunctivitis) and epidemiologically linked to a lab confirmed case within 7-21 days of rash onset in outbreak setting
Confirmed	A suspected case with laboratory confirmation by a proficient laboratory through detection of IgM in sera (or oral fluid) for measles by ELISA, OR virus isolation, OR PCR

MERS

Suspected	<p>Any person with Fever and at least one symptom of respiratory illness (e.g., cough, shortness of breath), AND</p> <p>History of travel to the Middle East (such as Saudi Arabia, Jordan, and Yemen) or contact with a confirmed MERS case or dromedary camels within 14 days prior to symptom onset.</p>
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Probable	A suspected case with inconclusive or pending laboratory results or epidemiological link to a confirmed case
Confirmed	A suspected case with laboratory confirmation by PCR

Mpox

Suspected	Any person presenting with characteristic rash (deep seated and well circumscribed lesions often with central umbilication and lesion progression through specific sequential stages- macule, papule, vesicles, pustules and scabs) anywhere in the body usually genital area
Probable	A suspected case who has contact to a confirmed case of mpox and/or had multiple and/or casual sexual partners within the 21 days before symptom onset
Confirmed	A suspected case with laboratory confirmation by PCR

Mumps

Suspected	Any person with acute onset of unilateral or bilateral tender, swelling of the parotid and or other salivary gland(s), lasting at least two days and without other apparent cause.
Probable	A suspected case that meets clinical criteria of ≥ 2 days duration of parotiditis or salivary gland swelling, OR A suspected case with mumps complication such as inflammation of the brain (encephalitis) or its protective layers (meningitis), inflammation of the testicles (orchitis) or ovaries (oophoritis), pancreatitis, and hearing loss.
Confirmed	A suspected case with laboratory confirmation by <ul style="list-style-type: none"> • PCR, OR • Isolation of mumps virus, OR • Significant rise (i.e., at least a 4-fold rise in a quantitative titre or seroconversion) in paired acute and convalescent serum mumps immunoglobulin G (IgG) antibody.

Neonatal Tetanus

Suspected	Any neonatal death between 3-28 days of age in which the cause of death is unknown, OR Any neonate who could suckle and cry normally during the first two days of life but lost the ability and developed lockjaw, stiffness, rigidity, muscle spasms or convulsion.
Probable	Not applicable
Confirmed	Any neonate with normal ability to suck and cry during first two days, AND

who between 3-28 days of age cannot suck or cry normally, **AND** who has convulsions or spasms triggered by minimal stimuli such as light, noise, or touch **OR** who has signs of stiffness and rigidity, which include any of the following: trismus, clenched fists or feet, continuously pursed lips, curved back (opisthotonos).

Nipah virus disease

Suspected	Death 'OR' Rapid deterioration of a case presented with Fever and Respiratory distress 'OR' Fever and altered sensorium 'AND' with epidemiological linkage (such as drinking raw date palm sap, contact with infected animals, particularly fruit bats, history of travel to Nipah-endemic areas (e.g., Bangladesh, West Bengal, and Kerala in India)
Probable	Death case 'OR' Severe Acute Respiratory Infection (SARI) 'OR' Acute Encephalitis Syndrome (AES) 'AND' is a known contact of a confirmed Nipah case
Confirmed	A suspected case with laboratory confirmation by PCR OR virus isolation OR antibody detection by ELISA

Pertussis

Suspected	A person of any age with a cough lasting ≥ 2 weeks, or of any duration in an infant or any person in an outbreak setting, without a more likely diagnosis and with at least one of the following symptoms, based on observation or parental report: <ul style="list-style-type: none"> • paroxysms (fits) of coughing • <i>inspiratory whooping</i> • post-tussive vomiting, or vomiting without other apparent cause • apnea (only in <1 year of age)
Probable	Not applicable
Confirmed	A suspected case with laboratory confirmation by: <ul style="list-style-type: none"> • Isolation of <i>B. pertussis</i> by culture from a clinical specimen; OR • PCR

