

From The Chief Medical Officer:
Dr Henrietta Campbell

Castle Buildings
Upper Newtownards Road
Belfast BT4 3SQ

Telephone: 028 90 520563
Fax: 028 90 520574

E-Mail: henrietta.campbell@dhsspsni.gov.uk

URGENT COMMUNICATION

HSS(MD)15/2003

18th March 2003

To: Directors of Public Health to forward to:

- All GENERAL PRACTITIONERS - please ensure this message is seen by all practice nurses and non-principals working in your practice and retain a copy in your 'locum information pack'.
- Deputising services
- Out-of-hours Co-operatives

Medical Directors of Trusts to forward to:

- Accident and Emergency departments
- Hospital Physicians (particularly respiratory physicians, ID Physicians and all those doing acute medical "take in")
- ITUs
- Paediatricians
- Nurse Directors of HSS Trusts

Consultants in Communication Disease Control
Communicable Disease Surveillance Centre (NI)
Regional Virus Laboratory

Dear Colleague

UPDATE ON SEVERE ACUTE RESPIRATORY SYNDROME (SARS) OUTBREAKS IN EAST AND SOUTH EAST ASIA

1. The purpose of this letter is to update you on the latest situation in relation to the outbreaks of SARS in east and southeast Asia and to advise you of the latest guidance in relation to identification and management of suspect cases. A probable case of SARS was identified in the UK on March 17 and is currently being cared for in Manchester. This case had travelled from Hong Kong to Manchester via Amsterdam on March 15. To date no suspect cases have been identified in Northern Ireland.

2. **The case definitions for SARS have been refined and updated as follows:**

Case definitions for severe acute respiratory syndrome (SARS)

Suspected case

A person presenting to a health care facility (hospital or general practice) after 1 February 2003 with all of the following:

- sudden onset of high fever ($>38^{\circ}\text{C}$)
- one or more of the following respiratory symptoms (cough, sore throat, shortness of breath, difficulty breathing)

And one or more the following:

- onset of symptoms within 10 days of travel to one of the areas listed in the table 1 below in which there are focuses of transmission of SARS
- onset of symptoms within 10 days of close contact with a person with SARS (close contact includes having cared for, having lived with, or having had direct contact with respiratory secretions and/or body fluids of a person with SARS)

Probable case

- a suspected case with chest x-ray findings of pneumonia or adult respiratory distress syndrome

3. The cause of SARS has not yet been identified. International efforts to identify the cause are ongoing.

4. The PHLS have produced updated guidance on SARS and this is all available on their website at - http://www.phls.org.uk/topics_az/SARS/menu.htm. The areas covered by the PHLS guidance are:

- Guidance for Public Health Professionals
- Microbiological investigation
- Guidance for General Practitioners (copy attached, Annex A)
- Infection Control and Management in hospitals
- Advice for travellers from the United Kingdom

- Downloadable surveillance form for suspect or probable cases (copy attached, Annex B)

Action: All health professionals are asked to consult the PHLs website and familiarise themselves with the guidance relevant to their area of practice. Colleagues should note that this guidance will be kept under review and revised by the PHLs as necessary. Therefore colleagues are advised to check the PHLs website regularly to ensure they have access to the most up to date guidance available. The PHLs website may also be accessed via a link from the new infectious diseases section on the DHSSPS website - www.dhsspsni.gov.uk/publichealth/index.html or <http://extranet.dhsspsni.gov.uk>.

5 Reporting arrangements for suspected or probable cases of SARS in Northern Ireland

Suspected or probable cases being cared for should be reported locally to Consultants in Communicable Disease Control (CCDCs) at the local Health and Social Services Board and through them to the Regional Epidemiologist at CDSC (NI)(phone: 02890 263765, fax: 02890 263511, email: bsmyth@phls.org.uk) using the customised form attached. This letter and form can also be downloaded from the Departments website.

6. WHO have advised that travellers to South East Asia need to be aware of these outbreaks and should take them into account when making travel plans. The areas within countries reporting foci of local transmission of SARS up to 16 March 2003 are shown in Table 1. If any returning travellers experience symptoms suggestive of SARS, they should seek medical attention and ensure that information about their recent travel is passed on to health care staff. Any traveller who develops these symptoms should not undertake any kind of further travel until they have recovered.

