Disease Case Classification
PHAST Measures of Local Public Health Services and Activities
5/10/2017

disease	suspected case classification	probable case classification	confirmed case classification
rubella	Any generalized rash illness of acute onset that does not meet the criteria for probable or confirmed rubella or any other illness.	In the absence of a more likely diagnosis, an illness characterized by all of the following: acute onset of generalized maculopapular rash; and temperature greater than 99.0° F or 37.2° C, if measured; and arthralgia, arthritis, lymphadenopathy, or conjunctivitis; and lack of epidemiologic linkage to a laboratory-confirmed case of rubella; and noncontributory or no serologic or virologic testing.	A case with or without symptoms who has laboratory evidence of rubella infection confirmed by one or more of the following laboratory tests: isolation of rubella virus; or detection of rubella-virus specific nucleic acid by polymerase chain reaction; or IgG seroconversion or a significant rise between acute- and convalescent-phase titers in serum rubella IgG antibody level by any standard serologic assay (not explained by MMR vaccination during the previous 6-45 days); or positive serologic test for rubella IgM antibody (not explained by MMR vaccination during the previous 6-45 days and not otherwise ruled out by more specific testing in a public health laboratory) or an illness characterized by all of the following: acute onset of generalized maculopapular rash; and temperature greater than 99.0°F or 37.2°C; and arthralgia, arthritis, lymphadenopathy, or conjunctivitis; and epidemiologic linkage to a laboratory-confirmed case of rubella.
measles	An acute illness characterized by: generalized, maculopapular rash lasting ≥3 days; and temperature ≥101°F or 38.3°C; and cough, coryza, or conjunctivitis.	In the absence of a more likely diagnosis, an illness that meets the clinical description with: no epidemiologic linkage to a laboratory-confirmed measles case; and noncontributory or no measles laboratory testing.	An acute febrile rash illness (temperature does not need to reach ≥101°F/38.3°C and rash does not need to last ≥3 days) with: isolation of measles virus from a clinical specimen (not explained by MMR vaccination during the previous 6-45 days); or IgG seroconversion (not explained by MMR vaccination during the previous 6-45 days) or a significant rise in measles immunoglobulin G antibody (not explained by MMR vaccination during the previous 6-45 days) using any evaluated and validated method; or a positive serologic test for measles immunoglobulin M antibody (not explained by MMR vaccination during the previous 6-45 days; not otherwise ruled out by other confirmatory testing or more specific measles testing in a public health laboratory); or direct epidemiologic linkage to a case confirmed by one of the methods above.

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congenital rubella	An infant that does not meet the criteria for a probable or confirmed case but who has one of more of the following clinical findings: cataracts or congenital glaucoma, congenital heart disease (most commonly patent ductus arteriosus or peripheral pulmonary artery stenosis), hearing impairment, pigmentary retinopathy, purpura, hepatosplenomegaly, jaundice, microcephaly, developmental delay, meningoencephalitis, OR radiolucent bone disease.	An infant without an alternative etiology that does not have laboratory confirmation of rubella infection but has at least 2 of the following*: cataracts or congenital glaucoma,*congenital heart disease (most commonly patent ductus arteriosus or peripheral pulmonary artery stenosis), hearing impairment, OR pigmentary retinopathy; OR An infant without an alternative etiology that does not have laboratory confirmation of rubella infection but has at least one or more of the following: cataracts or congenital glaucoma,*congenital heart disease (most commonly patent ductus arteriosus or peripheral pulmonary artery stenosis), hearing impairment, OR pigmentary retinopathy AND one or more of the following: purpura, hepatosplenomegaly, jaundice, microcephaly, developmental delay, meningoencephalitis, OR radiolucent bone disease. *In probable cases, either or both of the eye-related findings (cataracts and congenital glaucoma) count as a single complication. In cases classified as infection only, if any compatible signs or symptoms (e.g., hearing loss) are identified later, the case is reclassified as confirmed.	An infant with at least one symptom (listed above) that is clinically consistent with congenital rubella syndrome; and laboratory evidence of congenital rubella infection as demonstrated by: isolation of rubella virus, OR detection of rubella-specific immunoglobulin M (IgM) antibody, OR infant rubella antibody level that persists at a higher level and for a longer period than expected from passive transfer of maternal antibody (i.e., rubella titer that does not drop at the expected rate of a twofold dilution per month), OR a specimen that is PCR positive for rubella virus.
mumps	Parotitis, acute salivary gland swelling, orchitis, or oophoritis unexplained by another more likely diagnosis, or a positive lab result with no mumps clinical symptoms (with or without epidemiological-linkage to a confirmed or probable case).	Acute parotitis or other salivary gland swelling lasting at least 2 days, or orchitis or oophoritis unexplained by another more likely diagnosis, in: a person with a positive test for serum anti-mumps immunoglobulin M (IgM) antibody, or a person with epidemiologic linkage to another probable or confirmed case or linkage to a group/community defined by public health during an outbreak of mumps.	A positive mumps laboratory confirmation for mumps virus with reverse transcription polymerase chain reaction (RT-PCR) or culture in a patient with an acute illness characterized by any of the following: acute parotitis or other salivary gland swelling, lasting at least 2 days, aseptic meningitis, encephalitis, hearing loss, orchitis, oophoritis, mastitis, pancreatitis.
tetanus		In the absence of a more likely diagnosis, an acute illness with muscle spasms or hypertonia, and diagnosis of tetanus by a health care provider; or death, with tetanus listed on the death certificate as the cause of death or a significant condition contributing to death.	

