1. Standard case definitions

**Routine surveillance**

- **Suspected case**
  Illness with onset of fever and no response to treatment for usual causes of fever in the area, and at least one of the following signs:
  - bloody diarrhea
  - bleeding from gums
  - bleeding into skin (purpura)
  - bleeding into eyes and urine

- **Confirmed case**
  A suspected case with laboratory confirmation (positive IgM antibody, positive PCR or viral isolation)

**Community-based surveillance**

- **Alert case**
  a. Illness with onset of fever and no response to treatment of usual causes of fever in the area; **OR**
  b. At least one of the following signs: bleeding, bloody diarrhoea, bleeding into urine; **OR**
  c. Any sudden death

  - **If an alert case (living or dead) is identified**, report the case to a surveillance team or to the closest health centre

  - This definition of “alert cases” for Ebola or Marburg virus disease has been developed for use by the community or community-based volunteers. It may be used for community-based surveillance during the pre-epidemic phase and during the outbreak.

**Note**: During an Ebola or Marburg outbreak, surveillance should use the case definitions described in section 2.

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### 2. Case definitions during an Ebola or Marburg outbreak

#### Case definitions to be used by mobile teams, health stations and health centres

**Important:** During an outbreak, case definitions are likely to be adapted to new clinical presentation(s) or different modes of transmission related to the local event

- **Suspected case**
  
  a. Any person, alive or dead, suffering or having suffered from a sudden onset of high fever and having had contact with:
     - a suspected, probable or confirmed Ebola or Marburg case;
     - a dead or sick animal (for Ebola)
     - a mine (for Marburg); OR
  
  b. Any person with sudden onset of high fever and at least three of the following symptoms:
     - headaches
     - anorexia / loss of appetite
     - stomach pain
     - vomiting
     - diarrhea
     - lethargy
     - aching muscles or joints
     - difficulty swallowing
     - difficulty breathing
     - hiccups; OR
  
  c. Any person with inexplicable bleeding; OR
  
  d. Any sudden, inexplicable death

- **When a suspected case has been identified**
  - Report the case to the surveillance team
  - After obtaining express consent, collect a sample
  - Fill in a case notification form
  - Draw up a list of contacts of the suspected case
  - If the subject is alive, explain to the patient and his/her family the need to go to hospital to receive adequate medical care. After having obtained the consent of the patient or his/her family arrange for transfer.
  - If the subject has passed away, explain to the family the need for conducting a safe burial. After obtaining consent, coordinate funeral arrangements with the burial team.

#### Case definition for exclusive use by hospitals and surveillance teams

**Important:** During an outbreak, case definitions are likely to be adapted to new clinical presentation(s) or different modes of transmission related to the local event

- **Probable case**
  
  a. Any suspected case evaluated by a clinician; OR
  
  b. Any deceased suspected case (where it has not been possible to collect specimens for laboratory confirmation) having an epidemiological link with a confirmed case

**Note:** if laboratory specimens are collected in due time during the illness, the preceding categories are reclassified as "laboratory confirmed" cases and "non-case".

- **Laboratory confirmed case**

  Any suspected or probably cases with a positive laboratory result. Laboratory confirmed cases must test positive for the virus antigen, either by detection of virus RNA by reverse transcriptase-polymerase chain reaction (RT-PCR), or by detection of IgM antibodies directed against Marburg or Ebola.

- **Non-Case**

  Any suspected or probable case with a negative laboratory result. "Non-case" showed no specific antibodies, RNA or specific detectable antigens.
Definition of Ebola or Marburg contacts

**Important:** During an outbreak, contact definitions are likely to be adapted to newly reported infection risk factors related to the local event

- **Ebola or Marburg case contacts**
  Any person having been exposed to a suspect, probable or confirmed case of Ebola or Marburg, less than 21 days before the identification as a contact by surveillance teams, in at least one of the following ways:
  - slept in the same household with a case
  - direct physical contact with the case (alive or dead) during the illness
  - direct physical contact with the (dead) case at the funeral
  - touched his/her blood or body fluids during the illness
  - touched his/her clothes or linens
  - been breastfed by the patient (baby)

- **Dead or sick animal contacts**
  Any person having been exposed to a sick or dead animal, less than 21 days before the identification as a contact by surveillance teams, in at least one of the following ways:
  - direct physical contact with the animal
  - direct contact with the animal’s blood or body fluids
  - carved up the animal
  - eaten raw bush-meat

- **Laboratory contacts**
  Any person having been exposed to biological material in a laboratory, less than 21 days before the identification as a contact by surveillance teams, in at least one of the following ways:
  - has had direct contact with specimens collected from suspected Ebola or Marburg patients
  - has had direct contact with specimens collected from suspected Ebola or Marburg animal cases

- **Other infection risk factors include** contact with a hospital where Ebola or Marburg cases are being treated; injection or vaccination in the 21 days preceding the onset of symptoms.

- **The contact person should be followed for 21 days after exposure.** If the contact person is asymptomatic for 21 days after exposure, they can be released the follow-up.