

PPHSN Reporting Form
Severe acute respiratory syndrome (SARS) outbreak

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Severe acute respiratory syndrome (SARS) outbreak
Report of suspected or probable cases

This form is to be used for reporting suspected or probable cases of respiratory illness, which may be associated with the outbreaks of SRAS. The cases to be reported are those conforming to the case definitions provided by the WHO and reproduced at the bottom of this form.

Please return this form to

PPHSN-CB Focal Point at SPC

Fax: +(687) 26 38 18

e-mail: phs.cdc@spc.int

AND/OR

WHO South Pacific

Fax: +(679) 330 04 62

e-mail: CarrollK@sp.wpro.who.int

PPHSN case definitions for hospital based surveillance

Suspected case

A person presenting to a health care facility after 1st February 2003 with a history of:

- High fever ($>38^{\circ}\text{C}$)

And:

- One or more respiratory symptoms (cough, shortness of breath, difficulty breathing)

And one or more of the following:

- Close contact*, within 14 days of onset of symptoms, with a person who has been diagnosed with SARS.
- History of travel, within 14 days of onset of symptoms to an area in which there are reported foci of transmission of SARS (see ANNEX 3B).

** 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.*

Probable Case

- A suspect case with chest x-ray findings of pneumonia or Adult Respiratory Distress Syndrome

OR

- A person with an unexplained respiratory illness resulting in death, with an autopsy examination demonstrating the pathology of Respiratory Distress Syndrome without an identifiable cause.

Note

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 diarrhea.

Patient history

In the last 10 days, has the patient been in contact with anyone who is a suspect or probable case of SARS?

Yes

No

If yes:

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

Name of the SARS contact: _____

Place of the contact: _____

Has the patient traveled since 1 November 2002 in one of the countries reported in the ANNEX 3B?

Yes

No

If yes

	Country visited	Length of the stay	
		From	To
1	_____	__/__/____	__/__/____
2	_____	__/__/____	__/__/____
3	_____	__/__/____	__/__/____
4	_____	__/__/____	__/__/____

Date of return to (name country) _____

Country of departure _____ Airport of arrival in Country _____

Clinical details

Date of onset of illness --/--/----

Fever $\geq 38^{\circ}\text{C}$ Yes No

Cough Yes No

Myalgia Yes No

Shortness of breath/difficulty breathing Yes No

Other, please specify: -----

Clinical diagnosis

- Pneumonia
- ARDS
- Other: -----

Current status:

- Fully recovered (symptom free)
- Recovering
- Stable
- Getting worse

Severity of illness:

- Not very ill
- Moderately ill
- Severely ill
- Died --/--/--

Admitted to hospital?

Yes

No

Admission status:

Currently admitted Date of admission --/--/---- Hospital -----
(Name and country)

Transferred to other hospital Date of admission --/--/---- Hospital -----
(Name and country)

Discharged Date of discharge --/--/----

Tests performed and laboratory results

Chest X-ray

Date __/__/____ Results: Normal Abnormal: -----

Date __/__/____ Results: Normal Abnormal: -----

Date __/__/____ Results: Normal Abnormal: -----

Cell blood
count

Date (If performed) __/__/__ Result Normal Thrombocytopenic Leucocytopenic

Date __/__/__ Result Normal Thrombocytopenic Leucocytopenic

Date __/__/__ Result Normal Thrombocytopenic Leucocytopenic
