

**Table 3. Criteria for Collection of Specimens of Selected Communicable Diseases for Laboratory Diagnosis after Disaster (27, 49) (Continued)**

Disease	Class**	Specimens for Isolation
Leptospirosis	2B	Blood Urine
Malaria	1 (under surveillance by WHO in non-endemic areas) 3C (endemic areas)	Blood
Measles	2B	Blood Conjunctivae/nasopharynx Urine
Meningitis —Meningococcal	2A	Spinal fluid Blood Nasopharyngeal swabs Petechial scrapings Ventricular/cisternal/ subdural fluid
Pediculosis	5	Hair/clothing
Plague	1	Bubo fluid Portions of bubo Spleen Bone marrow Sputum Blood Ectoparasites
Poliomyelitis	1	Feces Oropharyngeal secretions
Rabies	2A	Brain Frozen skin sections Corneal impressions Mucosal scrapings
Relapsing Fever	1 (Louse-borne) 3B (Tick-borne)	Blood
Salmonellosis	2B	Fecal material Blood
Scabies	5	Scraping from lesion
Shigellosis	2B	Fecal material Rectal swabs

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Disease	Class**	Specimens for Isolation
Streptococcal Diseases Caused by Group A (Beta Hemolytic Streptococci)	4	Blood
Tetanus	2A	Materials from wounds
Tuberculosis	2B	Sputum Gastric washings Pus Urine Spinal/pleural/synovial fluid
Typhoid Fever	2A	Blood Rectal swabs Urine specimen
Typhus Fever, Endemic Louse-borne	1	Blood
Yellow Fever	1	Blood
Whooping Cough	2B	Nasopharyngeal swabs

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Class 1: Case Report Universally Required by International Health Regulations

This class is limited to the diseases subject to the International Health Regulations (1969) (quarantinable diseases)—cholera, plague, smallpox and yellow fever, and to the diseases under surveillance by WHO: louse-borne typhus, poliomyelitis, influenza and malaria.

Obligatory case report to local health authority by telephone, telegraph, or other rapid means; in an epidemic situation, collective reports of subsequent cases in a local area on a daily or weekly basis may be requested by the next superior jurisdiction—as for example, in an influenza epidemic. The local health authority forwards the initial report to next superior jurisdiction by expeditious means if it is the first recognized case in the local area already reported; otherwise, weekly by mail or telegraphically in unusual situations.

Class 2: Case Report Regularly Required Whenever the Disease Occurs

Two subclasses are recognized, based on the relative urgency for investigation of contacts and source of infection, or for starting control measures.