SEVERE ACUTE RESPIRATORY SYNDROME (SARS)

DIAGNOSIS:

SARS should be suspected in a person with travel to or from an area with documented SARS transmission or contact to a confirmed or suspect case, who develops a fever of 100.4°F or greater and respiratory symptoms. Diagnostic workup should include:

- Chest X-ray
- CBC with differential
- Blood cultures
- Sputum for gram stain; routine culture and sensitivity
- Testing for influenza A and B, and respiratory syncytial virus
- Acute and convalescent serum (>28 days after onset of symptoms) should be collected on patient meeting the SARS case definition.

Specimens should be sent to the Riverside County Public Health Laboratory, who will forward specimens to the State lab.

Clinicians evaluating suspected cases of SARS should use stringent hand hygiene and respiratory precautions (N95 respirator).

CASE DEFINITION

Confirmed:

- Detection of antibody to SARS-CoV in specimens obtained during acute illness or >28 days after illness onset, 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.

Probable Case:

Meets the clinical criteria for severe respiratory illness of unknown etiology with onset since February 1, 2003, and epidemiologic criteria; laboratory criteria confirmed, negative, or undetermined.

Suspect Case:

Meets the clinic criteria for moderate respiratory illness of unknown etiology with onset since February 1, 2003, and epidemiologic criteria; laboratory criteria confirmed, negative, or undetermined.

ETIOLOGY

A previously undetected Coronavirus (SARS-CoV) is felt to be the causative agent of SARS.

MODE OF TRANSMISSION

SARS is felt to be transmitted through respiratory droplets, contact with contaminated surfaces or body fluids, such as feces.

INCUBATION PERIOD:

The incubation period ranges from 2 to 10 days.

REPORTING

Suspect cases must be reported immediately by telephone to Disease Control at (909) 358-5107 during business hours, or (909) 782-2974 after hours, weekends, and holidays.

MEDICAL MANAGEMENT

No specific treatment recommendations can be made at this time. Empiric therapy should include coverage for organisms associated with any community-acquired pneumonia of unclear etiology, including agents with activity against both typical and atypical respiratory pathogens. Treatment choices may be influenced by severity of illness. Infectious disease consultation is recommended.

INFECTION CONTROL MEASURES

It is important that patients presenting with fever and cough be triaged and immediately placed in negative pressure isolation if they meet the criteria as a suspect SARS case. Healthcare workers (HCWs) must wear appropriate personal protective equipment (PPEs), which include: N-95 respirators, facial shields or eye protectors, and gowns and gloves. important to use stringent hand hygiene. HCWs who are exposed to SARS suspect case should monitor their temperature twice a day for 10 days. The HCW must be excluded from work if they become symptomatic. The Department of Public Health requires Home Isolation for 10 days post resolution of symptoms. Home Isolation procedures are available from Disease Control.

FOR MORE INFORMATION

Please contact the Disease Control Office at (951)-358-5107