

Severe Acute Respiratory Syndrome (SARS) Investigation Guideline

This guideline simply outlines information about the disease management and investigation of SARS. If you suspect that you are dealing with a SARS situation, contact the local Health Officer, on-call epidemiologist and the State Health Department for assistance.

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Severe Acute Respiratory Syndrome (SARS) Disease Management and Investigative Guidelines

CASE DEFINITION

The case definition for SARS may change during an outbreak or as additional information about the disease becomes available. Therefore, the investigator is strongly urged to review the CDC's SARS website for the most up-to-date information located at <http://www.cdc.gov/ncidod/sars/index.htm>

A. Clinical Description for Public Health Surveillance:

Clinical Criteria:

Early illness:

- Presence of two or more of the following features: fever (might be subjective), chills, rigors, myalgia, headache, diarrhea, sore throat, and rhinorrhea.

Mild-to-moderate respiratory illness:

- Temperature of $>100.4^{\circ}\text{F}$ ($>38^{\circ}\text{C}$)ⁱ and
- One or more clinical findings of lower respiratory illness (*e.g.*, cough, shortness of breath, difficulty breathing).

Severe respiratory illness:

- Meets clinical criteria of mild-to-moderate respiratory illness, and
- One or more of the following findings:
 - Radiographic evidence of pneumonia, or
 - Acute respiratory distress syndrome, or
 - Autopsy findings consistent with pneumonia or acute respiratory distress syndrome without an identifiable cause.

Epidemiologic Criteria:

Possible exposure to SARS-associated coronavirus (SARS-CoV):

- One or more of the following exposures in the 10 days before onset of symptoms:
 - Travel to a foreign or domestic location with documented or suspected recent transmission of SARS-CoV,ⁱⁱ or
 - Close contactⁱⁱⁱ with a person with mild-to-moderate or severe respiratory illness and with history of travel in the 10 days before onset of symptoms to a foreign or domestic location with documented or suspected recent transmission of SARS-CoV

Likely exposure to SARS-CoV:

- One or more of the following exposures in the 10 days before onset of symptoms:
 - Close contact with a confirmed case of SARS-CoV disease *or*
 - Close contact with a person with mild-moderate or severe respiratory illness for whom a chain of transmission can be linked to a confirmed case of SARS-CoV disease in the 10 days before onset of symptoms.

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B. Laboratory Criteria for Diagnosis:¹

Tests to detect SARS-CoV are being refined, and their performance characteristics assessed; therefore, criteria for laboratory diagnosis of SARS-CoV are changing.^{iv} The following are the general criteria for laboratory confirmation of SARS-CoV:

- Detection of serum antibody to SARS-CoV by a test validated by CDC (e.g., enzyme immunoassay [EIA]), *or*
- Isolation in cell culture of SARS-CoV from a clinical specimen, *or*
- Detection of SARS-CoV RNA by a reverse-transcription-polymerase chain reaction (RT-PCR) test validated by CDC and with subsequent confirmation in a reference laboratory (e.g., CDC)

Exclusion Criteria:

A person may be excluded as a SARS report under investigation (SARS RUI), including as a CDC-defined probable SARS-CoV case, if any of the following applies:

- An alternative diagnosis can explain the illness fully^v, *or*
- Antibody to SARS-CoV is undetectable in a serum specimen obtained >28 days after onset of illness^{vi}, *or*
- The case was reported on the basis of contact with a person who was excluded subsequently as a case of SARS-CoV disease; then the reported case also is excluded, provided other epidemiologic or laboratory criteria are not present

C. Case Classification:

SARS RUI

Reports in persons from areas where SARS is not known to be active:

- SARS RUI-1: Patients with severe illness compatible with SARS in groups likely to be first affected by SARS-CoV^{vii} if SARS-CoV is introduced from a person without clear epidemiologic links to known cases of SARS-CoV disease or places with known ongoing transmission of SARS-CoV

Reports in persons from areas where SARS activity is occurring:

- SARS RUI-2: Patients who meet the current clinical criteria for mild-to-moderate illness and the epidemiologic criteria for possible exposure (spring 2003 CDC definition for suspect cases)
- SARS RUI-3: Patients who meet the current clinical criteria for severe illness and the epidemiologic criteria for possible exposure (spring 2003 CDC definition for probable cases)^{viii}
- SARS RUI-4: Patients who meet the clinical criteria for early or mild-moderate illness and the epidemiologic criteria for likely exposure to SARS-CoV

¹ Information regarding the current criteria for laboratory diagnosis of SARS-CoV is available at <http://www.cdc.gov/ncidod/sars/labdiagnosis.htm>.

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SARS-CoV disease classification

- Probable case of SARS-CoV disease: in a person who meets the clinical criteria for severe respiratory illness and the epidemiologic criteria for likely exposure to SARS-CoV.
- Confirmed case of SARS-CoV disease: in a person who has a clinically compatible illness (i.e., early, mild-to-moderate, or severe) that is laboratory confirmed.

D. Laboratory Tests:

For additional information and/or questions concerning isolate collection, sample transport and laboratory kits call (785) 296-1620. An online manual of laboratory tests is available at <http://www.kdhe.state.ks.us/labs/links.html>

E. Bioterrorism Potential:

None.

F. Outbreak Definition:

A single suspect or confirmed case is considered to be an outbreak and is considered to be a public health emergency.

INVESTIGATOR RESPONSIBILITIES

A. Investigation Tasks and Activities:²

- Conduct an epidemiological investigation to identify the possible source of infection and to locate additional cases and/or contacts in the community.
- Contact tracing will be needed and people assessed as soon as possible, along with initiation of isolation or quarantine (if applicable).
 - Establish and maintain a detailed line listing of all cases and contacts with accurate identifying and locating information.
 - Ensure appropriate follow-up and care of exposed close contacts of SARS patients in home isolation (if applicable).
- Report all confirmed, probable and suspect cases to the Bureau of Epidemiology & Disease Prevention, using established methods.
- If necessary, prepare and distribute a press release in conjunction with the senior health department staff and/or Bureau of Epidemiology & Disease Prevention staff.
- If the case is lab-confirmed, assure that an isolate has been forwarded to the State Public Health Laboratory.

