



calgary health region

Office of the Medical Officer of Health

TO ALL PHYSICIANS AT THIS FAX LOCATION

March 27, 2003

SARS Update #2
For physicians in Calgary Health Region

As of March 26, Health Canada has received reports of 28 probable cases of Severe Acute Respiratory Syndrome (SARS) in Canada [Ontario (27 cases) and British Columbia (1 case)]. There have been three deaths in Canada. **All Canadian cases have occurred in individuals who had travelled to Asia or had close contact with SARS cases in the home or health-care settings.** Ontario has made both suspect and probable SARS a notifiable disease and persons suspected of being infected are subject to isolation, either in hospital or at home. These measures have been implemented in an attempt to prevent spread in the community at large. Globally, the number of cases reported as well as the number of countries reporting cases is increasing. For up to date reports, check the Health Canada website www.hc-sc.gc.ca and the World Health Organization website at <http://www.who.int/csr/sars/en/>. Information for health care professionals is available from Health Canada at www.hc-sc.gc.ca/pphb-dgsp/sars-sras/index.html.

The causative organism has still not been definitively identified, though there are hypotheses that it is a virus. Collaborative investigations are ongoing internationally.

Health Canada modified its travel advisory on March 25, given the increasing concern about transmission of SARS in community settings in the **City of Hanoi, Vietnam; Hong Kong Special Administrative Region and Guangdong Province in China; and Singapore.** They recommend that persons planning to travel to these areas should **defer all travel until further notice.** Updates to this advisory can be obtained on the Health Canada website <http://www.hc-sc.gc.ca/pphb-dgsp/tmp-pmv/>.

The case definitions of suspect and probable cases are (March 24 and subject to revision):

Suspect Case:

A person presenting with **fever** (over 38 degrees Celsius), **AND** one or more **respiratory symptoms** including cough, shortness of breath, difficulty breathing, **AND** one or more of the following: close contact within 10 days of onset of symptoms with a probable case; history of travel within 10 days to affected areas in Asia (Guangdong Province in China, Hong Kong Special Administrative Region of China, Taiwan Province; City of Hanoi, Vietnam; Singapore), **AND** no other known cause of current illness

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.

Recommended Physician Actions:

Telephone Triage

1. Be vigilant for suspect or probable cases of SARS as defined above. Ensure that your office nurse or receptionist asks patients who phone complaining of respiratory symptoms if they have travelled recently to Hong Kong, Taiwan, Hanoi, Singapore or Guangdong Province in China. If patients have this travel history, then the physician should contact them by phone to assess further. Patients suspected of having SARS should be triaged by phone rather than having them come into the office. (One of the initial health care workers infected in Ontario was a family physician who saw the index case and other family members in their office.)
2. If the patient meets the suspect case definition, then contact the Medical Officer of Health (MOH)/Public Health at 264 - 5615. They will review case details and confirm the SARS case definition is met. These patients should then be referred to ER, with prior notification (see 5 below). Patients not meeting the definition can be managed as they normally would be. Patients who have general questions about SARS can be referred to HEALTH LINK 943 - 5465 for further information.

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Office Management

3. If a patient with suspect SARS presents at your office, triage immediately as above. If SARS is suspected:
 - give the patient a surgical mask to wear
 - move them to a private room away from the waiting room, with the door closed
 - ensure health care workers wear a N95 mask (preferably) or surgical mask, long-sleeved gown, disposable gloves and eye protection when in contact with the patient. Hand hygiene is the most important preventive measure.(A poster is available for your waiting area. It asks people who have a history of travel within 10 days to an affected area to identify themselves immediately to the nurse/receptionist. Check Clinical Alerts at www.crha-health.ab.ca/clin/cme/calert.htm to print this poster.)
4. If a patient meets the case definition for SARS, contact the MOH/Public Health at 264-5615.
5. Arrange transport of suspect or probable cases to ER, **with prior notification to ER triage or duty physician. Suspect cases must wear a surgical mask at all times.** Transportation should be by private vehicle rather than public transit.
6. Advise patient to report directly to triage on arrival at ER and advise them of SARS possibility. They should not stand in line waiting at ER.
7. Laboratory investigations including x-rays should be carried out at ER. Suspect SARS cases should not be referred to CLS sites or local radiology clinics because of the difficulty in ensuring appropriate infection control measures to protect staff and other patients.
8. Accurate telephone triage to determine which travellers truly need to be assessed in ER is essential to avoid overloading of emergency services and creating infection control risks in that setting.
9. Suspect SARS cases who do not require hospitalization for clinical care may be managed by home isolation. Patients will be discharged from ER with public health follow up. Further information on home isolation requirements will be available on the Doctors' Page - Clinical Alerts or from the MOH.

Health Canada recommendations are subject to revision as further information becomes available. The most recent Health Canada case definitions, and more detailed instructions for infection control guidance are available at www.hc-sc.gc.ca/pphb-dgspssp/sars-sras/index.html. A link to this page will be posted for your information on the Doctors' Page – Clinical Alerts at www.crha-health.ab.ca/clin/cme/calert.htm. This information and other resources will also be sent out in hard copy to physician offices within a few days.

Please check the Calgary Health Region Doctors' Page regularly for further SARS updates in the future as we will no longer be faxing these to physician offices.

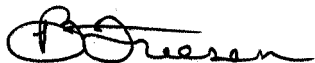
Summary of resources for information:

Health Canada – www.hc-sc.gc.ca/english/

Centers for Disease Control and Prevention – www.cdc.gov/

World Health Organization – <http://www.who.int/csr/sars/en/>

Calgary Health Region Doctors' Page – www.crha-health.ab.ca/clin/cme/calert.htm



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