

For: DANIELL, AGNES

From: BETTY ANN JOLLEY

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Subject: Update: Severe Acute Respiratory Syndrome (SARS)

FROM: Dr. David McKeown, MDCM, MHSc, FRCPC
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Public health authorities in collaboration with the World Health Organization (WHO) are investigating a number of clusters of SARS of unknown etiology in several countries. Currently the areas of concern are Guangdong Province and Hong Kong Special Administrative Region (SAR) of China, Hanoi in Vietnam, Singapore and Canada.

One of the clusters has occurred in a family in Toronto and in the family doctor who had close contact with ill members of this family. There is a single travel related case in York Region.

To date, there are no Peel cases. Peel Health is working closely with the Ministry of Health and Long Term Care and with our local hospitals to monitor the situation. Peel Health will be investigating any reports of suspected cases.

Please note that this information is changing daily and Peel Health will be providing updates as new information is received.

Transmission

The disease is spread from person to person but only through close contact with a case. To date almost all reported cases have occurred with health care workers involved in the direct care of reported cases or within close contacts such as family members or others living in the same household. There is no evidence to date that the disease spreads through casual contact. The incubation period may be as long as 10 days although most cases present within 2-5 days. Current recommendations are that asymptomatic contacts of cases need not restrict their activities.

Symptoms

SARS presents as a respiratory infection with fever which progresses to include a dry cough or shortness of breath. To date, no pathogens have been identified from any cases of disease and investigations continue.

Case Definition

Please refer to the below attached Health Canada case definitions for suspect and probable cases.

Reporting of Suspect/Probable Cases

Report all suspect/probable cases immediately by telephone to Health Line Peel at (905) 799-7700.

Management of Suspect SARS

Patients with symptoms of SARS should be masked (N95 if available and patient can tolerate it or surgical mask) (PCM 2000 mask), and triaged immediately to designated examination rooms or wards. Obtain detailed clinical, travel and contact history including the occurrence of acute respiratory diseases in contact persons during the last 10 days. Obtain CXR and CBC for those meeting case definition criteria. If CXR is normal, provide advice on personal hygiene, avoidance of crowded areas and public transportation and to remain at

home until well. Discharge with advice to call Peel Health if respiratory symptoms worsen.

If CXR demonstrates uni- or bi-lateral infiltrates with or without interstitial infiltration, treat as a probable case.

Management of Probable Cases

Hospitalize under respiratory isolation or cohort with other SARS cases. Perform laboratory investigations as recommended by Health Canada (See attached document below) and rule out known causes of atypical pneumonia. **Consult with an Infectious Diseases Specialist.**

Recommended Laboratory Investigation

Please refer to the below Health Canada document for investigation of probable and close contacts of known probable cases.

Appropriate nasopharyngeal swabs with media, and viral stool culture containers can be obtained from CVH Microbiology Lab.

Recommended Infection Control Precautions

Routine practices are recommended (hand washing and appropriate barriers). Additionally, it is recommended that probable and suspect cases are managed in strict respiratory isolation, negative pressure rooms with the door closed. If negative pressure rooms are not available, use a single room with its own bathroom facilities. Persons entering the room should all wear high efficiency particulate respirators (N95 masks) (PCM 2000 mask). Patients should be on respiratory isolation (gown and gloves, dedicated equipment). Eye protection should be worn for procedures where body fluids may contact this route of entry.

Monitoring of Contacts

Peel Health is not recommending prophylaxis for close contacts. Peel Health will conduct active surveillance of close contacts of known probable cases of SARS. Suspect cases (on the basis of travel history with a normal CXR) should be advised to call the Health department if their condition worsens.

Travel Advisory

Health Canada is monitoring the situation closely and at this time, does not recommend any restriction on travel to Hanoi-Vietnam, Hong Kong Special Administrative Region (SAR) and Guangdong Province of China and Singapore. Health Canada will be giving information to travelers from these affected areas as they arrive at Pearson Airport. Please view Health Canada's Web site for updates.

Peel Health will provide further updates as new information becomes available.

For more information call Health Line Peel at 905-799-7700 or visit Peel Health 's Web site at www.region.peel.on.ca

Other Sources of Information

Telehealth Ontario 1-866-797-0000

Health Canada http://www.hc-sc.gc.ca/pphb-dgspsp/new_e.html

World Health Organization <http://www.who.int>

HEALTH CANADA CASE DEFINITIONS (**NB case definitions may change as additional cases are found):

Suspect Case

A person presenting with a history of:

1. Fever over 38 degrees Celcius **AND**
2. One or more respiratory symptoms: cough, shortness of breath, difficulty breathing **AND**
3. One or more of the following:
 - close contact** with a probable case
 - recent history of travel (within 10 days) to Asia, especially to areas reporting cases of SARS (Guangdong province, Hong Kong SAR, China; City of Hanoi, Vietnam, Singapore)

**Close contact means having cared for, lived with or had face-to-face (within 1 meter) contact with, or having had direct contact with respiratory secretions and/or body fluids of a person with SARS.

Probable Case

A person meeting the suspect case definition together with severe progressive respiratory illness suggestive of atypical pneumonia or acute respiratory distress syndrome with no known cause

OR

A person with an unexplained acute respiratory illness resulting in death, with an autopsy examination demonstrating the pathology of acute respiratory distress syndrome with no known cause.

SARS has also been associated with other symptoms including headache, myalgia, loss of appetite, malaise, confusion, rash and diarrhea.

Severe respiratory illness may be characterized by decreased oxygen saturation requiring oxygen support, including ventilation. CXR abnormalities may or may not be present.

HEALTH CANADA RECOMMENDATIONS FOR LABORATORY INVESTIGATION

In addition to clinically indicated laboratory testing conducted at the local level, the following specimens should be collected for all patients meeting the **probable case** definition or **suspect cases with close contacts*** to probable cases.

1. Whole blood (5ml, minimum)
2. Acute and convalescent blood for serology (5ml minimum with at least 2 weeks between acute and convalescent samples)
3. Nasopharyngeal swabs (3) including:
 - a. in viral medium
 - b. in plain sterile tube without transport media
 - c. in *Mycoplasma pneumoniae* and *Chlamydia pneumoniae* transport media
4. Stool for virology

And where possible:

5. Bronchial alveolar lavage or tracheal aspirate in a sterile container
6. If a probable or suspect case has additional symptoms of meningitis, CSF for virology should be obtained.

Laboratories should follow normal testing procedures and refer specimens when necessary to the appropriate reference laboratories.

IMPORTANT - Please indicate " SARS SPECIAL INVESTIGATION " on the laboratory requisition form.

THESE RECOMMENDATIONS ARE SUBJECT TO REVISION. THEY WILL BE REFINED AS NEW INFORMATION BECOMES AVAILABLE.

-**Close contact means having cared for, lived with or had face-to-face (within 1 meter) contact with or having had direct contact with respiratory secretions and/or body fluids of a person with SARS.

Meningitis has not been reported in SARS cases reported to date.

Thank you for your attention.

CVH Infection Prevention & Control Department

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