B. Notifications:

- Report by telephone all suspect and/or confirmed cases to the Local Health Officer, the on-call epidemiologist (local) and KDHE (1-877-427-7317) within 4 hours.

² All epidemiological activities MUST be coordinated with state and Federal health agencies.

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- Mail or deliver notification letter and/or disease fact sheet to case, contacts and other appropriate individuals or groups (if appropriate and/or requested).

EPIDEMIOLOGY

SARS is newly recognized respiratory illness that first appeared in southern China in November 2002. Within 9 months (Nov 02 – July 03) 8,098 cases worldwide were reported; of these, 774 died. All of the cases had a history of travel to countries where SARS was occurring or close contact to a confirmed case.

DISEASE OVERVIEW

A. Agent:

SARS is caused by a coronavirus, known as SARS-associated coronavirus or SARS-CoV.

B. Clinical Description:

Illness generally begins with “flu-like” symptoms including: fever, headache, malaise, myalgia and in some cases diarrhea. Respiratory symptoms develop 2-7 days after onset and include a non-productive cough and shortness of breath; rhinorrhea and sore throat may occur but are uncommon. Almost all cases with laboratory evidence of SARS-CoV develop radiographic evidence of pneumonia by day 7-10 of illness and between 70 -90% developed lymphopenia. The overall case-fatality rate is about 10% and may increase to >50% in persons > 60 years of age.

- **Differential Diagnosis:** Other febrile respiratory illnesses including, but not limited to: influenza viruses, respiratory syncytial virus, parainfluenza viruses, *Streptococcus pneumoniae*, *Legionella* species, Mycoplasma, and other atypical pneumonia.

C. Reservoirs:

Humans are the only known reservoir; however, an animal reservoir is suspected.

D. Mode(s) of Transmission:

Person-to-person transmission is thought to occur by respiratory droplets produced when a case person coughs or sneezes (*i.e.*, airborne transmission). Fomites may also play a role in transmission when a person touches an object contaminated with infectious droplets and then touches their mouth, nose, or eye. It is possible that it may be transmitted via other methods that are not known at this time.

E. Incubation Period:

Range 2-10 days, average 4-6 days.

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F. Period of Communicability:

Current Information suggests that cases are infectious only when they have symptoms and are most infectious during the 2nd week of illness.

G. Susceptibility and Resistance:

Data on the susceptibility and immunity following infection are unknown.

H. Treatment:

Supportive care. Antiviral treatments have not been shown to be effective.

STANDARD CASE INVESTIGATION AND CONTROL METHODS

Standard investigation activities include the following: 1) Confirmation of the diagnoses (*i.e.*, case definition), 2) Collection of relevant demographic and clinical data (*e.g.*, age, sex, disease syndromes and/or symptoms), 3) Determination of the setting (*e.g.*, community, hospital, daycare or other facility), 4) Investigation of possible epidemiologic links among cases (*e.g.*, cluster, family, co-workers) and 5) Exposure histories to help identify the source of infection. Most of the information can be obtained from the case person, healthcare provider and/or the medical record.

A. Identify Potential Source of Infection:

To help identify the source of the infection, the investigator should focus their investigation within the incubation period and on the following potential source(s) of infection.

- Date of illness onset.
- Travel within 10 days of onset of symptoms to an area with current, recently documented or suspected transmission of SARS; check with current CDC guidelines available at <http://www.cdc.gov/ncidod/sars/index.htm> List countries, dates of travel and airline information.
- Employment in an occupation with an increased risk of exposures (*e.g.*, healthcare worker with direct case contact or an employee in a laboratory that contains live SARS-CoV). List facility, location and date(s) of work.
- Close contact with those who have been told they have pneumonia. List names and contact information.

B. Identify Potential Exposed Individuals / Populations (Contacts):

A contact is defined as a person that has cared for or lived with a person with SARS-CoV or having a high likelihood of direct contact with respiratory secretions and/or body fluids of a person with SARS-CoV either during the period the person was clinically ill or within 10 days of resolution of symptoms. Examples of close contact include kissing or embracing, sharing eating or drinking utensils, close conversation (*i.e.*, <3 feet), physical examination, and any other direct physical contact between persons.

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C. Isolation, Work and Daycare Restrictions:

- In healthcare settings, suspected SARS cases should be immediately placed in airborne isolation (*i.e.*, negative pressure rooms). Healthcare providers must wear N-95 masks (if available), eye protection, gowns and gloves.
- Persons with high-risk exposures (*e.g.*, healthcare workers involved in aerosol-generating procedures on a SARS patient) may require activity restrictions in addition to monitoring.
- Cases with SARS who do not require hospitalization for medical indications may be isolated at home.

D. Follow-up of Cases:

Ensure appropriate follow-up, care and containment of SARS cases in home isolation.

E. Protection of Contacts:

- Household members and other close contacts of SARS patients should be vigilant for fever (*i.e.*, measure temperature at least daily), respiratory symptoms and other early signs of SARS-CoV illness for 10 days after exposure.
- If household contacts develop fever or respiratory symptoms, arrangements should be made immediately for a medical evaluation. In advance of the evaluation, healthcare providers should be informed that the person and those who may accompany him or her is a close contact of a SARS patient so arrangements can be made, to prevent transmission to others in the healthcare setting.
- Symptomatic household or other close contacts should follow the same precautions recommended for the SARS patient.
- In the absence of fever or respiratory symptoms, household contacts need not limit their activities outside the home, unless otherwise required by quarantine regulations.

F. Environmental Measures:

SARS transmission via fomites has been documented; therefore, cleaning areas potentially contaminated by identified SARS cases is essential.

