

**PENNSYLVANIA DEPARTMENT OF HEALTH
HEALTH ALERT #50**

Date: April 18, 2003
Subject: Severe Acute Respiratory Syndrome (SARS) PA Case
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 (SARS)

**This is an update to previous Pennsylvania Health Alerts issued March 17, 19, 21, 25, 27 and April 3
and 16, 2003**

New Developments

The Pennsylvania Department of Health (PADOH) is releasing the following information regarding a laboratory-confirmed case of Severe Acute Respiratory Syndrome (SARS) in the northeast part of the state:

Several Public Health jurisdictions in northeast Pennsylvania are working with the Lehigh Valley Hospital, and the Centers for Disease Control and Prevention (CDC) on an epidemiological investigation involving a man who traveled by car to Toronto, Canada where he attended religious activities from March 29-30, 2003. After returning to Pennsylvania, he developed flu-like symptoms on April 3, 2003, which later progressed to include fever and respiratory symptoms including cough. He was admitted to the hospital on April 14 and he is doing well.

A team from CDC is in PA working with local public health and hospital staff. All close contacts of the index patient have been identified and their health is being monitored closely.

This case is not considered to pose a risk to the general public. However, we can expect ongoing media attention to this episode and to the developing situation in Canada and Asia. Clinicians and others are urged to frequently review the CDC and WHO websites as well as media reports so that they can help us provide the latest information to their patients and the "worried well" about this quickly evolving international situation.

There are currently four other "suspect cases" in PA based on the clinical/epidemiological CDC surveillance definition; none have been sufficiently ill to be hospitalized.

Information from CDC about an active Toronto investigation:

April 17, 2003

"Public Health officials in the City of Toronto are actively investigating cases of SARS which have occurred among members of the religious community, the Bukas-Loob Sa Diyos (BLD) Covenant Community, who attended a large gathering in Toronto March 28 - 29, 2003. SARS has caused serious illness among some members of the BLD Covenant Community and has spread to members of their households and other close contacts. A letter to all members of the BLD Covenant Community is posted on the Toronto Health Department website: http://www.toronto.ca/health/sars/sars_bld_covenant_community_letter.htm.

BLD has outreach areas in Reno, NV, Seattle, WA, Oakland, CA, Albany, Trenton, NJ, Long Island, NY, Los Angeles, CA and the metro DC (Maryland /Virginia/Washington DC) area. However, it is unknown how many additional U.S. residents may have traveled to Toronto to attend BLD functions where they may have been exposed to persons with SARS. As part of their investigation, Toronto health officials are working to compile a complete listing of attendees who attended formal and informal events organized for the BLD Community."

Health Alert Notice for International Travelers Arriving in the United States From Toronto, Canada

April 17, 2003, 9:00 PM

http://www.cdc.gov/ncidod/sars/travel_alertcan.htm

Updated Interim U.S. SARS Case Definition

April 18, 2003

<http://www.cdc.gov/ncidod/sars/casedefinition.htm>

The previous CDC SARS case definition (published April 16, 2003) has been updated as follows:

- Reported U.S. cases of SARS will be classified as suspect or probable based on the criteria outlined below.
- Toronto, Canada has been added to the areas with documented or suspected community transmission of SARS.

Suspected Case

Respiratory illness of unknown etiology with onset since February 1, 2003, and the following criteria:

- Measured temperature greater than 100.4°F (greater than 38°C) **AND**
- One or more clinical findings of respiratory illness (e.g. cough, shortness of breath, difficulty breathing, hypoxia, or radiographic findings of either pneumonia or acute respiratory distress syndrome) **AND**
- Travel† within 10 days of onset of symptoms to an area with documented or suspected community transmission of SARS ([see list below](#); excludes areas with secondary cases limited to healthcare workers or direct household contacts) **OR**

Close contact* within 10 days of onset of symptoms with a person known to be a suspect SARS case.

Probable Case

A suspect case with one of the following:

- Radiographic evidence of pneumonia or respiratory distress syndrome
- Autopsy findings consistent with respiratory distress syndrome without an identifiable cause

†**Travel** includes transit in an airport in an area with documented or suspected community transmission of SARS.

Areas with documented or suspected community transmission of SARS: Peoples' Republic of China (i.e., mainland China and Hong Kong Special Administrative Region); Hanoi, Vietnam; Singapore; and Toronto, Canada.

