



St. John Ambulance Saint-Jean

MEMORANDUM

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<input checked="" type="checkbox"/> Urgent
<input type="checkbox"/> For review & comment/ À reviser et commenter
<input checked="" type="checkbox"/> For information/ Pour information

Attention/À l'attention de : **Councils / All Volunteer Patient Care Providers
National Medical Officer,**

From/Expéditeur : **Dr. Robert Boyko**

Date : **March 21, 2003**

CC. :

Reply by/Répondre avant :

Subject/Sujet : **Severe Acute Respiratory Syndrome (SARS)**

Purpose/But : **URGENT for information dissemination**

Background

A number of cases of severe acute respiratory syndrome (SARS) have been diagnosed in several countries, including Canada. One of these clusters has occurred in an extended family in Toronto. To date no pathogens have been identified as to the cause of this illness. It may be bacterial or viral.

The incubation period is 2-5 days. Initial symptoms include fever and a general feeling of being unwell. Some, but not all, patients have had headache, muscle soreness, and possibly sore throat. Over 3-4 days, the fever and sick feeling persist and a dry cough develops. By day 7-8 of illness, the cough may be worsening, and shortness of breath may develop.

Suspect cases:

A person presenting with

Fever >38.5 degrees C

AND

One or more of the following: cough, shortness of breath, difficulty breathing

AND

Recent history of travel to Asia, particularly China, Hong Kong, Singapore,

Indonesia, Thailand, Vietnam within one week or symptom onset OR a history of having lived with or provided care for a probable case OR has had direct contact with respiratory secretions of body fluids or face to face (<1m) contact with a case.

Prevention of spread

Transmission of this illness to health care workers has been described, likely through respiratory droplet spread. Patient care providers are advised to be alert to suspect cases as described above. In addition to reviewing signs and symptoms, it is important to take both a travel and familial history. Members are reminded to follow "body substance precautions", which include adequate (airborne/droplet) protection, such as the use of face/shield masks to protect mucosal membranes such as eyes, nose and mouth from contact with respiratory droplets and gloves. Hand washing after patient contact is also advised.

Suspect cases should be advised to avoid crowded areas and public transportation, and to seek medical attention immediately. All cases should be reported by telephone to the local public health unit immediately.

Councils should be in dialogue with their Ministries of Health to determine, and advise our volunteers on, what other actions should be taken if patients are encountered who may be suffering from SARS.

The Toronto Public Health Department has a hotline, operational from 9am to 8pm, for members of the public who require assessment of risk or contact: 416-338-7600. Staff can also answer questions from health care workers about risk and contact issues.

Please check in with your local Public Health Department for information relevant to your community.

Dr. Robert Boyko
National Medical Officer