Table 1: Areas Affected by Severe Acute Respiratory Syndrome (Last revised 16 March)

COUNTRY	AREA
Canada	Toronto, Vancouver
China	Guangdong Province, Hong Kong, Special Administrative Region of China.
Singapore	Singapore
Viet Nam	Hanoi

This letter and attachments will be placed on the DHSSPS website - www.dhsspsni.gov.uk/publichealth/index.html or <http://extranet.dhsspsni.gov.uk>

For further information on the contents of this letter please contact:

Dr Lorraine Doherty lorraine.doherty@dhsspsni.gov.uk
Senior Medical Officer

Yours Sincerely

H CAMPBELL (Dr)
Chief Medical Officer

cc: Mr Jim Hamilton
Ms Aine Gaughran

ANNEX A

Cases presenting to primary care – guidance for general practitioners on management, investigation and reporting

Case definitions for severe acute respiratory syndrome (SARS)

Suspected case

A person presenting to a health care facility (hospital or general practice) after 1 February 2003 with all of the following:

- sudden onset of high fever ($>38^{\circ}\text{C}$)
- one or more of the following respiratory symptoms (cough, sore throat, shortness of breath, difficulty breathing)

And

one or more the following:

- onset of symptoms within 10 days of travel to one of the areas listed in the table below in which there are foci of transmission of SARS
- onset of symptoms within 10 days of close contact with a person with SARS (close contact includes having cared for, having lived with, or having had direct contact with respiratory secretions and/or body fluids of a person with SARS)

Probable case

- a suspected case with chest x-ray findings of pneumonia or adult respiratory distress syndrome

Suggested action

GPs may see cases present that fulfil the above criteria. GPs should make an initial assessment as to clinical severity.

If it is considered that the case requires hospital referral on clinical grounds:

- The case should be dealt with through normal channels, but alerting the receiving physicians to the travel history.
- The use of a surgical mask should be used where possible for symptomatic patients attending, and being transported to and from, general practice, hospital or other health care facility.
- Suspected or probable cases being cared for should be reported locally to Consultants in Communicable Disease Control (CCDCs) and through them to the CDSC (NI) (see below).

If it is considered that the illness is mild/resolving/does not require hospitalisation:

Cases should be managed in their own home as is usual for patients with uncomplicated mild to moderate respiratory infections in the same way as if they had influenza.

- Patients and carers should be warned what to do should the patient's condition deteriorate.
- To minimize the potential for transmission outside hospital, symptomatic patients managed at home should limit their interactions with other people until the epidemiology of illness transmission is better understood.
- Advice to limit transmission within the home is the same as would be given for influenza (*eg* limit contact with very old/young/vulnerable, cough sneeze into paper tissue and dispose safely).
- A surgical mask should be used where possible for symptomatic patients attending, and being transported to and from, general practice, hospital or other health care facility.
- GPs are asked to liaise with their local hospital laboratory and ensure that acute and convalescent (10 to 14 days later) serum samples (at least 20mls taken into a plain glass tube) are taken and sent to their local laboratory with a clear indication as to the illness suspected (SARS) and travel history. Specimens should be sent, even for cases with a very mild illness.
- Suspected or probable cases being cared for should be reported locally to Consultants in Communicable Disease Control (CCDCs) and through them to the CDSC (NI) (see below).

Contacts of cases

- Close contacts are considered to be family, friends or health care workers who lived with, cared for or who had direct contact with respiratory secretions and/or body fluids of a person with SARS.
- Any person who develops symptoms of SARS within 10 days of being a close contact of a suspected case should be advised to seek medical advice and inform the medical care staff of their contact with a SARS person. This person should be treated as a possible case and managed and investigated according to the PHLS guidelines at <http://www.phls.org.uk/topics_az/SARS/management_guidance.doc>.
- Other contacts: Occasionally it may be necessary to inform other people (eg airline passengers or work colleagues) who have been in contact with a symptomatic case of SARS. They should be advised to watch out for symptoms of respiratory illness within 10 days of the contact and advised to seek medical advice. They should inform the health care staff of their contact with someone with SARS. Investigation should be carried out as for other suspected cases.
- No limitations need be advised on the movements of well contacts of cases of SARS.

