

3b. Reporting SARS

Severe Acute Respiratory Syndrome is highly contagious. Therefore, rapid isolation of SARS patients combined with prompt reporting are crucial to prevent widespread epidemic.


Diagnosis & Evaluation

Initial testing should include

- CXR
- Sputum cultures, Gram stain, *Legionella* culture, & DFA
- Pulse oximetry
- CBC with differential
- Blood cultures
- Urine for *Legionella pneumophila*
- Nasopharyngeal swabs or washings for viral studies: influenza A & B, parainfluenza, RSV
- Acute sera for special studies: *Chlamydia*, *Mycoplasma*

Specimens to be collected for processing by California DHS Lab:

- Nasopharyngeal swabs (dacron or cotton only) shipped in viral transport medium
- Nasopharyngeal lavage or bronchial aspirate
- 5-10 ml whole blood in serum separator tube
- 5-10 ml whole blood in EDTA (purple top) tube
- Stool in sterile container

 Medical knowledge of SARS increases daily as we learn more about the disease since its initial outbreak in 2003.

For current information about SARS, consult: www.cdc.gov

Case Definition

Clinical Criteria

- Asymptomatic or mild respiratory illness.
- Moderate respiratory illness
 - Temperature >100.4°F (>38°C), and
 - One or more clinical findings of respiratory illness (cough, shortness of breath, difficulty breathing, or hypoxia).
- Severe respiratory illness
 - Temperature >100.4°F (>38°C), and
 - One or more clinical findings of respiratory illness (cough, shortness of breath, difficulty breathing, or hypoxia), and
 - Radiographic evidence of pneumonia, or
 - Autopsy findings consistent with pneumonia or respiratory distress syndrome without an identifiable cause, or
 - Respiratory distress syndrome.


Epidemiologic Criteria

- Travel (including airport) within 10 days of onset of symptoms to an area with current or previously documented or suspected community transmission of SARS, or
- Close contact within 10 days of onset of symptoms with a person known or suspected to have SARS.

Laboratory Criteria

- Confirmed
 - Detection of antibody to SARS-associated coronavirus (SARS-CoV) in a serum sample, or
 - Detection of SARS-CoV RNA by RT-PCR confirmed by a second PCR assay, by using a second aliquot of the specimen and a different set of PCR primers, or
 - Isolation of SARS-CoV.
- Negative
 - Absence of antibody to SARS-CoV in a convalescent-phase serum sample obtained >28 days after symptom onset.
- Undetermined
 - Laboratory testing either not performed or incomplete.


If you diagnose or suspect SARS in any patient, phone HSA's Disease Control Unit immediately!

 **454-4114** workdays

  **471-1183** hotline
off hours, weekend, & holidays


To coordinate shipping & processing of SARS specimens, call our

Public Health Lab

 **454-5445**

All phone numbers area code 831



 **Protect your patients, your staff, and yourself**

As soon as you suspect a patient may have SARS:

- Place **surgical mask** on patient
- Place patient in negative pressure **isolation room** or move to separate, clearly-labeled assessment area
- Healthcare workers should wear **N-95 respirator**, gown, eye protection, and gloves
- Use **contact and airborne precautions** and practice maximum hand hygiene
- **Compile list** of people who have had contact with patient at your facility.