

Severe Acute Respiratory Syndrome (SARS) Northern Ireland Reporting Form

This form should be used for reporting possible or probable cases of SARS (see below).

Cases where there is any doubt about classification should also be reported. Note the case definition can change and the most current case definition can be accessed at http://www.hpa.org.uk/infections/topics_az/SARS/casedef.htm

Please fax this completed form to your local Consultant in Communicable Disease Control (CCDC).

Please report all possible cases by telephone

- **during office hours to the local CCDC or**
- **after hours to the Public Health doctor on call at the local Health & Social Services Board**

In addition, please fax the reporting form as soon as possible.

CCDCs will also pass this information to the Regional Epidemiologist at CDSC(NI).

UK case definitions for SARS (based on WHO definitions) in the post Outbreak period.

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

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.

Comments

In addition to fever and respiratory symptoms, SARS may be associated with other symptoms including: headache, muscular stiffness, loss of appetite, malaise, confusion, rash, and diarrhoea.

*Close contact means having cared for, having lived with, or having had direct contact with respiratory secretions and body fluids of a person with SARS while that case was symptomatic.

Reporter details

Name of person completing this form: _____

Name of reporter: _____ Date of report to CCDC: __ / __ / ____
(if different from above)

Position: _____

Institution/organisation: _____

Contact telephone no. _____ E-mail: _____

Mobile phone no. _____ Fax no. _____

GP contact details

Name: _____

Contact telephone no. _____ Fax no. _____

Email address: _____

Patient details

First Name: _____ Surname: _____

Sex: Female Date of birth: __ / __ / ____ Country of residence:
Male (If different from home address) _____

Home address: _____

Postcode: _____ City/town: _____

Country: _____

Home telephone: _____ Mobile: _____

Clinical details

Date of onset of illness	__ / __ / ____	Clinical diagnosis:	<input type="checkbox"/> Pneumonia
Documented or reported fever	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> ARDS
History of fever (not documented)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Other: _____
Cough	<input type="checkbox"/> Yes <input type="checkbox"/> No	Current status:	<input type="checkbox"/> Recovered (no fever for 48 hours and resolving symptoms)
Myalgia	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Recovering
Shortness of breath/ difficulty breathing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Severity of illness:	<input type="checkbox"/> Stable
Diarrhoea	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Getting worse
Other, please specify:	_____ _____ _____		<input type="checkbox"/> Not very ill
			<input type="checkbox"/> Moderately ill
			<input type="checkbox"/> Severely ill
			Died on - __ / __ / ____

Hospital admission

Admitted to hospital?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Currently admitted	Date of admission	__ / __ / ____	Hospital _____ (Name and country)
Transferred to other hospital	Date of transfer	__ / __ / ____	Hospital _____ (Name and country)
Discharged	Date of discharge	__ / __ / ____	

Tests performed and laboratory results

Chest X-ray Yes No Date of the X ray: __/__/____

Results: Normal Abnormal: _____

Other results: _____

Likely Diagnosis _____

Contact with SARS

In the 10 days prior to onset of illness, has the patient been in contact with anyone with severe unexplained respiratory illnesses? Yes No

If yes:

Type of contact: _____
(e.g. family member, friend, etc)

Place of the contact: (eg name of hospital) _____

Name of the ill contact: _____

Ill contact diagnosed as: Probable SARS Other (give details) _____

Ill contact hospitalized? Yes No

If yes:

Name of hospital: _____

Travel history

Has the patient travelled outside the UK since 1 August 2003?

Yes

No

If yes

	Country/area visited	Length of stay	
		From	To
1	-----	__/__/____	__/__/____
2	-----	__/__/____	__/__/____
3	-----	__/__/____	__/__/____
4	-----	__/__/____	__/__/____
5	-----	__/__/____	__/__/____
6	-----	__/__/____	__/__/____
7	-----	__/__/____	__/__/____
8	-----	__/__/____	__/__/____

Date of return to the UK: __/__/____

Country of departure: -----

Airport of arrival in UK: -----

Was the patient symptomatic on the flight?

Yes

No

Accommodation details (Hotel and other accommodation* used by patient)

	Country	Town	Hotel Name (Room no. if known)	From	To
1	-----	-----	-----	__/__/____	__/__/____
2	-----	-----	-----	__/__/____	__/__/____
3	-----	-----	-----	__/__/____	__/__/____
4	-----	-----	-----	__/__/____	__/__/____
5	-----	-----	-----	__/__/____	__/__/____
6	-----	-----	-----	__/__/____	__/__/____

*Apartments, campsites, cruise ships etc.

Flight details (for cases symptomatic during their flight)

Direct flight from affected area to UK? Yes No

Departure airport/country	Airline & flight no.	Departure date	Local depart time	Arrival airport/ country	Local arrival time
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Further comments