

Appendix 2: Case definition (as at 25 November 2003)

The updated UK case definitions focus on the identification of persons with severe unexplained pneumonia either returning from a country with previous documented transmission of SARS or who are part of a cluster within a health care facility in the UK. The UK definitions are in line with proposed WHO definitions available at <<http://www.who.int/csr/sars/postoutbreak/en/>>

Possible Case

a) Individual case

A person fulfilling the clinical case definition of SARS (see below)

AND

within ten days of onset of illness, a history of travel to an area classified by WHO as a potential zone of re-emergence of SARS (This currently includes all provinces of China, including Hong Kong SAR).

OR

Within ten days of onset of illness, a history of exposure to laboratories or institutes which have retained SARS virus isolates and/or diagnostic specimens from SARS patients.

b) Health Care Worker (HCW) cluster

Two or more HCWs in the same health care facility fulfilling the clinical definition of SARS (see below) and with onset of illness within the same ten day period.

c) Other hospital cluster

Hospital acquired illness in three or more persons (health care workers and/or other hospital staff and/patients and/or visitors) in (or linked to) the same health care facility fulfilling the clinical case definition of SARS (see below) and with onset of illness within the same 10-day period.

Clinical case definition

An update of the clinical description of SARS is available from the WHO website at <<http://www.who.int/csr/sars/postoutbreak/en/>>. The following clinical case definition of SARS is consistent with the WHO clinical case definition and has been developed for public health purposes.

The respiratory illness should be severe enough to warrant hospitalisation and include a history of:

Fever of $\geq 38^{\circ}\text{C}$ (documented or reported)

AND

One or more symptoms of lower respiratory tract illness (cough, difficulty breathing, shortness of breath)

AND

Radiographic evidence of lung infiltrates consistent with pneumonia or Respiratory Distress Syndrome (RDS) OR autopsy findings consistent with the pathology of pneumonia or RDS without an identifiable cause.

AND

No alternative diagnosis to fully explain the illness

It is important that clinicians obtain a detailed travel history from patients with symptoms and signs consistent with clinical SARS as well as ascertain whether other family members and/or close contacts (particularly within the hospital setting) have had a similar illness within the 10 days prior to the patient's onset of illness.

Probable Case

An individual with symptoms and signs consistent with clinical SARS (Possible case) and with preliminary laboratory evidence of SARS CoV infection based on the following:

Either

Single positive antibody test for SARS CoV

OR

Positive PCR for SARS-CoV on a single clinical specimen and assay

Confirmed case

An individual with symptoms and signs consistent with clinical SARS (Possible case) and with laboratory evidence of SARS-CoV infection based on one or more of the following:

a) PCR positive for SARS-CoV using a validated method from:

At least two different clinical specimens (eg nasopharyngeal and stool) **OR**

The same clinical specimen collected on two or more occasions during the course of the illness (eg sequential nasopharyngeal aspirates) **OR**

Two different assays or repeat PCR using a new RNA extract from the original clinical sample on each occasion of testing.

b) Seroconversion by ELISA or IFA

Negative antibody test on acute serum followed by positive antibody test on convalescent phase serum tested in parallel **OR**

Four-fold or greater rise in antibody titre between the acute and convalescent phase sera tested in parallel.