

Severe Acute Respiratory Syndrome (SARS)

**SOP: 042
Page 1 of 6**

NH GTMO AND DETAINEE HOSPITAL GUANTANAMO BAY, CUBA	SOP NO: 042
Title: Severe Acute Respiratory Syndrome (SARS)	Page 1 of 6 Effective Date: 29 Apr 03
SCOPE: Naval Hospital GTMO and the Detention Hospital	

- Encl:**
- (1) <http://www.cdc.gov/ncidod/sars/infectioncontrol.htm>
 - (2) <http://www.cdc.gov/ncidod/sars/exposureguidance.htm>
 - (3) <http://www.cdc.gov/ncidod/sars/ic-closecontacts.htm>
 - (4) <http://www.cdc.gov/ncidod/sars/factsheetcc.htm>
 - (5) www.cdc.gov/ncidod/sars/
 - (6) <http://www.cdc.gov/ncidod/hip/ISOLAT/Isolat.htm>

I. BACKGROUND:

SARS or Severe Acute Respiratory Syndrome is an emerging respiratory infection that was first described in Asia. This is a novel infection among humans, which is caused by a previously unrecognized coronavirus. Infection may occur in all age groups and races; cases have occurred equally in males and females to date. Symptoms include high fevers (>100.4F), headache, malaise, and body aches; these symptoms cannot distinguish SARS from other viral infections. After 2-7 days, some patients may develop a dry cough and dyspnea and hypoxemia. The incubation period from infection to the development of symptoms is 2-10 days.

II. PURPOSE:

Although no cases have been isolated in Cuba to date, a high awareness of this infectious disease is necessary given its rapid global spread. This SOP serves to increase awareness of this infectious disease and to set forth a protocol for isolation and evaluation of a suspected case of SARS.

005107

NOV00265

II. PROCEDURES:

A. General Information:

1. All suspected cases of SARS will be immediately isolated in his/her own room and the healthcare staff will take the appropriate precautions outlined below to prevent the spread of this viral infection.
2. The chain of command will be immediately briefed on any suspected case.
3. The internal medicine and infectious diseases specialist should be consulted on any suspected case of SARS.
4. Preventive Medicine should be contacted regarding suspected cases for public health management of contacts.

B. Case Definition:

1. The CDC case definition for a suspected case:
 - a. Temperature > 100.4F or > 38C
and
 - b. Respiratory illness (cough, SOB, hypoxia, and/or CXR findings)
and
 - c. Travel within 10 days of onset of symptoms to an area* with documented or suspected community transmission of SARS or close contact within 10 days of onset of symptoms with a SARS case. Note: Travel to an affected area includes transit in an airport

*SARS has occurred in the Peoples' Republic of China (China and Hong Kong); Hanoi, Vietnam; Singapore; and Toronto.

2. The CDC case definition for a probable case:
 - a. Radiographic evidence of pneumonia or respiratory distress syndrome
 - b. Autopsy findings consistent with respiratory distress syndrome without an identifiable cause.


C. Diagnosis:

1. Patients with respiratory symptoms and the above criteria should be evaluated for SARS.

005108

Severe Acute Respiratory Syndrome (SARS)

SOP: 042
Page 3 of 6

2. Initial diagnostic testing should include pulse oximetry, chest radiograph (may show patchy interstitial infiltrates), blood cultures, sputum Gram's stain and culture. An ABG should be considered with a pulse oximetry of <95%.
3. Basic laboratory values should be obtained including a cbc with a differential, chem. 7, liver function tests and CK. Blood counts may reveal normal or decreased white blood count and platelet count. Some patients have developed elevated CK levels and transaminases.
4. Tests for viral respiratory pathogens such as influenza A and B and respiratory syncytial virus should be obtained. A specimen (urine) for Legionella and pneumococcal should also be considered.
5. The genome of this new coronavirus has recently been sequenced making diagnostic testing feasible. Clinicians should save any available clinical specimens (respiratory, serum, whole blood, and stool) for additional testing until a specific diagnosis is made.
6. Inpatients should have nasopharyngeal swab, lower respiratory sample (BAL, pleural fluid, tracheal aspirate), whole blood, serum, and stool sent for evaluation in suspected cases. Outpatients should have the same samples collected excluding the lower respiratory sample. Autopsy specimens may also be submitted.
7. Acute and convalescent (greater than 21 days after onset of symptoms) serum samples should be collected from each patient who meets the SARS case definition. Paired sera and other clinical specimens can be forwarded through State and local health departments for testing at CDC or directly to the Naval Health Research Center in San Diego (Contact information at NHRC:  b(6))

