

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)
After the Re-Emergence of SARS Activity Has Been Confirmed
Anywhere in the World

Once SARS is known to have re-emerged, the criteria for reporting potential cases will follow the current Centers for Disease Control and Prevention (CDC) SARS Case Definition and be based on epidemiologic links to areas currently affected by SARS or exposures to persons who meet current suspect, probable or laboratory confirmed criteria for SARS. Providers should ask all patients presenting with fever or respiratory symptoms about recent travel history or exposure to someone who may have SARS to ensure that potential cases are recognized as soon as possible.

SUSPECT CASE: A person presenting with a respiratory illness of unknown etiology, defined as an illness with a measured temperature > 38°C (100.4°F) and one or more respiratory signs or symptoms (including cough, shortness of breath or difficulty breathing) in a patient who reports one of the following risk exposures:

- Travel to or transit through an airport in an area with recently documented or suspected community transmission of SARS within the 10 day period before the person's onset of symptoms (*see CDC website below for current list of affected areas; excludes areas with secondary cases limited to healthcare workers or direct household contacts*)

OR

- Close contact within the 10 day period before onset of symptoms with a person known to be a suspect, probable or laboratory-confirmed SARS case (*Close contact is defined as having cared for, having lived with, or having direct contact with respiratory secretions and/or body fluids of a patient known to be a suspect, probable or laboratory-confirmed SARS case*).

PROBABLE CASE: A person meeting the suspect case definition with one or more of the following:

- Radiographic evidence of pneumonia or respiratory distress syndrome
- Autopsy findings consistent with pneumonia or acute respiratory distress syndrome without an identifiable cause

Please check the CDC website at www.cdc.gov/ncidod/sars/ to get the most up-to-date information on countries with suspected or documented community transmission.

Patients who meet the above criteria for suspect or probable cases should be placed immediately under airborne and contact 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

Please 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 11th 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.