- Any EPA-registered hospital detergent-disinfectant may be used. Manufacturer's recommendations for use should be followed.
- Daily cleaning and disinfection should include all horizontal surfaces and, surfaces that are frequently touched by cases and healthcare personnel.
- Patient care equipment including: mechanical ventilators, pulse oximeters, blood pressure cuffs, etc. should be cleaned and disinfected in accordance with current CDC recommendations, manufacturer's instructions.

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- Solutions used for cleaning and disinfection should be discarded after use. Thoroughly rinse and clean housekeeping equipment after use in a SARS room or area and allow the equipment to dry.

G. Education:

- Healthcare providers must know and follow all isolation precautions when caring for a suspect or confirmed SARS patient.
- All contacts of SARS cases should be educated on signs and symptoms SARS and whom to notify should symptoms occur.

MANAGING SPECIAL SITUATIONS

A. None:

ADDITIONAL INFORMATION / REFERENCES

- Case definitions for Infectious Conditions Under Public Health Surveillance, Division of Public Health Surveillance and Informatics, Nationally Notifiable Infectious Diseases, United States 2005. Available at: <http://www.cdc.gov/epo/dphsi/PHS/infdis2005.htm>
- CDC Website. Available at <http://www.cdc.gov/health/default.htm> and <http://www.cdc.gov/ncidod/sars/index.htm>
- Public Health Guidance for Community-Level Preparedness and Response to Severe Acute Respiratory Syndrome (SARS) Version 2 Supplement B: SARS Surveillance available at <http://www.cdc.gov/ncidod/sars/guidance/B/index.htm>
- County of Los Angeles, Department of Health, Public Health Programs and Services, *Communicable Diseases Manual*, June 2003.

ⁱ A measured documented temperature of >100.4° F (>38° C) is expected. However, clinical judgment may allow a small proportion of patients without a documented fever to meet this criterion. Factors that might be considered include patient's self-report of fever, use of antipyretics, presence of immunocompromising conditions or therapies, lack of access to health care, or inability to obtain a measured temperature. Initial case classification based on reported information might change, and reclassification might be required.

ⁱⁱ Types of locations specified will vary (e.g., country, airport, city, building, floor of building). The last date a location may be a criterion for exposure for illness onset is 10 days (one incubation period) after removal of that location from CDC travel alert status. The patient's travel should have occurred on or before the last date the travel alert was in place. Transit through a foreign airport meets the epidemiologic criteria for possible exposure in a location for which a CDC travel advisory is in effect. Information regarding CDC travel alerts and advisories and assistance in determining appropriate dates are available at <http://www.cdc.gov/ncidod/sars/travel.htm>.

ⁱⁱⁱ Close contact is defined as having cared for or lived with a person with SARS or having a high likelihood of direct contact with respiratory secretions and/or body fluids of a person with SARS (during encounters with the patient or through contact with materials contaminated by the patient) either during the period the person was clinically ill or within 10 days of resolution of symptoms. Examples of close contact include kissing or embracing, sharing eating or drinking utensils, close conversation (<3 feet), physical examination, and any other direct physical contact between persons. Close contact does not include activities such as walking by a person or sitting across a waiting room or office for a brief time.

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^{iv} The identification of the etiologic agent of SARS (SARS-CoV) led to the rapid development of EIAs and immunofluorescence assays (IFAs) for serologic diagnosis and RT-PCR assays for detection of SARS-CoV RNA in clinical samples. These assays can be very sensitive and specific for detecting antibody and RNA, respectively, in the later stages of SARS-CoV disease. However, both are less sensitive for detecting infection early in illness. The majority of patients in the early stages of SARS-CoV disease have a low titer of virus in respiratory and other secretions and require time to mount an antibody response. SARS-CoV antibody tests might be positive as early as 8–10 days after onset of illness and often by 14 days after onset of illness, but sometimes not until 28 days after onset of illness. Information regarding the current criteria for laboratory diagnosis of SARS-CoV is available at <http://www.cdc.gov/ncidod/sars/labdiagnosis.htm>.

^v Factors that may be considered in assigning alternate diagnoses include the strength of the epidemiologic exposure criteria for SARS-CoV disease, the specificity of the alternate diagnostic test, and the compatibility of the clinical presentation and course of illness for the alternative diagnosis.

^{vi} Current data indicate that >95% of patients with SARS-CoV disease mount an antibody response to SARS-CoV. However, health officials may choose not to exclude a case based on lack of a serologic response if reasonable concern exists that an antibody response could not be mounted.

^{vii} Consensus guidance between CDC and CSTE on which groups are most likely to be first affected by SARS-CoV if it re-emerges is in development. In principle, SARS-CoV disease should be considered at a minimum in the differential diagnosis for persons requiring hospitalization for radiographically confirmed pneumonia or acute respiratory distress syndrome without identifiable etiology and who have one of the following risk factors in the 10 days before the onset of illness:

- Travel to mainland China, Hong Kong, or Taiwan, or close contact with an ill person with a history of recent travel to one of these areas, *or*
- Employment in an occupation associated with a risk for SARS-CoV exposure (e.g., healthcare worker with direct patient contact or worker in a laboratory that contains live SARS-CoV), *or*
- Part of a cluster of cases of atypical pneumonia without an alternative diagnosis

^{viii} During the 2003 SARS epidemic, CDC case definitions were the following:

- Suspect case:
 - Meets the clinical criteria for mild-to-moderate respiratory illness and the epidemiologic criteria for possible exposure to SARS-CoV but does not meet any of the laboratory criteria and exclusion criteria *or*
 - Unexplained acute respiratory illness resulting in death in a person on whom an autopsy was not performed and who meets the epidemiologic criteria for possible exposure to SARS-CoV but does not meet any of the laboratory criteria and exclusion criteria
- Probable case: Meets the clinical criteria for severe respiratory illness and the epidemiologic criteria for possible exposure to SARS-CoV but does not meet any of the laboratory criteria and exclusion criteria