D. Protection:

1. The exact route of transmission has not been confirmed; infection is likely spread by airborne droplets, however, contact transmission has not been excluded.
2. Suspected cases in the clinic or ED should be identified early and immediately provided with a surgical mask to cover the patient's mouth and nose. He/she should be separated from other patients into a negative pressure or private room.
3. Health care providers are advised to use standard precautions (hand hygiene) as well as airborne precautions using a N-95 respirator (all personnel must have a qualitative fit test) and contact precautions with gowns and gloves. Eye protection should also be worn for patient

005109

NOV00267

- contact. Patients should be isolated in a negative pressure room; if this is not possible, a private room is advisable.
4. Cases should avoid interactions outside their hospital room (inpatients) or home (outpatients) and not go to work, school, or other public areas until 10 days after symptom resolution. The duration of infectivity has not yet been defined; therefore, precautions are advised for 10 days after respiratory symptoms and fever have resolved.
 5. Health care workers who have unprotected exposure to a SARS patient should watch for fevers/respiratory symptoms for 10 days after exposure. All exposures should be reported to Preventive Medicine.
 6. Exposed and symptomatic healthcare workers with fever or respiratory symptoms should seek medical attention and should not go to work.
 7. Exposed healthcare workers who remain asymptomatic can perform their normal work duties.
 8. Recommendations may change with further data concerning the etiologic agent and its transmission; check the CDC website for the most up-to-date information.
 9. Further guidelines are located on the CDC website.
 - a. "Interim domestic guidance for management of exposures to SARS for healthcare and other institutional settings" at: <http://www.cdc.gov/ncidod/sars/exposureguidance.htm>
 - b. "Interim guidance on infection control precautions for patients suspected SARS and close contacts in households" at: <http://www.cdc.gov/ncidod/sars/ic-closecontacts.htm>
 - c. "Updated interim domestic infection control guidance in the healthcare and community setting for patients with suspected SARS" at <http://www.cdc.gov/ncidod/sars/infectioncontrol.htm>
 - d. "Information for close contact of SARS patients" at: <http://www.cdc.gov/ncidod/sars/factsheets.htm>

E. Treatment:

1. No specific treatment is currently available. Some patients have been treated with antiviral agents and/or steroids, but the benefits of such therapies are currently unknown.
2. Until a bacterial cause of the infection is excluded, broad-spectrum antibiotics are recommended for those with pneumonia to cover community-acquired pneumonia as well as atypical organisms. Examples of antibiotics include Ceftriaxone 2 grams iv qd and levaquin 500 mg IV/po qd OR Ceftriaxone 2 grams iv qd and Azithromycin 500 mg po qd.
3. Internal Medicine and infectious diseases consultation is recommended.

F. Prognosis:

005110

Severe Acute Respiratory Syndrome (SARS)

SOP: 042
Page 5 of 6

1. The severity of illness is variable ranging from a mild viral illness to death.
2. To date, the case fatality rate is 3-5% with most deaths attributed to respiratory failure.

G. Case Reporting:

1. All cases should be reported to the chain of command, Preventive Medicine and to the IM/ID specialist.
2. State or local health departments in the U.S., can be notified for U.S. cases (not applicable)
3. CDC at 770-488-7100

H. Additional Information/Contacts Regarding SARS:

1. BUMED:  b6
2. www.cdc.gov/ncidod/sars/

005111

NOV00269

STANDARD OPERATING PROCEDURES
Guantanamo Bay, Cuba

REVIEWED AND APPROVED BY:	
_____ Officer in Charge	_____ Date
IMPLEMENTED BY:	
_____ Director for Administration	_____ Date
_____ Senior Enlisted Advisor	_____ Date
ANNUAL REVIEW LOG:	
By: _____	Date: _____
By: _____	Date: _____
By: _____	Date: _____
By: _____	Date: _____
By: _____	Date: _____
By: _____	Date: _____
SOP REVISION LOG:	
Revision to Page: _____	Date: _____
Revision to Page: _____	Date: _____
Revision to Page: _____	Date: _____
Revision to Page: _____	Date: _____
Revision to Page: _____	Date: _____
Revision to Page: _____	Date: _____
ENTIRE SOP SUPERSEDED BY:	
Title: _____	
SOP NO: _____	Date: _____

005112