Plague

Suspected	Clinical presentation suggestive of plague: <ul style="list-style-type: none"> • sudden onset of fever, chills, headache, severe malaise, prostration, painful swelling of lymph nodes; OR • cough with blood-stained sputum, chest pain, difficulty in breathing AND Epidemiological linkage suggesting: <ul style="list-style-type: none"> • Exposure to infected humans or animals (mostly rodents); OR
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	<ul style="list-style-type: none"> Residence in or travel to a known endemic focus within 10 days prior to onset of the disease
Probable	A suspected case with positive serology or microscopy
Confirmed	<p>A suspected case with laboratory confirmation by either:</p> <ul style="list-style-type: none"> Isolation of <i>Y. pestis</i> from a clinical sample, OR seroconversion or a four-fold difference in anti-F1 antibody titre in paired serum samples drawn at least 2 weeks apart., OR <i>Y. pestis</i> DNA-positive by species-specific PCR

Pneumococcal Pneumonia

Suspected	<p>A person of any age with:</p> <ul style="list-style-type: none"> Fever Cough or difficulty breathing, and Fast breathing, chest indrawing, or other signs of pneumonia (such as nasal flaring or grunting in children) For surveillance in children, suspected pneumonia is often defined using Integrated Management of Childhood Illness (IMCI) criteria.
Probable	A suspected case with supportive laboratory (microscopy) OR radiological findings
Confirmed	A suspected case with laboratory confirmation by culture OR PCR

Poliomyelitis

Suspected	<p>A child under 15 years presenting with recent or sudden onset of floppy paralysis or muscle weakness due to any cause except trauma</p> <p>OR</p> <p>Any person with paralytic illness if poliomyelitis is suspected by a clinician</p>
Probable	Not applicable
Confirmed	A suspected case with isolation of Wild Polio Virus (WPV) or Vaccine Derived Polio Virus (VDPV) from stool specimen

Q Fever

Suspected	Any person having fever associated with dry cough and/ or shortness of breath or jaundice with a history of animal exposure (raw milk, urine of livestock such as cattle, goats and sheep)
Probable	A suspected person with a positive phase -II antibody test (IgG/IgM).
Confirmed	A suspected case with laboratory confirmation by PCR OR 4-fold rise in antibody titers OR isolation of the organism

Rabies

Suspected	Any person presenting with paresthesia, localized pain or dysphagia with history of animal bite or exposure to saliva of rabies susceptible animals through mucosa or broken skin
Probable	A suspected case with aerophobia or hydrophobia or paralytic form
Confirmed	A suspected case that is laboratory confirmed by immunofluorescence in cornea or nuchal skin biopsy OR by PCR OR A probable case with clinical diagnosis consistent with Rabies AND death

Rift Valley Fever

Suspected	Any person with fever associated with headache, myalgia, jaundice or bleeding with a history of residence in or travel to an endemic area (sub-Saharan Africa, Saudi Arabia, Madagascar and Yemen) within 2 weeks before symptom onset.
Probable	A suspected case with epidemiological linkage to a confirmed case
Confirmed	A suspected case with laboratory confirmation by PCR OR positive IgM (ELISA) OR virus isolation OR 4-fold rise in antibody titers (IgG)

Rota Virus

Suspected	A child below 5 years of age presenting with an acute onset of fever AND at least one of the following two: <ul style="list-style-type: none">• Diarrhea (excluding bloody diarrhea)• Vomiting
Probable	Not applicable
Confirmed	A suspected case with laboratory confirmation by detection of rotavirus by antigen assay OR PCR

Rubella

Suspected	Any person with acute onset of fever and maculopapular rash (non-vesicular) OR Any person, whom a health care worker suspects rubella.
Probable/Epi-linked Rubella	A suspected case with epidemiological link with a lab confirmed case within 12-23 days of rash onset apart.