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Clinical Information

5. Signs and Symptoms	
Date of symptom onset: <u> </u> <u> </u> / <u> </u> <u> </u> / <u> </u> <u> </u> <u> </u> <u> </u> <div style="text-align: center; margin-left: 100px;"> m m d d y y y y </div>	
Did the person have a fever (subjective or objective)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<i>If yes:</i>	
Date of fever onset: <u> </u> <u> </u> / <u> </u> <u> </u> / <u> </u> <u> </u> <u> </u> <u> </u> <div style="text-align: center; margin-left: 100px;"> m m d d y y y y </div>	
Was temperature > 38° C (100.4° F)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Did the patient have any lower respiratory symptoms (e.g. cough, shortness of breath, difficulty breathing)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Was a chest X-ray or CAT scan performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<i>If yes:</i>	
Did the patient have radiographic evidence of pneumonia or respiratory distress syndrome (RDS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

6. Clinical Status	
Date of the first health care evaluation for this illness: <u> </u> <u> </u> / <u> </u> <u> </u> / <u> </u> <u> </u> <u> </u> <u> </u> <div style="text-align: center; margin-left: 100px;"> m m d d y y y y </div>	
Was patient hospitalized for > 24 hours during course?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<i>If yes:</i>	
Name of Hospital: _____	City: _____ State: _____
Date of Hospitalization: <u> </u> <u> </u> / <u> </u> <u> </u> / <u> </u> <u> </u> <u> </u> <u> </u> <div style="text-align: center; margin-left: 100px;"> m m d d y y y y </div>	
Date of Discharge: <u> </u> <u> </u> / <u> </u> <u> </u> / <u> </u> <u> </u> <u> </u> <u> </u> <div style="text-align: center; margin-left: 100px;"> m m d d y y y y </div>	
Was patient ever admitted to the intensive care unit (ICU)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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Was patient ever placed on mechanical ventilation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Did patient die as a result of his/her illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<i>If yes:</i>	
Date of Death: __ __ / __ __ / __ __ __ __ <div style="text-align: center; font-size: small; margin-top: -10px;"> m m d d y y y y </div>	
Was an autopsy performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Was pathology consistent with pneumonia or RDS?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

Epidemiologic Risk Factors

7. Occupation	
Is the individual a healthcare worker?*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<i>* A person who has close contact to patients, patient care areas (e.g., patient room) or patient care items (e.g. linens, patient specimens).</i>	
<i>If yes:</i>	<input type="checkbox"/> Physician <input type="checkbox"/> Nurse/PA <input type="checkbox"/> Lab <input type="checkbox"/> Other Specify: _____
Specify healthcare worker type:	
Does patient have DIRECT patient care responsibilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
If not a healthcare worker, please list occupation: _____	

8. Contact and Travel	
In the 10 days prior to symptom onset, did the patient have the following?	
A. Close contact in the 10 days prior to symptom onset with a confirmed SARS-CoV case or a probable SARS-CoV case? *	<input type="checkbox"/> Yes If yes, go to section 9, then return <input type="checkbox"/> No <input type="checkbox"/> Unknown
<i>* SEE APPENDIX B1 FOR CLASSIFICATION DEFINITIONS</i>	
B. Close contact with a person considered an RUI-2 or RUI-3? *	<input type="checkbox"/> Yes If yes, go to section 9, then return <input type="checkbox"/> No <input type="checkbox"/> Unknown
<i>* SEE APPENDIX B1 FOR CLASSIFICATION DEFINITIONS</i>	

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<p>C. Travel to foreign or domestic area with documented or suspected recent local transmission of SARS cases? <i>(See list of areas at end of document)</i></p>	<input type="checkbox"/> Yes Enter Destination Below <input type="checkbox"/> No <input type="checkbox"/> Unknown
<p><i>If yes to C, list travel destination(s) (See list of areas at end of document)</i></p>	
<p>Destination: _____</p>	
<p>Date of Arrival: __ __ / __ __ / __ __ __ __ m m d d y y y y</p>	<p>Date of Departure: __ __ / __ __ / __ __ __ __ m m d d y y y y</p>
<p>Destination: _____</p>	
<p>Date of Arrival: __ __ / __ __ / __ __ __ __ m m d d y y y y</p>	<p>Date of Departure: __ __ / __ __ / __ __ __ __ m m d d y y y y</p>
<p>Destination: _____</p>	
<p>Date of Arrival: __ __ / __ __ / __ __ __ __ m m d d y y y y</p>	<p>Date of Departure: __ __ / __ __ / __ __ __ __ m m d d y y y y</p>
<p>Destination: _____</p>	
<p>Date of Arrival: __ __ / __ __ / __ __ __ __ m m d d y y y y</p>	<p>Date of Departure: __ __ / __ __ / __ __ __ __ m m d d y y y y</p>

Contact History

<p>9. Information on Ill Contacts <i>Add Contact information for ill contacts identified by question 8A or 8B above. These ill contacts should have been identified previously and have been given either a CDC or STATE ID. If an ID has not been given, enter contact name, but update when ID number is available.</i></p>
<p>Contact Information (1)</p>
<p>Contact CDC ID: _____ OR Contact STATE ID: _____</p>
<p>OR <i>(only if ID unavailable)</i> Name of Contact (first, middle initial, last): _____</p>

