



Reporting Criteria for Ebola hemorrhagic Fever

(1) Definition

Febrile infectious disease caused by Ebola virus belonging to the family *Filoviridae*.

(2) Clinical manifestations

Sudden onset after 2-21 days of incubation (average 7 days).

Signs and symptoms include fever (almost without exception), pain (e.g. headache, myalgia, pectoral pain, abdominal pain) and asthenia; hemorrhage occurs in some cases but not always (~20% in Ugandan outbreak in 2000).

Rapid deterioration in 2-3 days, and when fatal, death occurs within ~1 week.

Case fatality rate: 90% for Zaire and 50% for Sudan of Ebola species.

Transmission through direct contact with infected patients' blood, body fluid or excrement; no airborne transmission has been confirmed.

(3) Reporting criteria

a) "Patients (confirmed cases)"

In compliance with Article 12 paragraph 1 of the Infectious Diseases Control Law, if a physician has examined a patient with clinical signs or symptoms as described in (2), has suspected Ebola hemorrhagic fever (EHF), and has made a diagnosis of EHF based on the results obtained by the laboratory method and specimen as described below, the physician shall notify the case immediately.

Differential diagnosis includes other viral hemorrhagic fevers, typhoid, epidemic typhus, shigellosis, malaria, dengue fever, and yellow fever.

b) "Asymptomatic infections"

In compliance with Article 12 paragraph 1 of the Infectious Diseases Control Law, if a physician has examined an individual without clinical signs or symptoms listed in (2), but has diagnosed that the individual was an asymptomatic infection of EHF based on the results obtained by the laboratory method and specimen as described below, the physician shall notify the case immediately.

c) "Suspected cases"

In compliance with Article 12 paragraph 1 of the Infectious Diseases Control Law, if a physician has examined a patient with clinical signs and symptoms as described in (2), and has made a diagnosis of EHF-suspected case, the physician shall notify the case immediately.

d) "Deceased individual whose death was attributed to EHF"

In compliance with Article 12 paragraph 1 of the Infectious Diseases Control Law, if a physician has examined a deceased person with clinical signs and symptoms as

described in (2), has suspected EHF, and has diagnosed that the death was due to EHF based on the results obtained with the laboratory method and specimen as described below, the physician shall notify the case immediately.

d) “Deceased individual whose death was suspected to be due to EHF”

In compliance with Article 12 paragraph 1 of the Infectious Diseases Control Law, if a physician has examined deceased person with clinical signs and symptoms listed as described in (2), and has suspected that the death was caused by EHF, the physician shall notify the case immediately.

Laboratory method	Specimen
Detection of pathogens by isolation and identification Detection of the pathogen’s antigen by ELISA Detection of the viral genome by PCR	Blood, throat swab, urine
Detection of IgM or IgG antibodies by the fluorescent antibody method or ELISA	Serum