



# STATE OF NEW YORK DEPARTMENT OF HEALTH

Corning Tower

The Governor Nelson A. Rockefeller Empire State Plaza

Albany, New York 12237

Antonia C. Novello, M.D., M.P.H., Dr.P.H.  
*Commissioner*

Dennis P. Whalen  
*Executive Deputy Commissioner*

March 31, 2003

## **Update # 3: Outbreaks of Severe Acute Respiratory Syndrome (SARS) in Asia: Information and Recommendations for Health Care Providers**

**Please distribute to Emergency Department, Infectious Disease Physicians,  
Internists, Pulmonologists, Pediatricians, Family Practice Physicians,  
Infection Control Staff, Outpatient Clinic Staff, and Laboratory Director**

The New York State Department of Health (NYSDOH) is providing this update to hospitals and local health departments to provide current information on the outbreaks of respiratory disease initially recognized in Asia.

**The CDC SARS case definition (published March 29, 2003) has been updated to expand the travel area to include all of mainland China, in addition to the areas already listed. Due to the proximity of Toronto, Canada to the New York State border, the NYSDOH is additionally requesting reports of persons meeting the clinical case definition with a history of recent travel to Toronto, Canada or close contact with a SARS case from Toronto, Canada. In order to enhance surveillance for this illness, we are requesting immediate reporting of any suspect or probable case to your local health department.**

**As you know, SARS is a condition of unknown etiology and infectivity. Outside of China, Singapore, and Hanoi, Viet Nam, the majority of SARS cases reported to date appear to primarily involve direct contact, especially in health care personnel caring for patients with SARS. The transmission of SARS in health care personnel appears to have occurred after close contact with symptomatic individuals BEFORE recommended infection control precautions for SARS were implemented.**

Therefore, the NYSDOH recommends the following:

- Since patients with SARS pose a risk of transmission to health care workers it is imperative that all health care personnel who are the first points of contact be trained for SARS screening.
- Patients with respiratory symptoms, which include influenza-like symptoms such as, fever, myalgias, headache, sore throat, dry cough, shortness of breath, or difficulty breathing upon presentation should immediately be given a surgical mask and be evaluated for SARS.

- Patients presenting with these symptoms should be immediately asked about travel to affected areas (i.e., mainland China and Hong Kong, Hanoi, Vietnam, Singapore and Toronto, Canada) within 10 days prior to illness or exposure to a known or suspected SARS case.
- Ill patients with a history of recent travel to mainland China, Hanoi, Vietnam, and Singapore should immediately be isolated in an airborne infection isolation room with airborne and contact precautions.
- Ill patients with recent travel to Toronto, should be interviewed as to exposures to known cases of SARS or health care workers taking care of SARS patients.
- All hospital staff (including transport personnel) and visitors must don contact and airborne personal protection equipment prior to entering a suspected patient's room (i.e., disposable gloves and gowns and an N-95 or higher respirator). It is important to include careful hand hygiene in these precautions.

**Health personnel are urged to be vigilant with SARS screening despite the small number of cases reported to date in New York State.**

**Infection Control Precautions for Patients with SARS and Close Contacts in Households :**

- SARS patients should limit interactions outside of the home and should not go to school, work, out-of-home daycare, or other public areas until ten days after resolution of fever and respiratory symptoms;
- All members of a household with a SARS patient should carefully follow recommendations for hand hygiene, particularly after contact with body fluids. See the [CDC Guideline for Hand Hygiene in Healthcare Settings \(2002\)](#) for details on hand hygiene.
- Each patient with SARS should be advised to cover his or her mouth and nose with a facial tissue when coughing or sneezing. If possible, a SARS patient should wear a surgical mask during close contact with uninfected persons to prevent spread of infectious droplets. When a SARS patient is unable to wear a surgical mask, household members should wear surgical masks when in close contact with the patient.
- Avoid the sharing of eating utensils, towels, and bedding with SARS patients without routine cleaning of soap and water.
- Additionally, the NYSDOH recommends close contacts of SARS patients take their temperature twice daily to monitor for a fever. Household members or other close contacts of SARS patients who develop fever or respiratory symptoms should seek healthcare evaluation immediately. Notify the healthcare provider in advance that you have had close contact to a SARS patient so proper infection control precautions will be instituted.
- At this time, in the absence of a fever or respiratory symptoms, household members or other close contacts of SARS patients need not limit their activities outside of their home.

Please report any suspect SARS case to your local health department.

Updates on this outbreak, as well as the CDC and WHO alerts will be posted on the NYSDOH's Health Provider Network (HPN): <https://commerce.health.state.ny.us/hpn> as well as the NYSDOH public Web site: <http://www.health.state.ny.us/nysdoh/sars/consumer.htm>.

In addition, we are requesting that all Local Health Departments survey each Emergency Department within their jurisdiction for any suspected or probable SARS cases as well as for any clusters or increased activity of unexplained respiratory illness as part of their Daily Emergency Department Surveillance Report.