Confirmed	A suspected case with laboratory confirmation by a proficient laboratory through detection of IgM in sera (or oral fluid) for rubella by ELISA OR virus isolation OR PCR
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Salmonellosis

Suspected	Any person with fever, diarrhea, abdominal cramp, and/ or vomiting with or without known exposure to contaminated food/water or infected animals.
Probable	A suspected case with epidemiological link to confirmed outbreak or a positive rapid stool antigen test (RDT)
Confirmed	A suspected case with laboratory confirmation by Isolation of Salmonella spp.

SARS

Suspected	Any person with Fever (>38°C) associated with cough or difficulty breathing, AND Exposure to a confirmed or probable case of SARS, or travel/residence in areas with recent SARS transmission.
Probable	A suspected case with radiographic evidence of pneumonia or ARDS.
Confirmed	A suspected case with laboratory confirmation by PCR

Scrub Typhus

Suspected	Any person with <ul style="list-style-type: none"> Acute undifferentiated febrile illness (AUF) of five or more days with or without eschar, OR Fever of less than 5 days with presence of eschar
Probable	Not applicable
Confirmed	A suspected case with one or more of the following: <ul style="list-style-type: none"> IgM positive by RDT or ELISA Detection by PCR ≥ 4-fold rise in IFA or IPA titer (IgG) in paired sera* ≥ 1:400 IFA in acute serum (IgG and/or IgM) <p><i>*Paired sera: acute and convalescent sera. Acute sera taken during the first week of illness and convalescent sera taken 2-4 weeks later</i></p>

Smallpox

Suspected	Any person with generalized, acute vesicular or pustular rash illness with fever preceding the rash
Probable	A suspected case with epidemiologically linkage to a confirmed case.
Confirmed	A suspected case with laboratory confirmation by PCR

Taeniasis/Cysticercosis

Suspected	Taeniasis: Any person presenting with abdominal discomfort, diarrhea or history of passing segments of worm in stool Cysticercosis: Any person presenting with seizure or headache plus imaging showing cystic brain lesion or calcification
Probable	Taeniasis: A suspected case with visible segments of worm in stool Cysticercosis: A suspected case with positive serology IgG/IgM (ELISA)
Confirmed	Taeniasis: Microscopic demonstration of Taenea eggs in stool Cysticercosis: A suspected case with histopathological confirmation (brain, spinal cord) or visualization of parasite.

Tetanus

Suspected	Any person with acute onset of hypertonia and/or painful muscular contractions (usually of the jaw and neck) and generalized muscle spasms with a history of wound or injury or trauma within 21 days of symptom onset
Probable	Not applicable
Confirmed	A suspected case with no alternative diagnosis

Toxoplasmosis

Suspected	Any person with immuno-compromised state (pregnancy, HIV/AIDS, etc.) presenting with symptoms of fever, lymphadenopathy or chorioretinitis with or without history of exposure to cats and dogs OR Presence of congenital anomaly or birth defect such as microcephaly, hydrocephalus, hydroureter, chorioretinitis or IUGR OR History of miscarriage
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Probable	A suspected case with positive antibody test and/or imaging findings (e.g., ring-enhancing lesions in brain on MRI/CT) in immunocompromised state
Confirmed	A suspected case with laboratory confirmation by Isolation of Toxoplasma OR PCR OR histopathology OR rise in antibody titers Congenital Toxoplasmosis- Presence of IgM antibody

Trachoma (TF case/Active Trachoma)

