



Infection Control Unit
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ADVISORY MEMO

SEVERE ACUTE RESPIRATORY SYNDROME

The World Health Organization has received reports of patients with severe acute respiratory syndrome (SARS) from Canada, China, Hong Kong Special Administrative Region of China, Indonesia, Philippines, Singapore, Thailand, and Vietnam. The cause of these illnesses is unknown and is being investigated. Early manifestations in these patients have included influenza-like symptoms such as fever, myalgias, headache, sore throat, dry cough, shortness of breath, or difficulty breathing. In some cases these symptoms are followed by hypoxia, pneumonia, and occasionally acute respiratory distress requiring mechanical ventilation and death. Laboratory findings may include thrombocytopenia and leukopenia.

Some close contacts, including healthcare workers, have developed similar illnesses.

Case Finding:

Triage personnel should rapidly divert persons presenting with **flu-like symptoms** and a **history of recent travel to South East Asia or Canada** to the negative pressure cubicle in the medical section of E&A with the extraction switched on. Until further notice this room should not be used for non-respiratory cases. On no account should they be left in the waiting room.

A medical officer should evaluate the case within the shortest possible time frame. Such initial assessment should be done with adherence to full precautions.

Case definition:

Severe Acute Respiratory Syndrome is suspected when the patient exhibits:

- **Measured FEVER greater than 38° C**

AND

- One or more signs or symptoms of **RESPIRATORY ILLNESS** including cough, shortness of breath, difficulty breathing, hypoxia, radiographic findings of pneumonia, or respiratory distress

AND

- One or more of the following:
 - History of **TRAVEL to Hong Kong** Special Administrative Region and **Guangdong** province, Peoples' Republic of China; **Hanoi**, Vietnam; **Singapore**; **Toronto**, Canada within ten days of symptom onset.
 - **Close contact** with persons with respiratory illness having the above travel history. Close contact includes having cared for, having lived with or having had direct contact with respiratory secretions and body fluids of a person with SARS.

Management:

If this case definition is met, patient movement should be avoided as much as possible.

No unnecessary hospital personnel should enter the cubicle – staff providing essential services should follow the respiratory precautions stated below.

Respiratory precautions, including the wearing of a N-95 respirator, should be also followed when evaluating or transporting patients by ambulance or in any ambulatory healthcare setting

Diagnostic Evaluation:

Initial diagnostic testing should include chest radiograph, pulse oximetry, blood cultures, sputum Gram's stain and culture, and testing for viral respiratory pathogens, notably influenza A and B and respiratory syncytial virus. Clinicians should save any available clinical specimens (respiratory, blood, and serum) for additional testing until a specific diagnosis is made.

Ambulance transportation:

If the patient requires ambulance transportation to the hospital, all individuals coming into contact should adhere to Category A precautions in the attached guidelines. The ambulance should then be terminally disinfected after the trip.

If a diagnosis of probable or possible SARS is reached:

The Infection Control Unit should be notified IMMEDIATELY via the hospital telephone operators.

The patient will require isolation and accommodated ONLY in Sir Temi Zammit Ward in a negative pressure room with the door closed. The Infectious Disease Physician should also be contacted prior to transfer.

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PRECAUTIONARY MEASURES

Patients with probable SARS should be isolated and accommodated in negative pressure rooms with the door closed. Patient movement should be avoided as much as possible. Contacts should be severely discouraged from visiting the ward and on no account allowed to enter the patient's room before clearance from Infection Control. If movement of patient is unavoidable, the Infection Control Unit should also be contacted beforehand

1. **Handwashing is the most important hygiene measure in preventing the spread of infection. Hands should be washed before and after significant contact with any patient, after activities likely to cause contamination and after removing gloves. Alcohol hand rub is permitted if hands have not been visibly soiled.**
2. Health care workers are advised to wear gloves for all patient handling. Gloves are not a substitute for handwashing. They should be changed between patients and after any contact with items likely to be contaminated with respiratory secretions (masks, oxygen tubing, nasal prongs, tissues).
3. Staff should wear protective eyewear or face-shields during all direct patient contact.
4. Surfaces should be cleaned with Trigene[®] disinfectant available from the Infection Control Unit.
5. Standard precautions should be applied when handling any clinical wastes. All waste should be handled with care to avoid injuries from concealed sharps (which may not have been placed in sharps containers). Gloves and protective clothing should be worn when handling clinical waste bags and containers. Where possible, manual handling of waste should be avoided. Clinical waste must be placed in appropriate leak-resistant biohazard bags or containers labelled and disposed of safely.
6. Disposable equipment should be used wherever possible in the treatment and care of patients with SARS. Reusable devices should be immediately placed in yellow bags, which would then be closed and labelled as BIOHAZARD. They should be sent to CSSD for sterilization.

Category A: When there is no direct contact with the patient or contact is of a short duration (e.g. protering, temperature charting, serving food or beverages, provision of treatment etc):

7. An N95 respiratory protection mask capable of filtering 0.3um particles ("T.B. mask") should be worn.
8. Blue gowns (waterproof aprons) and head covers should be utilised.

Category B: When undertaking direct patient care of a prolonged duration or performing aerosol inducing procedures:

7. A High Efficiency Particulate Filter should be worn at all times.
8. White full body coverall should be utilised.

For further information contact the Infection Control Unit on ext 1747

