



## ***Connecticut Wing Safety Alert!***

20 March 2003

### **SARS**

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*Subject: Severe Acute Respiratory Syndrome (SARS)*

*Date: April 4, 2003*

We are writing to provide you with information about severe acute respiratory syndrome (SARS). To date, more than 2,000 persons have been affected worldwide, and 78 deaths have been reported. None of the deaths have been in the United States. Roughly 100 suspect cases are being investigated in 28 states including New Hampshire and Vermont. DHMC has been monitoring the developments within the region, and has taken the steps necessary to identify and care for a patient that may have acquired SARS.

All cases of SARS to date have been in persons who have recently traveled within China, Hanoi, Vietnam, or Singapore, or in persons who have had close contact with someone who has become ill after traveling to those areas. According to the Centers for Disease Control and Prevention, only persons who have been in these areas within the last 10 days or have traveled through these countries en route to their destination are currently presumed to be at risk.

The symptoms of SARS are a fever of 100.4 F (38 degrees C) or higher, accompanied by respiratory symptoms such as cough and shortness of breath. The disease is contagious and can be spread from person to person by close contact. Some cases have involved healthcare workers caring for SARS patients in hospitals in Hanoi, Singapore and China who were not wearing protective equipment. Many of these cases occurred before the severity and communicability of the disease was understood. By meeting with key departments, we are taking steps to assure that staff who may have contact with a SARS patient understand the importance of following appropriate precautions to prevent transmission of the virus.

DHMC has established a multidisciplinary team to monitor this evolving issue, and to plan for the care of a potential SARS patient. Their work is focused on assuring that patients who are at risk are identified early and that appropriate measures are taken to limit transmission of the disease to staff and other patients. It is important to recognize that the majority of cases under investigation are managed at home and are not admitted to the hospital.

In the event that a patient requires admission, appropriate isolation rooms will be required. Clinical leaders from inpatient locations with this capability have been involved in the planning. Efforts to review and reinforce isolation and precaution procedures are underway in these areas. We will successfully manage a case of SARS by adhering to standard DHMC protocols for airborne and contact precautions.

If you have concerns that you meet the criteria for SARS outlined above, you should contact your primary care physician. Access to up to date information can be obtained at CDC at <http://www.cdc.gov>. If you have further questions, feel free to contact:

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