

**New York City Department of Health and Mental Hygiene's**  
**Guidelines for Reporting and Arranging Laboratory Testing for**  
**Potential Cases of Severe Acute Respiratory Syndrome (SARS)**  
**During Time Periods When There is**  
**NO Confirmed SARS Activity Anywhere in the World**  
*(Last Revised on October 1, 2003)*

To ensure our ability to detect cases who may represent the first recognition that SARS has re-emerged, the New York City Department of Health (DOHMH) requests that providers remain alert to and report the following patients:

Patients who are being hospitalized with radiographic evidence of pneumonia or acute respiratory distress without an identifiable etiology who have the following risk factors:

- Persons who have traveled in the 10 days prior to illness onset to areas/countries with previous evidence of community transmission of SARS

Although it is possible for SARS to re-emerge from any previously affected SARS area or country, **ill travelers who have recently returned from mainland China, or neighboring areas, such as Taiwan or Hong Kong, may be at the greatest risk for SARS.** Areas within mainland China appear to have been the origin of the SARS outbreak in late 2002; neighboring countries are thought to be at higher risk due to the increased volume of travelers from mainland China. However, ill travelers who have returned from any of the previously affected countries in Asia may be at increased risk of SARS infection, especially if while in the previously affected area, they had close contact with another person with pneumonia of unknown etiology or worked/visited an acute care hospital.

- Health Care Workers: Health care workers who are employed in acute or primary medical care settings who have direct contact with patients (*defined as any person who has close contact to patients, patient care areas {e.g. patient room} or patient care items {e.g., linens}*) due to the potential that, during the 10 days prior to their illness onset, he/she may have had an unrecognized exposure to a patient with SARS.
- Cluster of pneumonia among two or more persons: Two or more members of a family or other group of people who have close contact with each other (e.g., work or social contacts) who developed pneumonia within 10 days of each other.

Healthcare providers should ask all patients being admitted to the hospital with pneumonia about recent travel, employment history and exposure to another person who was recently diagnosed with pneumonia to ensure that potential cases are recognized as soon as possible. Currently, the Centers for Disease Control and Prevention (CDC) recommends that droplet and contact precautions be used for such patients, pending further evaluation. If SARS is diagnosed based on laboratory testing or there is an increased index of suspicion for SARS based on epidemiologic or clinical criteria, the patient should then be placed under airborne precautions.

#### **How to Report**

Immediately report any patients meeting the above criteria to the Bureau of Communicable Disease at 212-788-9830 during business hours. At all other times call the Poison Control Center at 212-764-7667 or 1-800-222-1222.

#### **How to Arrange Laboratory Testing for SARS**

Any patient who meets the criteria above MUST first be reported to the Bureau of Communicable Disease before any clinical specimens are accepted for SARS testing. When you call to report a potential case, Bureau staff will help determine whether testing is necessary, and if so, help your laboratory arrange it. Please call to report the case and discuss the need for testing before directing your laboratory to submit specimens to the New York City Public Health Laboratory (PHL). Once testing is approved, specimens will be picked up by the DOHMH on Monday to Friday during regular business hours.

### **Which Specimens to Obtain for Diagnostic Testing for SARS**

*(Please collect all respiratory specimens as soon as possible, preferably within 72 hours of illness onset)*

#### Upper Respiratory Tract

- Nasopharyngeal aspirate: Collect 1-2 ml from each nostril in sterile vials using non-bacteriostatic saline.
- Nasopharyngeal or oropharyngeal swabs: Collect each specimen with a Dacron/nylon swab with a non-wooden shaft (Do not use calcium alginate swabs). Place both swabs into the same sterile vial containing 2 ml of viral transport media. Break applicator sticks off near the tip and close tightly.
- Refrigerate at 4°C until transported.

#### Lower Respiratory Tract

- Bronchoalveolar lavage (BAL), tracheal aspirate, or pleural tap: Collect any available fluid in a sterile vial.

#### Blood Components

- Serum: Collect 5-10 ml of whole blood in a serum separator tube. Allow blood to clot, centrifuge briefly and aliquot resulting sera.
- Whole blood: Collect 5-10 ml of whole blood in an EDTA (purple top) tube.

#### Stool

- 10-50 ml of stool in a tightly sealed stool cup or urine container.

#### Tissue (from surgical or autopsy specimens)

- Fixed tissues (formalin fixed or paraffin embedded) from all major organs.
- Fresh frozen tissues from lung and upper airway.

Each specimen should be labeled with the patient's name, specimen type, and date collected. Keep specimens refrigerated until transport. Nasal aspirates and lower respiratory specimens should be collected with strict attention to airborne and contact precautions, and in an airborne infection isolation room.

### **Hospital Laboratories Please Use Proper Storage and Packaging**

Place package each specimen in a separate biohazard bag. Place bagged specimens in a non-breakable/leak proof container packed with at least one cold pack or ice bag. Please label box "For NYC DOHMH PHL – Room 1173 on 11<sup>th</sup> Floor". NYC DOHMH will pick-up the specimens from the hospital laboratory. Boxed specimens should be placed in a cooler that will be provided by NYC DOHMH transport staff.

**All hospital laboratory staff should observe the CDC's "Interim Biosafety Guidelines for Handling and Processing Specimens Associated with SARS", which are updated regularly and available on the CDC Website at [www.cdc.gov/ncidod/sars/sarslabguide.htm](http://www.cdc.gov/ncidod/sars/sarslabguide.htm).**