DEPARTMENT OF HEALTH
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PENNSYLVANIA DEPARTMENT OF HEALTH
HEALTH ALERT #36

Date: March 17, 2003
Subject: **SEVERE ACUTE RESPIRATORY SYNDROME**
To: Health Alert Network
From: Robert S. Muscalus, DO, Acting Secretary of Health

This transmission is a "Health Alert", conveys the highest level of importance; warrants immediate action or attention.

HOSPITALS: PLEASE SHARE THIS WITH ALL MEDICAL, INFECTION CONTROL, NURSING, LABORATORY, RADIOLOGY & PHARMACY STAFF IN YOUR HOSPITAL

LOCAL HEALTH JURISDICTIONS: PLEASE DISTRIBUTE AS APPROPRIATE

EMS COUNCILS: PLEASE DISTRIBUTE AS APPROPRIATE

PROFESSIONAL HEALTH ORGANIZATIONS: PLEASE DISTRIBUTE TO YOUR MEMBERSHIP AS APPROPRIATE

SEVERE ACUTE RESPIRATORY SYNDROME

The Centers for Disease Control and Prevention and the World Health Organization are working with national health authorities in several East Asian countries and in Canada on an international outbreak of acute respiratory illness of unknown etiology, currently dubbed **"Severe Acute Respiratory Syndrome"** or **SARS**. All clinicians are urged to review the information contained at the two following CDC weblinks: http://www.cdc.gov/ncidod/sars/clinician_alert.htm and http://www.cdc.gov/ncidod/sars/doh-guidance.htm.

As noted by CDC, "this disease has been characterized by secondary transmission in the health care setting and within households. Most of the identified index cases have traveled to China and a few have had no reported contact with health care workers or sick patients while in China. Approximately 150 cases have been reported. Cases have generally had a brief incubation period (3-5 days). At least two suspect cases have traveled in New York City and Atlanta while symptomatic."

At this time, no cases of SARS have been reported in the United States.

No link has been established at this time between SARS and the previously reported human cases of avian influenza A (H5N1) in Hong Kong last month (see previous Pennsylvania Health Advisory of March 3rd). Initial laboratory testing of SARS patients for evidence of influenza infection has reportedly been negative.

CDC has offered a **working case definition** for this syndrome as follows:

"Patients with onset of illness after February 1, 2003 with:

- Fever (>38° C)

AND

- One or more signs or symptoms of respiratory illness including cough, shortness of breath, difficulty breathing, hypoxia, radiographic findings of pneumonia, or respiratory distress

AND

One or more of the following:

- History of travel to Hong Kong or Guangdong Province in People's Republic of China, or Hanoi, Vietnam, within seven days of symptom onset.

- Close contact with persons with respiratory illness having the above travel history. Close contact includes having cared for, having lived with, or having had direct contact with respiratory secretions and body fluids of a person with SARS."

Due to the critical importance of this evolving situation, the Pennsylvania Department of Health is now **requiring**, consistent with Sections 27.3 and 27.4 of the Department's regulations on Reporting of Communicable and Non-Communicable Diseases, that all reports of suspected SARS cases are to be made by telephone to the Local Morbidity Reporting Office **immediately**, 24 hours per day. In the event you are unable to reach your local public health jurisdiction, the Pennsylvania Department of Health alternatively requests that physicians contact us directly at 1-877-PA-HEALTH (1-877-724-3258).

Clinicians and hospitals should also enter patients with suspected SARS into **PA-NEDSS at:** www.nedss.state.pa.us as soon as possible. Please enter all pertinent information, including hospitalization information, place of employment if a health care worker, history of recent travel, and exposure to other ill persons.

A posting on ProMED-mail (#86, 16 March 2003) from physicians at the University of Toronto offered the following clinical description of SARS among cases seen there (all the cases in Toronto at this time appear to have direct or indirect links to East Asia):

Description of the Toronto SARS Cases:

In 3 probable cases where there was a defined exposure, the estimated incubation period ranged from 2-5 days. In all 8 cases, the initial symptoms were primarily fever and malaise. Some, but not all also had headache and myalgias. While respiratory symptoms were common to all cases (primarily dry cough and shortness of breath), it is worth noting that respiratory symptoms occurred later in the illness in some patients. At presentation to hospital, most have been febrile, short of breath and hypoxic. However, some have not had a fever in hospital. Several patients have had gastrointestinal upset and diarrhea. The chest x-ray abnormalities have been subtle initially, and despite respiratory symptoms, some have had normal chest x-rays. As illness progressed, most developed bilateral and symmetrical pulmonary infiltrates. Total white blood cell counts have been slightly abnormal and 4

patients have been lymphopenic. Most patients have had some elevation in transaminases (AST/ALT/GGT 1- 3x upper limit of normal). Three patients have had elevations in creatine kinase."

Other very preliminary information from various sources suggests an incubation period ranging from 2-7 days, and it appears that close contact is required for transmission. Of note, cases have occurred among healthcare workers who treated SARS patients. Please note the following interim recommendations from CDC at http://www.cdc.gov/ncidod/sars/clinician_alert.htm:

"Infection Control

If the patient is admitted to the hospital, clinicians should notify infection control personnel immediately. Until the etiology and route of transmission are known, in addition to standard precautions, infection control measures for inpatients should include:

- Airborne precautions (including an isolation room with negative pressure relative to the surrounding area and use of an N-95 respirator for persons entering the room)

- Contact precautions (including use of gown and gloves for contact with the patient or their environment)

Standard precautions routinely include careful attention to hand hygiene. When caring for patients with SARS, clinicians should wear eye protection for all patient contact."

At this time, we can offer no guidelines on specific treatment for SARS.

EMS

EMS personnel are reminded to adhere to standard precautions, including respiratory precautions as may be indicated. Further, EMS providers who exhibit any symptoms as outlined above, regardless of travel history, should not staff EMS response vehicles.

Categories of Health Alert messages:

Health Alert: conveys the highest level of importance; warrants immediate action or attention.
Health Advisory: provides important information for a specific incident or situation; may not require immediate action.
Health Update: provides updated information regarding an incident or situation; no immediate action necessary.

This information is current as of March 17, 2003, but may be modified in the future. We will continue to post updated information regarding the most common questions about this subject.