Case reporting

Suspected or probable cases being cared for should be reported locally to Consultants in Communicable Disease Control (CCDCs) and through them to the Regional Epidemiologist at CDSC (NI)(phone: 02890 263765, fax: 020 8200 7868, email: bsmyth@phls.org.uk using the customised form attached. This form can also be downloaded from the Departments website at - www.dhsspsni.gov.uk/publichealth/index.html or <http://extranet.dhsspsni.gov.uk>

Annex B

Severe acute respiratory syndrome (SARS) outbreaks in East and South East Asia

Report of suspected or probable cases in Northern Ireland

This form is to be used for reporting suspected or probable cases of respiratory illness which may be associated with the outbreaks of respiratory illness in Hong Kong SAR, Guangdong province (China) and Hanoi (Vietnam). The cases to be reported are those conforming to the case definitions provided by the WHO and reproduced at the bottom of this form.

Symptoms:

High fever ($>38^{\circ}\text{C}$) (Y/N) _____

Date of report: _____

Shortness of breath/difficulty breathing (Y/N) _____

Other (Y/N): _____

Name of reporter: _____

Position: _____

Clinical diagnosis: _____

Institution/organisation: _____

Contact telephone number: _____

E-mail: _____

Close contact* with SARS Case (Y/N) _____ *Patient details*

Name of patient: _____

Sex (M/F): _____

Date of birth: _____

Home address: _____

House name: _____

House No: _____

Street: _____

County: _____

City/Town: _____

Country: _____

Post Code: _____

Admitted to hospital ? (Y/N):___

Hospital (to which patient has been admitted):

Date of admission:

Current health status (Recovering= 1,Moderately ill= 2, Severely ill = 3, Died = 4) = ____

Date of onset of illness:_____

Symptoms:

High fever(>38 °c) (Y/N)___

Cough (Y/N)___

Shortness of breath/difficulty breathing (Y/N)_____

Other (Y/N):_____

If other please specify:

Clinical diagnosis

(Pneumonia = 1, ARDS= 2, Other = 3) = ____

○ Other :Please give details:

Patient History

Close contact* with SARS Case (Y/N) ()

History of recent travel? (Y/N) (...)

- Hanoi, Vietnam (Y/N) ()
 - **Dates of visit: from** to
- Hong Kong SAR, China (Y/N) ()
 - **Dates of visit: from** to
- Guangdong province, China (Y/N) ()
 - **Dates of visit: from** to
- Other part of China (Y/N) ()
 - **Province/cities visited:**
 - **Dates of visit: from** to
- Singapore (Y/N) ()
 - **Dates of visit: from** to
- Canada, Toronto (Y/N) ()
 - **Dates of visit: from** to
- Canada, Vancouver (Y/N) ()
 - **Dates of visit: from** to

- Other Overseas Country (Y/N) ()
 - Country name.....
 - Country city.....
 - Dates of visit: from to
- Details of flights taken and flight numbers if available

Other comments:

For CDSC Purposes only , Please leave blank:

Case Definition = _____

(Suspect = 1, Probable = 2, Possible = 3)

Please return this form by fax or e-mail to Dr Brian Smyth, Communicable Disease Surveillance Centre, Northern Ireland

Fax: 02890 263511

E-mail: bsmyth@phls.org.uk

China	Guangdong Province, Hong Kong
Singapore	Special Administrative Region of
Viet Nam	China
	Singapore
	Malaysia

WHO case definitions for hospital based surveillance

Suspected case

A person presenting to a health care facility after 1st February 2003 with a history of:

- high fever ($>38^{\circ}\text{C}$)

And:

- One or more respiratory symptoms (cough, shortness of breath, difficulty breathing)

And one or more of the following:

- Close contact*, within 10 days of onset of symptoms, with a person who has been diagnosed with SARS.
- History of travel, within 10 days of onset of symptoms to an area in which there are reported foci of transmission of SARS (see annex).

Probable Case

- A suspect case with chest x-ray findings of pneumonia or Adult Respiratory Distress Syndrome

OR

- A person with an unexplained respiratory illness resulting in death, with an autopsy examination demonstrating the pathology of Respiratory Distress Syndrome without an identifiable cause.

Comments

In addition to fever and respiratory symptoms, SARS may be associated with other symptoms including: headache, muscular stiffness, loss of appetite, malaise, confusion, rash, and diarrhea.

**Close contact means having cared for, having lived with, or having had direct contact with respiratory secretions and body fluids of a person with SARS.*

Areas Affected by Severe Acute Respiratory Syndrome (Last revised 16 March)

COUNTRY	AREA
Canada	Toronto, Vancouver
China	Guangdong Province, Hong Kong, Special Administrative Region of China.
Singapore	Singapore
Viet Nam	Hanoi