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SARS Preparedness for Rural Health Care Facilities

Introduction

On April 7, 2003, the Alaska Section of Epidemiology worked with an Anchorage hospital to evaluate an individual reported as a possible case of Severe Acute Respiratory Syndrome (SARS).¹ On the same day, three other possible cases of SARS were ruled out based on the Centers for Disease Control and Prevention (CDC) case definition.¹ Since that time, the Section of Epidemiology has consulted with several health care providers to evaluate potential cases. To date, no laboratory confirmed cases of SARS have been identified in Alaska; however, two individuals meeting the CDC SARS case definition have been cared for at hospitals, one in Anchorage and one in Juneau.

Influenza, community acquired pneumonia, respiratory syncytial virus (RSV), and tuberculosis (TB) are common causes of fever and cough in Alaska. Evaluation for these conditions should be conducted before considering a SARS diagnosis. Although the risk of SARS in an Alaskan resident or tourist presenting with a cough and fever is currently low, all rural hospitals and clinics in Alaska should assure that systems are in place for evaluating and caring for an individual with possible SARS.

Policy development

Education: Rural health care providers should have access to up-to-date information about:

- The current SARS case definition, <http://www.cdc.gov/ncidod/sars/casedefinition.htm>
- The clinical presentation SARS, <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5212a5.htm>
- Geography of current SARS-affected areas, <http://www.cdc.gov/ncidod/sars/travel.htm>
- The use of contact and airborne precautions in the hospital, outpatient, and community setting, <http://www.cdc.gov/ncidod/sars/ic.htm>
- Additional training materials, including publications, Internet webcasts and slides can be found at: <http://www.cdc.gov/ncidod/sars/training.htm>

Infection Control: Rural health care facilities have limited resources to implement full SARS infection control precautions. However, the provider should implement precautions to the extent possible when caring for a possible SARS case. For example, 1) if a negative airflow room is not available, use a private room with the door closed and limited traffic in and out of the room; or 2) if providers do not have fit tested N95 personal respirators, a surgical mask is a backup option.

Information access: If a facility does not have Internet access, or if low speed access makes it difficult to use the CDC website, the organization may wish to designate one individual to fax or mail document updates to healthcare providers when they are revised.

Communication plan: Health care organizations may want to prepare a communication plan for notifying key people (including local health authorities, tribal health administrators, and medical directors) and employees designated to work with the media for SARS and other potentially newsworthy conditions.

Recommendations

1. Supplies and equipment

- Fit test health care providers who may provide direct care to a SARS patient using a N-95 respirator or higher.
- Stock adequate supplies of personal protective equipment (N-95 respirators, disposable gloves, gowns, and eye protection) for all health care providers who may provide direct patient care to a SARS patient.
- Consider stocking supplies for SARS specimen collection, including dacron or rayon swabs, viral transport media, sterile vials, whole blood in a serum separator tubes, and purple top EDTA blood collection tubes. Refer to <http://www.cdc.gov/ncidod/sars/lab.htm> for details on specimen collection. The Section of Epidemiology will assist with specimen collection and transport of specimens.

2. Patient with fever and cough

- Provide the patient with a surgical mask if this can be tolerated. If the patient is unable to wear the mask, provide tissues and ask the patient to cover the nose and mouth while coughing.
- If possible, bring the patient to a single room as soon as possible. Close the door and turn off any fan or air circulation system that moves air from the room throughout the building.
- Take an initial history that includes a travel history for the 10 days before the onset of symptoms, including any airports the patient was in. Question the patient about contact with others with similar symptoms. If symptoms and history are consistent with SARS, consult with the clinical supervisor or medical director and review the SARS case definition.

3. Patient meeting SARS case definition

- Contact the Section of Epidemiology at 907-269-8000 or 1-800-478-0084 (after hours) if a patient meets the current SARS case definition.
- If the patient is being transported to a hub hospital or larger facility for evaluation, notify the receiving facility about the possible diagnosis of SARS prior to transport. When possible, the patient may travel by private automobile. If a medivac or ambulance transport is necessary, notify the transport crew and receiving facility that SARS is suspected.
- Transport by commercial aircraft or ferry is not recommended for persons with possible SARS. Consult with the Section of Epidemiology prior to travel.
- Patients with mild illness or who are in the recovery phase of SARS can be isolated at home or in some other outpatient setting, using CDC guidelines: <http://www.cdc.gov/ncidod/sars/closecontacts.htm>. Facilities with dormitories or bunkhouses should designate a place, such as an isolated room with an outdoor entrance or a private home, where people with respiratory illnesses can stay to reduce the risk of transmission to others. Consult the Section of Epidemiology about daily follow-up for patients on self-isolation.

Reference:

1. Severe Acute Respiratory Syndrome: Evaluation and Diagnosis. *Bulletin* No. 7, April 21, 2003. Section of Epidemiology, Division of Public Health, Department of Health and Social Services, State of Alaska, Anchorage, AK.