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<p>Classification of Contact (SEE APPENDIX B1):</p> <p><input type="checkbox"/> RUI-2 <input type="checkbox"/> RUI-3 <input type="checkbox"/> Probable SARS CoV case <input type="checkbox"/> Confirmed SARS CoV case</p>	<p>Nature of contact:</p> <p><input type="checkbox"/> Same household <input type="checkbox"/> Coworker <input type="checkbox"/> Healthcare environment <input type="checkbox"/> Other _____</p>	<p>Contact Start:</p> <p>____ / ____ / ____ m m d d y y y y</p> <p>Contact End:</p> <p>____ / ____ / ____ m m d d y y y y</p>	
<p>Did the ill contact recently travel to an area with SARS transmission? <i>(see list of areas at end of document)</i></p> <p><i>If Yes, where?</i></p>			<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>
Contact Information (2)			
<p>Contact CDC ID: _____ OR Contact STATE ID: _____</p> <p>OR <i>(only if ID unavailable)</i> Name of Contact (first, middle initial, last): _____</p>			
<p>Classification of Contact (SEE APPENDIX B1):</p> <p><input type="checkbox"/> RUI-2 <input type="checkbox"/> RUI-3 <input type="checkbox"/> Probable SARS CoV case <input type="checkbox"/> Confirmed SARS CoV case</p>	<p>Nature of contact:</p> <p><input type="checkbox"/> Same household <input type="checkbox"/> Coworker <input type="checkbox"/> Healthcare environment <input type="checkbox"/> Other _____</p>	<p>Contact Start:</p> <p>____ / ____ / ____ m m d d y y y y</p> <p>Contact End:</p> <p>____ / ____ / ____ m m d d y y y y</p>	
<p>Did the ill contact recently travel to an area with SARS transmission? <i>(see list of areas at end of document)</i></p> <p><i>If Yes, where?</i></p>			<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>
Contact Information (3)			
<p>Contact CDC ID: _____ OR Contact STATE ID: _____</p> <p>OR <i>(only if ID unavailable)</i> Name of Contact (first, middle initial, last): _____</p>			

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Classification of Contact (SEE APPENDIX B1): <input type="checkbox"/> RUI-2 <input type="checkbox"/> RUI-3 <input type="checkbox"/> Probable SARS CoV case <input type="checkbox"/> Confirmed SARS CoV case	Nature of contact: <input type="checkbox"/> Same household <input type="checkbox"/> Coworker <input type="checkbox"/> Healthcare environment <input type="checkbox"/> Other _____	Contact Start: ____ / ____ / ____ m m d d y y y y Contact End: ____ / ____ / ____ m m d d y y y y
Did the ill contact recently travel to an area with SARS transmission? (see list of areas at end of document)		
If Yes, where? _____		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		

Travel History

10. Patient Travel Information			
If recent foreign travel, did the patient receive a Health Alert or other SARS educational information on arrival in the United States?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Was the patient symptomatic during travel from a SARS affected area of within 24 hours of return to the US or local area?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<i>If yes:</i>			
1) Please provide to the CDC the name of the SARS suspect who has traveled (enter name from section 3)			
2) If yes, list all travel either by public conveyance (airplane, train bus) or with a tour group, 24 hours before onset of fever or symptoms and thereafter:			
<i>List each portion or leg of the trip below:</i>			
Trip or portion (1)			
Departure Date: ____ / ____ / ____ m m d d y y y y	Departure City: _____	Arrival City: _____	Transport Type: <input type="checkbox"/> Auto <input type="checkbox"/> Airline <input type="checkbox"/> Train <input type="checkbox"/> Cruise <input type="checkbox"/> Bus <input type="checkbox"/> Tour Group <input type="checkbox"/> Other
Transport Company: _____		Transport No: _____	
Comment: _____			
Trip or portion (2)			
Departure Date: ____ / ____ / ____ m m d d y y y y	Departure City: _____	Arrival City: _____	Transport Type: <input type="checkbox"/> Auto <input type="checkbox"/> Airline <input type="checkbox"/> Train <input type="checkbox"/> Cruise <input type="checkbox"/> Bus <input type="checkbox"/> Tour Group <input type="checkbox"/> Other

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Transport Company:		Transport No:	
Comment:			
Trip or portion (3)			
Departure Date: ____ / ____ / ____-____-____ m m d d y y y y	Departure City: _____	Arrival City: _____	Transport Type: <input type="checkbox"/> Auto <input type="checkbox"/> Airline <input type="checkbox"/> Train <input type="checkbox"/> Cruise <input type="checkbox"/> Bus <input type="checkbox"/> Tour Group <input type="checkbox"/> Other
Transport Company:		Transport No:	
Comment:			
Trip or portion (4)			
Departure Date: ____ / ____ / ____-____-____ m m d d y y y y	Departure City: _____	Arrival City: _____	Transport Type: <input type="checkbox"/> Auto <input type="checkbox"/> Airline <input type="checkbox"/> Train <input type="checkbox"/> Cruise <input type="checkbox"/> Bus <input type="checkbox"/> Tour Group <input type="checkbox"/> Other
Transport Company:		Transport No:	
Comment:			

(This page may be duplicated if needed)

Classification of Patient

11. Classification of patient by state of municipality (using CSTE/CDC definitions): SEE APPENDIX B1	
Initial Classification (check one only): <i>Report Under Investigation (RUI)</i> <input type="checkbox"/> RUI-1 <input type="checkbox"/> RUI-2 <input type="checkbox"/> RUI-3 <input type="checkbox"/> RUI-4 <i>OR SARS disease classification</i> <input type="checkbox"/> Probable SARS-CoV Case <input type="checkbox"/> Confirmed SARS-CoV Case	Updated Classification (check one only): <input type="checkbox"/> RUI-1 <input type="checkbox"/> RUI-2 <input type="checkbox"/> RUI-3 <input type="checkbox"/> RUI-4 <input type="checkbox"/> Probable SARS-CoV Case <input type="checkbox"/> Confirmed SARS-CoV Case <input type="checkbox"/> Not a case: negative serology (>28 days post onset) <input type="checkbox"/> Not a case: alternative diagnosis accounts for illness
	Date Updated (most recent): ____ / ____ / ____-____-____ m m d d y y y y

Supplement B: SARS Surveillance

(continued from previous page)