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e. coli, shiga toxin producing strains only	A case of postdiarrheal HUS or identification of Shiga toxin in a specimen from a clinically compatible case without the isolation of STEC.	A case with isolation of *E. coli* O157 from a clinical specimen, without confirmation of H antigen or Shiga toxin production; or a clinically compatible case who is a contact of an STEC case or is a member of a defined risk group during an outbreak; or identification of an elevated antibody titer to a known STEC serotype from a clinically compatible case.	A case that meets the confirmed laboratory criteria for diagnosis. When available, O and H antigen serotype characterization should be reported.
salmonellosis	A case that meets the suspect laboratory criteria for diagnosis.	A clinically compatible case that is epidemiologically linked to a confirmed case, i.e., a contact of a confirmed case or member of a risk group as defined by public health authorities during an outbreak.	A case that meets the confirmed laboratory criteria for diagnosis. When available, O and H antigen serotype characterization should be reported.
campylobacteriosis	A case that meets the suspect laboratory criteria for diagnosis.	A clinically compatible case that is epidemiologically linked to a confirmed case of campylobacteriosis.	A case that meets the confirmed laboratory criteria for diagnosis.
shigellosis	A case that meets the suspect laboratory criteria for diagnosis.	A clinically compatible case that is epidemiologically linked, i.e., is a contact of a confirmed case or a member of a risk group defined by public health authorities during an outbreak.	A case that meets the confirmed laboratory criteria for diagnosis. When available, O antigen serotype characterization should be reported.
ciguatera		A clinically compatible case who had a consistent exposure (consumption of fish such as barracuda, grouper, amberjack, and snapper).	A clinically compatible case with toxin detected in an epidemiologically implicated fish.
paralytic shellfish poisoning		A clinically compatible case that is not laboratory confirmed and not epidemiologically linked to a confirmed case.	A case that is laboratory confirmed, or that meets the clinical case definition, is not laboratory confirmed, and is epidemiologically linked to a confirmed case.
scombroid		A clinically compatible case with consumption of fish such as tuna, mackerel, skipjack, bonito, mahi mahi, and blue fish within three hours of onset of symptom.	A clinically compatible case with histamine detection in an epidemiologically implicated fish case that is epidemiologically linked to a confirmed case.
mushroom poisoning	Clinical syndrome: usually vomiting and diarrhea, other symptoms differ with toxin and can include confusion and visual disturbance salivation and diaphoresis, hallucination, disulfiram-like reactions, confusion and visual disturbances (shorter-acting toxins) OR diarrhea and abdominal cramps for 24 hours followed by hepatic and renal failure (longer-acting toxins).		Clinical syndrome among persons who have eaten mushroom identified as toxic type OR demonstration of toxin in epidemiologically implicated mushroom or food containing mushroom.
botulism		A clinically compatible case with an epidemiological link (e.g., ingestion of a home-canned food within the previous 48 hours)	A clinically compatible case that is laboratory confirmed or that occurs among persons who ate the same food as persons who have laboratory-confirmed botulism.