

**SARS Update for Weekly VHA Call to VISN/Facility
Leadership
3/21/03**

Many of you may have heard the WHO and CDC reports on Severe Acute Respiratory Syndrome (SARS) that has been reported mostly in Hong Kong, Vietnam, and China but with cases in Canada and other countries. On Monday we sent a clinical advisory to VISN and facility leadership describing the interim case definition of this syndrome and transmitting CDC advice on the diagnosis, clinical management, infection control and reporting of suspected cases. I want to give you a brief follow-up on what we currently know about SARS.

As of Wednesday, March 20, 306 cases had been reported in 12 countries with 10 deaths. Eleven possible cases are being followed in the US, none are confirmed as SARS yet. Paramyxovirus has now been identified in specimens from two cases; one in Frankfurt (from Hong Kong but had been in New York and was taken off the plane in Frankfurt) and another in Hong Kong. Paramyxovirus family includes measles, mumps, parainfluenza as well as RSV and the new human metapneumovirus. CDC and WHO are laboratories around the world are working to establish the cause of this syndrome and expect to make an announcement on this on Monday.

The epidemiology of this syndrome may be beginning to be clarified. It appears to be transmitted at least via a respiratory droplet vector (sneezing, coughing, contact with respiratory secretions) and thus, only close contact (household, health care workers when no precautions are being taken) have been the most frequent secondary cases reported.

In addition, WHO is reporting a strong epidemiological link to Hong Kong among seven people with this condition. All seven

have visited or stayed at the same hotel in Hong Kong and all on the same floor. These cases include some identified in Hong Kong, mainland China, Hanoi, and Canada. Many secondary cases had contact with one of these index cases.