Laboratory Evaluation

12. Local SARS testing		
Chose from the following specimens to enter for each test: Whole blood, serum (acute), serum (convalescent), NP swab, NP aspirate, Bronchoalveolar lavage specimen, OP swab, urine, stool, tissue.		
Specimen 1		
Specimen: _____	If 'Tissue,' specify: _____	Date Collected: __ __ / __ __ / __ __ __ __ m m d d y y y y
Test Requested: <input type="checkbox"/> PCR <input type="checkbox"/> Convalescent serology <input type="checkbox"/> Acute serology <input type="checkbox"/> Culture	Source of Local Testing: <input type="checkbox"/> Public Health Lab <input type="checkbox"/> LRN <input type="checkbox"/> Commercial lab <input type="checkbox"/> other	Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending <input type="checkbox"/> Indeterminate
Specimen 2		
Specimen: _____	If 'Tissue,' specify: _____	Date Collected: __ __ / __ __ / __ __ __ __ m m d d y y y y
Test Requested: <input type="checkbox"/> PCR <input type="checkbox"/> Convalescent serology <input type="checkbox"/> Acute serology <input type="checkbox"/> Culture	Source of Local Testing: <input type="checkbox"/> Public Health Lab <input type="checkbox"/> LRN <input type="checkbox"/> Commercial lab <input type="checkbox"/> other	Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending <input type="checkbox"/> Indeterminate
Specimen 3		
Specimen: _____	If 'Tissue,' specify: _____	Date Collected: __ __ / __ __ / __ __ __ __ m m d d y y y y
Test Requested: <input type="checkbox"/> PCR <input type="checkbox"/> Convalescent serology <input type="checkbox"/> Acute serology <input type="checkbox"/> Culture	Source of Local Testing: <input type="checkbox"/> Public Health Lab <input type="checkbox"/> LRN <input type="checkbox"/> Commercial lab <input type="checkbox"/> other	Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending <input type="checkbox"/> Indeterminate
Specimen 4		
Specimen: _____	If 'Tissue,' specify: _____	Date Collected: __ __ / __ __ / __ __ __ __ m m d d y y y y
Test Requested: <input type="checkbox"/> PCR <input type="checkbox"/> Convalescent serology <input type="checkbox"/> Acute serology <input type="checkbox"/> Culture	Source of Local Testing: <input type="checkbox"/> Public Health Lab <input type="checkbox"/> LRN <input type="checkbox"/> Commercial lab <input type="checkbox"/> other	Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending <input type="checkbox"/> Indeterminate

Supplement B: SARS Surveillance

(continued from previous page)

Specimen 5		
Specimen: _____	If 'Tissue,' specify: _____	Date Collected: __ __ / __ __ / __ __ __ __ m m d d y y y y
Test Requested: <input type="checkbox"/> PCR <input type="checkbox"/> Convalescent serology <input type="checkbox"/> Acute serology <input type="checkbox"/> Culture	Source of Local Testing: <input type="checkbox"/> Public Health Lab <input type="checkbox"/> LRN <input type="checkbox"/> Commercial lab <input type="checkbox"/> other	Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending <input type="checkbox"/> Indeterminate
Specimen 6		
Specimen: _____	If 'Tissue,' specify: _____	Date Collected: __ __ / __ __ / __ __ __ __ m m d d y y y y
Test Requested: <input type="checkbox"/> PCR <input type="checkbox"/> Convalescent serology <input type="checkbox"/> Acute serology <input type="checkbox"/> Culture	Source of Local Testing: <input type="checkbox"/> Public Health Lab <input type="checkbox"/> LRN <input type="checkbox"/> Commercial lab <input type="checkbox"/> other	Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending <input type="checkbox"/> Indeterminate
Specimen 7		
Specimen: _____	If 'Tissue,' specify: _____	Date Collected: __ __ / __ __ / __ __ __ __ m m d d y y y y
Test Requested: <input type="checkbox"/> PCR <input type="checkbox"/> Convalescent serology <input type="checkbox"/> Acute serology <input type="checkbox"/> Culture	Source of Local Testing: <input type="checkbox"/> Public Health Lab <input type="checkbox"/> LRN <input type="checkbox"/> Commercial lab <input type="checkbox"/> other	Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending <input type="checkbox"/> Indeterminate
Specimen 8		
Specimen: _____	If 'Tissue,' specify: _____	Date Collected: __ __ / __ __ / __ __ __ __ m m d d y y y y
Test Requested: <input type="checkbox"/> PCR <input type="checkbox"/> Convalescent serology <input type="checkbox"/> Acute serology <input type="checkbox"/> Culture	Source of Local Testing: <input type="checkbox"/> Public Health Lab <input type="checkbox"/> LRN <input type="checkbox"/> Commercial lab <input type="checkbox"/> other	Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending <input type="checkbox"/> Indeterminate

13. Alternative Diagnosis
Was an alternative respiratory pathogen detected? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<i>If yes indicate which one (see list below):</i> _____

Supplement B: SARS Surveillance

(continued from previous page)

Alternative pathogen (e.g., Influenza A, Influenza B, RSV, rhinovirus, adenovirus, *Streptococcus pneumoniae*, *Haemophilus influenzae*, *Mycoplasma*, *Chlamydia pneumoniae*, human parainfluenza virus 1, human parainfluenza 2, human parainfluenza 3, human metapneumovirus, *Legionella* sp., other.):

14. List specimens sent to the CDC

Chose from the following specimens to enter below:

Whole blood, plasma, serum (acute), serum (convalescent), NP swab, NP aspirate, bronchoalveolar lavage specimen, OP swab, tracheal aspirate, pleural tap, urine, stool, tissue.

