

## **Appendix 4: SARS – Health Care Worker Surveillance**

HPA guidance on the identification, reporting and management of SARS in the UK in the post-outbreak period was issued on 15 August 2003 ([http://www.hpa.org.uk/infections/topics\\_az/SARS/casedef.htm](http://www.hpa.org.uk/infections/topics_az/SARS/casedef.htm)).

Updated UK case definitions focus on the identification of persons with severe unexplained pneumonia either returning from a country with previous documented SARS transmission or ***who are part of a cluster within a health care facility in the UK***. This approach is consistent with WHO recommendations.

Health care workers (HCWs) presenting with severe influenza like illness and/or pneumonia with an onset of illness within 10 days may be the first indication that they have been exposed to a patient with SARS (suspected or otherwise). Therefore it is necessary to develop a surveillance system in order to quickly identify such clusters to inform appropriate clinical and epidemiological investigation and enable public health action.

### **Possible case of SARS**

#### **1. An individual case.**

An individual meeting the SARS clinical case definition AND within 10 days of illness, a history of travel to an area classified by WHO as a potential zone of re-emergence of SARS (i.e China/Hong Kong)

#### **2. Health Care Worker cluster**

2 or more HCWs in the same health care facility fulfilling the clinical definition of SARS and with onset of illness within the same 10 day period.

#### **3. Other Hospital Cluster**

Hospital acquired illness in 3 or more persons (HCWs and /or other hospital staff and/patients and/or visitors) in or linked to the same health care facility fulfilling the same clinical case definition of SARS and with onset of illness in the same 10 day period

The above need to be reported urgently to allow prompt investigation and initiation of control measures both in hospital and community.

### **Action required by Trusts**

**Level 0:** Trust protocols to be developed to enable HCW surveillance for those hospitalised with severe flu-like illness and/or pneumonia.

1. Ensure all staff are aware that should they be hospitalised with a severe influenza-like illness and/or pneumonia this is reported as soon as possible, either by the health care worker or their family, to their line manager who will in turn inform the Trust Occupational Health Department.

2. Ensure consultant physicians are aware of the latest guidance in identification, reporting, and management of SARS including HCW clusters. Those meeting the case definition should be reported without delay to the Trust Infection Control Team who would liaise with the Occupational Health Department.
3. Ensure managers are aware of the need to inform the Trust Occupational Health Department of staff hospitalised with severe flu-like illness and/or pneumonia. They should also report similar illness in patients and visitors in line with local protocols.
4. Develop local protocols for Occupational Health Departments and Infection Control Teams regarding health care worker and hospital cluster surveillance.

**Occupational Health Departments will:**

establish if any relevant links exist between cases and if within 10 days of onset of other HCW illness. If such links exist the Infection Control Team and Consultant in Communicable Disease Control must be informed as soon as possible.

**Level 2-4**

Active surveillance of fever among HCW will be required in those facilities where SARS patients are receiving care and among those staff in the community in contact with SARS patients. This will involve contacting managers on a daily basis rather than passively waiting the receipt of reports of health care workers being treated in the hospital.