

SARS Update for HCH Providers

As you know, the virulent new contagion called Severe Acute Respiratory Syndrome (SARS) has appeared in the United States.

To date, there have been no known cases of community transmission; all US cases have involved travelers from Asia and their close contacts, including health care workers. We know of no cases among homeless people. In Toronto, several homeless people have been isolated for SARS-like symptoms, and screening of homeless people has been initiated.

SARS is thought to be spread by respiratory droplet nuclei through close contact. If the virus begins appearing among homeless people, many shelter settings would be conducive to the rapid spread of SARS. Mortality rates are about 4%.

We recommend that HCH providers:

- 1. visit <http://www.cdc.gov/ncidod/sars/> for the latest information and guidance from the Centers for Disease Control and Prevention**
- 2. screen prospectively for this illness**
- 3. employ infection control measures when evaluating patients for SARS**
- 4. educate homeless persons and service provider staff regarding SARS**
- 5. report any cases of SARS to state or local public health authorities, and to the National Health Care for the Homeless Council**

1. CDC: The site is very complete, easy to use and frequently updated.

<http://www.cdc.gov/ncidod/sars/>

2. Screening: Symptoms of SARS are similar to symptoms frequently seen among homeless patients. The current definition also involves close contact with someone who recently has traveled to Asia; remember that such contact is possible for homeless people, who are often not isolated from others in the community.

The CDC's "Updated Interim Domestic Guidelines for Triage and Disposition of Patients Who May Have Severe Acute Respiratory Syndrome (SARS)" is available at

http://www.cdc.gov/ncidod/sars/triage_interim_guidance.htm

These guidelines include consideration of homelessness with regard to hospitalization and hospital discharge decisions, as well as recommendations regarding signage and screening questions for front line staff to ask.

The case definition for **suspected** SARS is:

Respiratory illness of unknown etiology with onset since February 1, 2003, and the following criteria:

- Measured temperature $\geq 100.5^{\circ}\text{F}$ ($>38^{\circ}\text{C}$) **AND**
- One or more clinical findings of respiratory illness (e.g. cough, shortness of breath, difficulty breathing, or hypoxia) **AND**
- Travel within 10 days of onset of symptoms to an area* with documented or suspected community transmission of SARS (see list below; excludes areas with secondary cases limited to healthcare workers or direct household contacts)

OR

- Close contact** within 10 days of onset of symptoms with either a person with a respiratory illness who traveled to a SARS area or a person known to be a suspect SARS case.

The case definition of **probable SARS** is:

A suspect case with one of the following with the additional findings of:

- Radiographic evidence of pneumonia or respiratory distress syndrome
- Autopsy findings consistent with respiratory distress syndrome without an identifiable cause.

***Areas with documented or suspected community transmission of SARS:** Peoples' Republic of China (i.e., Mainland China and Hong Kong Special Administrative Region); Hanoi, Vietnam; Singapore; and Toronto. This includes transit in an airport in the area.

****Close contact** is defined as having cared for, having lived with or having direct contact with respiratory secretions and/or body fluids of a patient known to be suspect SARS case.

Clinical Findings: Incubation: 2-10 days. May have mild or severe respiratory symptoms. Hypoxia in 10-20%. CXR may be normal or show interstitial, consolidated infiltrates or an ARDs picture. Labs usually normal but in those requiring hospitalization may show leukopenia and thrombocytopenia, elevated creatinine and LFTs.

3. Infection control: During examination of a suspected SARS case, masking of patient and provider is recommended, as are gown, gloves, and eye protection for the provider. **Proper hand hygiene is critical**, and should be reinforced with patients and staff alike.

Isolation of suspected cases is advisable where possible. Please notify receiving facilities in advance when transferring suspected SARS cases.

Infection Control Recommendations issued by the California Department of Health Services on April 7, 2003 are attached to this document.

4. Education: HCH staff should be educated regarding SARS symptoms and epidemiology, and trained regarding screening, precautions and referrals. Shelter and other homeless service providers should be alerted to the symptoms of SARS and instructed to quickly refer suspected cases to health care providers. Patients should be informed of the symptoms of SARS and instructed to see a health care provider if these symptoms develop.

5. Reporting: Reporting SARS cases to state or local public health agencies is required. If cases are identified among homeless people, please also inform the National Health Care for the Homeless Council at 615/226-2292 or council@nhchc.org.