Specimen 1: _____	If 'Tissue', Specify: _____	Date Sent: ___ ___ / ___ ___ / ___ ___ ___ ___ m m d d y y y y
Specimen 2: _____	If 'Tissue', Specify: _____	Date Sent: ___ ___ / ___ ___ / ___ ___ ___ ___ m m d d y y y y
Specimen 3: _____	If 'Tissue', Specify: _____	Date Sent: ___ ___ / ___ ___ / ___ ___ ___ ___ m m d d y y y y
Specimen 4: _____	If 'Tissue', Specify: _____	Date Sent: ___ ___ / ___ ___ / ___ ___ ___ ___ m m d d y y y y
Specimen 5: _____	If 'Tissue', Specify: _____	Date Sent: ___ ___ / ___ ___ / ___ ___ ___ ___ m m d d y y y y
Specimen 6: _____	If 'Tissue', Specify: _____	Date Sent: ___ ___ / ___ ___ / ___ ___ ___ ___ m m d d y y y y
Specimen 7: _____	If 'Tissue', Specify: _____	Date Sent: ___ ___ / ___ ___ / ___ ___ ___ ___ m m d d y y y y
Specimen 8: _____	If 'Tissue', Specify: _____	Date Sent: ___ ___ / ___ ___ / ___ ___ ___ ___ m m d d y y y y

Supplement B: SARS Surveillance

(continued from previous page)

Notes

15. Notes:

Public reporting burden of this collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering information and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-24, Atlanta, Georgia 30333; ATTN: PRA (0920-0008).

Supplement B: SARS Surveillance

(continued from previous page)

Note: List of areas with current confirmed or suspected SARS transmission

(If SARS-CoV transmission recurs, the list of foreign or domestic areas with documented or suspected recent local transmission of SARS-CoV will be listed here.)

Types of locations specified will vary (e.g., country, airport, city, building, floor of building). The last date a location may be a criterion for exposure for illness onset is 10 days (one incubation period) after removal of that location from CDC travel alert status. The patient's travel should have occurred on or before the last date the travel alert was in place. Transit through a foreign airport meets the epidemiologic criteria for possible exposure in a location for which a CDC travel advisory is in effect. Information regarding CDC travel alerts and advisories and assistance in determining appropriate dates are available at <http://www.cdc.gov/ncidod/sars/travel.htm>.

For more information, visit www.cdc.gov/ncidod/sars or call the CDC public response hotline at (888) 246-2675 (English), (888) 246-2857 (Español), or (866) 874-2646 (TTY)

KANSAS NOTIFIABLE DISEASE FORM

Today's Date: ___ / ___ / ___

Patient's Name: _____
Last First Middle

Day Phone: _____ **Evening Phone:** _____

Residential Address: _____

City: _____ **Zip:** _____ **County:** _____

Ethnicity: Hispanic or Latino Not Hispanic or Latino Unknown

Race: American Indian/Alaska Native Asian Black or African American
Native Hawaiian or Other Pacific Islander White Unknown
(Circle all that apply)

Sex: M F **Date of Birth:** ___ / ___ / ___ **Age if DOB unknown:** _____

Disease Name: _____

Symptoms:
Onset: ___ / ___ / ___ **State the 3 most prominent symptoms:**

Symptom 1: _____ Symptom 2: _____ Symptom 3: _____

Outbreak associated? Y N Died? Y N

Institutional Residence? None Nursing Home Correctional Residential Hospital Psych

Physician Name: _____ **Physician Phone:** _____

Laboratory Information:

Specimen Collection Date: ___ / ___ / ___ Date Reported To You: ___ / ___ / ___

Name of Test Performed: _____ Results of Test: _____

Name of Laboratory: _____ Laboratory Results Attached? Y N

Treatment Information:

Date of Treatment: ___ / ___ / ___ Treatment Type and Dosage: _____
Treatment Status: Complete On-going Discontinued

Name of person reporting: _____ **Phone:** _____

Comments: _____

Mail reports to your local health department or to: BEDP – Disease Surveillance, 1000 SW Jackson, Suite 210, Topeka, KS 66612-1274. Reports can also be *faxed toll free* to: 1-877-427-7318. (Rev. 04/2004)

Case and Contact(s) Management Worksheets

Contents:

- **Case Activity and Travel Worksheet – Infectious Period**
To be used to track activities and travel of a case during the infectious period.
- **Case Transportation Worksheet – Infectious Period**
To be used to track detailed travel activities of a case during the infectious period.
- **Primary Contact(s) / Site Worksheet**
To be used to create a line listing of contacts of a case. May also be used to identify sites and/or places that infections may have occurred (e.g., daycare, school, etc.).
- **Contact Tracking / Tracing Form**
To be used for individual tracking of all contacts identified on the Primary Contact(s) / Site Worksheet.
- **Contact Surveillance Form**
To be used to track the signs and symptoms associated with the disease amongst the contacts.

Worksheet Instructions

- **Case Activity and Travel Worksheet — Infectious Period:** This worksheet is to be used to track the case's daily activities and travel during the infectious period. It is intended to help the investigator capture detailed information in an organized format.
 - The upper portion of the worksheet contains information specific to the case including name and information specific to the disease including incubation period, treatment dates, etc.
 - The upper portion also contains a Case Number. The Case Number is a number assigned by the investigator to each case. It is important to assign this number as it serves as the link between this worksheet and the Case Transportation, Primary Contact, Contact Tracking and Contact Surveillance Worksheets.
 - The lower portion of the worksheet is a "blank" calendar that the investigator may use to record the case's activities and travel during the infectious period. The "key" to the checkboxes is located on the bottom of the worksheet.
- **Case Transportation Worksheet - Infectious Period:** This worksheet is to be used if there is a need to capture detailed travel information (*i.e.*, airline flight information) about a case and/or contacts. It is anticipated that this worksheet may never be used but is included in the case/contact management worksheets for use should the situation arise.
 - The upper portion of the worksheet contains information specific to the case including name and information specific to the disease including incubation period, treatment dates, etc.
 - The upper portion also contains a Case Number. The Case Number is a number assigned by the investigator to each case. It is important to assign this number as it serves as the link between this Worksheet and the Case Activity, Primary Contact, Contact Tracking and Contact Surveillance Worksheets.
 - The lower portion of the worksheet is structured to allow the investigator to capture detailed travel information.
- **Primary Contact(s) / Site Worksheet:** This worksheet is to be used to create a line listing of the contacts of a case.
 - The upper portion of this worksheet contains information about the case and the lower portion contains the names and key information about the contacts. The Case Number is a number assigned by the investigator to each case. It is important to assign this number as it serves as the link between this worksheet and the Case Activity, Case Transportation, Contact Tracking and Contact Surveillance Worksheets.
 - The Contact Information portion of the worksheet contains the column entitled "Contact Worksheet #". Each contact is assigned a number by the investigator and detailed information about the contact is captured on the Contact Tracking / Tracing Worksheet. It is important to assign this number as it serves as the link between these two Worksheets.
- **Contact Tracking / Tracing Worksheet:** This worksheet is used to capture detailed information about each contact identified on the Primary Contacts / Site Worksheet.
 - The case information portion of this worksheet contains two data fields. The Case Number is a number assigned by the investigator to each case and links this worksheet to the Case Activity, Case Transportation and Contact Surveillance Worksheets. The Contact Worksheet # links this Worksheet to an individual line listing on the Primary Contacts / Site Worksheet.
 - The remaining sections of the Worksheet are intended to provide specific contact identification, exposure data, follow-up and disposition information about each contact.
- **Contact Surveillance Worksheet:** This worksheet is used to track the signs and symptoms associated with the disease amongst the contacts. It is intended to be "self reported" and used by the contact(s) during quarantine.
 - The case information portion of this worksheet contains two data fields. The Case Number is a number assigned by the investigator to each case and links this worksheet to the Case Activity, Case Transportation and Contact Surveillance Worksheets. The Contact Worksheet # links this Worksheet to an individual line listing on the Primary Contacts / Site Worksheet.