***Close contact** is defined as having cared for, having lived with, or having direct contact with respiratory secretions and/or body fluids of a patient known to be suspect SARS case.

CDC Healthcare Worker Prevention and Surveillance Kit

April 17, 2003

A toolkit designed to be used by hospital infection control practitioners and state and local health departments to implement both proper infection control and systematic surveillance in healthcare facilities where HCWs have been exposed to suspect SARS patients have been released from CDC. The toolkit has four parts:

1. Manual and Definitions
2. Instructions and Appendices
3. Facility Encounter Form
4. HCW Exposure and Outcome Form

This surveillance system will provide valuable information about the epidemiology of SARS transmission to HCWs.

Part One: Manual and Definitions <http://www.health.state.pa.us/pdf/Letter4-17-03.pdf>

Part Two: Instructions and Appendices: <http://www.health.state.pa.us/pdf/Instructions4-17-03.pdf>

Part Three: Facility Encounter Form: <http://www.health.state.pa.us/pdf/facilityencounterform.pdf>

Part Four: HCW Exposure and Outcome Form:

<http://www.health.state.pa.us/pdf/HCWExpOutcomeForm.pdf>

Fact Sheet – Basic Information about SARS

April 16, 2003

<http://www.cdc.gov/ncidod/sars/factsheet.htm>

Frequently Asked Questions

April 16, 2003

<http://www.cdc.gov/ncidod/sars/faq.htm>

SARS Information for Patients and Their Close Contacts

April 16, 2003

<http://www.cdc.gov/ncidod/sars/factsheetcc.htm>

Interim Guidelines about Severe Acute Respiratory Syndrome (SARS) For Cruise Ship Passengers and Crew Members

April 17, 2003

<http://www.cdc.gov/ncidod/sars/cruiseship.htm>

Interim Guidelines about Severe Acute Respiratory Syndrome (SARS) for Transportation Security Administration (TSA) and Bureau of Customs and Border Protection (BCBP) Personnel

April 17, 2003

<http://www.cdc.gov/ncidod/sars/tsa-bcbp-guidelines.htm>

Diagnosis/Evaluation

April 16, 2003

<http://www.cdc.gov/ncidod/sars/diagnosis.htm>

[X-Rays of Recent Cases of Atypical Pneumonia](#)

Initial diagnostic testing for suspected SARS patients should include chest radiograph, pulse oximetry, blood cultures, sputum Gram's stain and culture, and testing for viral respiratory pathogens, notably influenza A and B and respiratory syncytial virus. A specimen for Legionella and pneumococcal urinary antigen testing should also be considered. Clinicians should save any available clinical specimens (respiratory, blood, and serum) for additional testing until a specific diagnosis is made. Acute and convalescent (greater than 21 days after onset of symptoms) serum samples should be collected from each patient who meets the SARS case definition. Paired sera and other clinical specimens can be forwarded through State and local health departments for testing at CDC. Specific instructions for [collecting specimens](#) from suspected SARS patients are available.

Clinicians evaluating suspected cases should use standard precautions (e.g., hand hygiene) together with airborne (e.g., N-95 respirator) and contact (e.g., gowns and gloves) precautions (see the [Updated Interim Domestic Infection Control Guidance in the Health Care and Community Setting for Patients with Suspected SARS](#)). Until the mode of transmission has been defined more precisely, eye protection also should be worn for all patient contact. As more clinical and epidemiologic information becomes available, interim recommendations will be updated.

Interim Laboratory Biosafety Guidelines for Handling and Processing Specimens Associated with Severe Acute Respiratory Syndrome (SARS)

April 16, 2003

<http://www.cdc.gov/ncidod/sars/sarslabguide.htm>

[MMWR Update: Severe Acute Respiratory Syndrome --- United States, 2003](#)

April 17, 2003

Excerpt

“Identifying persons who might be at risk for SARS on arrival to a medical facility or office is difficult and requires changes in the way medical evaluations are conducted. Revised interim guidelines for triage recommend that all patients in ambulatory-care settings be screened promptly for fever, respiratory symptoms, recent travel, and close contact with a suspected SARS patient”

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 April 18, 2003, but may be modified in the future. We will continue to post updated information regarding the most common questions about this subject.