

You asked about...

Answers to your questions from medical experts

What do I do about SARS?

You've heard a lot about severe acute respiratory syndrome (SARS)—here is a quick-take on what it is and what you can do about it in your practice.

The following summary and suggestions for the management of patients and staff in the outpatient and inpatient setting are based upon recommendations from the World Health Organization (WHO) and Health Canada and were prepared by Dr. John Embil, Infectious Disease specialist, University of Manitoba. While the author and *The Canadian Journal of CME* have made every effort possible to provide the most current information, it is important to check with your local health authority for specific recommendations in your region, as suggestions may change as we learn more about SARS.



Figure 1. A N95 mask should be properly fitted for maximum protection.

1. What is SARS?

SARS is a rapidly progressive severe pneumonia that has caused outbreaks of illness and in some cases, death. At this time, its cause is unknown. In Canada, the risk factors for acquiring it are:

- Recent travel (within 10 days) to areas reporting outbreaks of SARS (China, including Hong Kong and Taiwan, Vietnam, and Singapore).
- Close contact with people who have travelled to these areas, and who have symptoms of SARS.
- Visited the Scarborough Grace or York Central Hospital in Toronto after March 16, 2003.

2. What is a suspect case of SARS?

- High fever (>38 C).
- 1 or more respiratory symptoms, including cough, shortness of breath, difficulty breathing.
- 1 or more of the following:
 - a. Recent history of travel (within 10 days) to Southeast Asia, especially in areas reporting cases of SARS.
 - b. Close contact with a probable case.
- No other known cause of current illness.

You asked about...

3. What is a probable case of SARS?

- A person meeting the suspect case definition with severe progressive respiratory illness suggestive of atypical pneumonia or acute respiratory distress syndrome (ARDS) with no known cause.
- A person with an unexplained acute respiratory illness resulting in death, with an autopsy demonstrating the pathology of ARDS with no known cause.

If a suspect or probable case is identified, or if an asymptomatic individual with risk factors is hospitalized, please contact the Infection Prevention and Control Staff of your facility, as well as your local medical officer of health.

4. What can I do to stop SARS from spreading?

- Staff should wear an occlusive-seal, high-filtration mask (an N95 mask or alternative, as approved by local health authority, is suggested), and question the patient as to whether they have had travel or contact history compatible with being a probable or suspect case (Figure 1).
- If any risk factors exist, the patient should immediately wear a surgical mask, and arrangements should be made for prompt assessment of SARS symptoms in a separate area, to minimize transmission to others in the waiting room.
- If a patient is considered to be a probable or suspect case, immediately transfer him or her to a negative pressure isolation room (if not available, to a single room with a washroom and with the door closed) for ongoing management.
- If a patient has risk factors but is asymptomatic for SARS, place the patient in a single room, if possible.

5. What precautions can I take?

- Until the etiology and route of transmission are known, in addition to Routine Practices*, infection control measures for inpatients should include:
 1. Airborne Precautions (including a room with negative pressure, or if that is not available, a single room with its own bathroom and use of an occlusive-seal, high-filtration mask for persons entering the room).
 2. Contact Precautions (including use of gown and gloves for contact with patients or their environment).

*Health Canada: Infection control guidelines: Routine practices and additional precautions for preventing the transmission of infection in healthcare. *CCDR* 1999; 25S4:1-42.

You asked about...

Web sites

1. WHO Web site: www.who.int/csr/sars/en/
2. Health Canada (Federal):
hs-sc.gc.ca/english/protection/warnings/2003/2003_11.htm
3. Provincial Health Departments
BC: www.healthplanning.gov.bc.ca/pho/sars.html
Alberta: www.health.gov.ab.ca/healthier/diseases/SARS.html
Saskatchewan: www.health.gov.sk.ca/
Manitoba: gov.mb.ca/health/publichealth/cmoh/sars
Ontario: www.health.gov.on.ca/english/public/updates/archives/hu_03/hu_sars.html
Quebec: www.msss.gouv.qc.ca/f/index.htm
New Brunswick: www.gnb.ca/0051/index-e.asp
Nova Scotia: www.gov.ns.ca/heal/sars/default.htm
PEI: www.gov.pe.ca/hss/
Newfoundland: www.gov.nf.ca/health/
Nunavut: www.gov.nu.ca/hss.htm

Early release articles from the *New England Journal of Medicine*

1. Tsang KW, Ho PL, Ooi GC, et al: A Cluster of Cases of Severe Acute Respiratory Syndrome in Hong Kong. *N Engl J Med* 2003; Apr 1; [epub ahead of print].
2. Poutanen SM, Low DE, Henry B, et al: Identification of Severe Acute Respiratory Syndrome in Canada. *N Engl J Med* 2003; Apr 10; [epub ahead of print].
3. Drazen JM: Editorial: Case Clusters of the Severe Acute Respiratory Syndrome. www.nejm.org (March 31, 2003).

**Avapro**[®]
(irbesartan)

Angiotensin II Receptor Blocker

**Avalide**[®]
(irbesartan/hydrochlorothiazide)

Angiotensin II Receptor Blocker/Diuretic

Please consult product monographs for warnings and precautions. Product monographs available upon request at Sanofi-Synthelabo Canada Inc., 15 Allstate Pkwy, Markham, Ontario L3R 5B4.