Suspected	<p>Active trachoma/ Trachomatous Inflammation – Follicular (TF): Any person (usually child aged 1–9 years) presenting with redness or irritation of the eye, watery or mucopurulent eye discharge.</p> <p>Trachomatous Trichiasis (TT): Any person (usually aged ≥15 years) with signs of in-turned eyelashes or complaint of lashes rubbing on the eyeball.</p>
Probable	<p>Active trachoma/ Trachomatous Inflammation – Follicular (TF): A suspected TF case confirmed on eye examination by a trained health worker, showing presence of ≥5 follicles (each at least 0.5 mm) on the upper tarsal conjunctiva</p> <p>Trachomatous Trichiasis (TT): A suspected TT case confirmed by trained health worker, showing:</p> <ul style="list-style-type: none"> • At least one eyelash from the upper or lower eyelid touching the eyeball (cornea or conjunctiva), OR • evidence of recent removal (epilation) of in-turned eyelashes
Confirmed	<p>A suspected or probable case with laboratory confirmation of <i>Chlamydia trachomatis</i> infection by PCR from conjunctival swabs*, OR</p> <p>A suspected case with clinical diagnosis consistent for trachoma</p>

**Laboratory confirmation is rarely used for routine surveillance. Trachoma disease is usually clinically diagnosed based on WHO grading system. For Nepal, TF and TT are outcomes of interest for post-validation surveillance.*

Tuberculosis

Suspected	<p>Any person with symptoms or signs suggestive of TB. These include</p> <p>a. Signs and symptoms suggestive of TB are:</p> <ul style="list-style-type: none"> • Cough for 2 weeks or more • Coughing sputum with or without blood • Fever (evening rise/low grade) and night sweats • Loss of appetite and unintentional weight loss <p>b. Household or other close contacts of bacteriologically confirmed pulmonary TB</p>
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	c. Chest X-ray suggestive of any lung field abnormality (including TB)
Probable	One who does not fulfil criteria for bacteriological confirmation but has been diagnosed with active TB by a health worker based on strong clinical evidence such as: <ul style="list-style-type: none"> • Cases diagnosed by clinicians based on X-ray abnormalities or histology suggestive of TB • Extra-pulmonary cases without bacteriological confirmation
Confirmed	Bacteriologically confirmed: A person with a biological specimen positive for <i>Mycobacterium tuberculosis</i> by <ul style="list-style-type: none"> • WHO-recommended rapid diagnostics (WRDs) such as Xpert MTB/RIF, OR • Culture, OR • Smear microscopy

Yellow Fever

Suspected	A person of any age with acute onset of fever followed by jaundice within 14 days of symptom onset in a person who has a travel history to yellow fever-endemic area (tropical areas of Africa and South America)
Probable	A suspected case with supportive serological evidence (IgM reactive)
Confirmed	A suspected case with <ul style="list-style-type: none"> • Detection by PCR, OR • Virus isolation

Zika

Suspected	Any person who has a sudden-onset exanthema* that is not explained by other medical conditions and who (or his or her sexual partner) resides in or has visited epidemic or endemic areas during the two weeks prior to the onset of symptoms and has two or more of the following: <ul style="list-style-type: none"> • Itching • Conjunctivitis (non-purulent/hyperemic) • Joint pain • Myalgia • Periarticular edema • Fever
Probable	A suspected case with: <ul style="list-style-type: none"> • Detection of anti-ZIKV IgM in a single serum sample (collected during the acute or convalescent phase), with negative results for other endemic flaviviruses, OR • Epidemiological link to a confirmed case
Confirmed	A suspected case with laboratory confirmation by:

- detection of ZIKV RNA by PCR, **OR**
- isolation in serum or other samples, **OR**
- positive anti-ZIKV IgM antibodies and plaque reduction neutralization test (PRNT) for ZIKV titers ≥ 10 and without titers for other flaviviruses

+ A suspected case is also considered to be any pregnant woman who has an acute onset exanthema* that is not explained by other medical conditions and who (or her sexual partner) resides in or has traveled in the previous 14 days to an area with Zika transmission. Do confirmatory testing for Zika and other exanthematous diseases (e.g., measles, rubella).

* The exanthema is usually maculopapular, cephalocaudal distribution and accompanied by pruritus.