Case Activity and Travel Worksheet – Infectious Period (Please Print)

CASE INFORMATION

Name of Primary Case: _____
Last First Middle Nickname / Alias: _____

Case Number: _____ Interview Date: ____/____/____ Interviewer Name: _____

Infectious Period Start Date:¹ ____/____/____ Symptom Onset Date: ____/____/____ Treatment Start Date: ____/____/____

Clinical Improvement Date: ____/____/____ Disease or Condition Under Surveillance: _____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date: <input type="checkbox"/> F <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/> O	Date: <input type="checkbox"/> F <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/> O	Date: <input type="checkbox"/> F <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/> O	Date: <input type="checkbox"/> F <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/> O	Date: <input type="checkbox"/> F <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/> O	Date: <input type="checkbox"/> F <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/> O	Date: <input type="checkbox"/> F <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/> O
Date: <input type="checkbox"/> F <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/> O	Date: <input type="checkbox"/> F <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/> O	Date: <input type="checkbox"/> F <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/> O	Date: <input type="checkbox"/> F <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/> O	Date: <input type="checkbox"/> F <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/> O	Date: <input type="checkbox"/> F <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/> O	Date: <input type="checkbox"/> F <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/> O
Date: <input type="checkbox"/> F <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/> O	Date: <input type="checkbox"/> F <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/> O	Date: <input type="checkbox"/> F <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/> O	Date: <input type="checkbox"/> F <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/> O	Date: <input type="checkbox"/> F <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/> O	Date: <input type="checkbox"/> F <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/> O	Date: <input type="checkbox"/> F <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/> O
Date: <input type="checkbox"/> F <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/> O	Date: <input type="checkbox"/> F <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/> O	Date: <input type="checkbox"/> F <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/> O	Date: <input type="checkbox"/> F <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/> O	Date: <input type="checkbox"/> F <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/> O	Date: <input type="checkbox"/> F <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/> O	Date: <input type="checkbox"/> F <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/> O
Date: <input type="checkbox"/> F <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/> O	Date: <input type="checkbox"/> F <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/> O	Date: <input type="checkbox"/> F <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/> O	Date: <input type="checkbox"/> F <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/> O	Date: <input type="checkbox"/> F <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/> O	Date: <input type="checkbox"/> F <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/> O	Date: <input type="checkbox"/> F <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/> O

Key: F = Fever, R = Rash, C = Cough, O = Other

¹The period of infectiousness may begin before the case is symptomatic and last after symptoms have abated. Refer to the disease specific protocols for detailed information.

Case Transportation Worksheet – Infectious Period (Please Print)

CASE INFORMATION

Name of Primary Case: _____ Nickname / Alias: _____
Last First Middle

Case Number: _____ Interview Date: ____/____/____ Interviewer Name: _____

Infectious Period Start Date:² ____/____/____ Symptom Onset Date: ____/____/____ Treatment Start Date: ____/____/____

Clinical Improvement Date: ____/____/____ Disease or Condition Under Surveillance: _____

TRAVEL INFORMATION Complete as much information as possible for each type of public transportation used by case during infectious period.

Date of Travel	Time of Travel (AM/PM Circle)	Transport Type (e.g., bus, plane, etc)	Carrier / Company Name	Route / Flight #	Origin City	Origin State	Origin Country	Destination City	Destination State	Destination Country
____/____/____	____:____ AM PM									
____/____/____	____:____ AM PM									
____/____/____	____:____ AM PM									
____/____/____	____:____ AM PM									
____/____/____	____:____ AM PM									
____/____/____	____:____ AM PM									

Page _____ of _____

²The period of infectiousness may begin before the case is symptomatic and last after symptoms have abated. Refer to the disease specific protocols for detailed information.

Primary Contact(s) / Site Worksheet (Please Print)

CASE INFORMATION

Name of Primary Case: _____ Nickname / Alias: _____
Last First Middle

Case Number: _____ Interview Date: ____/____/____ Interviewer Name: _____

Site Name or Place: _____ Disease or Condition Under Surveillance: _____

CONTACT INFORMATION

Name of Person (Last, First) and/or Name of Site	Location	Phone Number	Date of First Exposure	Date of Last Exposure	Contact Form #	Call Back Date
		()	___/___/___	___/___/___		___/___/___ <input type="checkbox"/> N/A
		()	___/___/___	___/___/___		___/___/___ <input type="checkbox"/> N/A
		()	___/___/___	___/___/___		___/___/___ <input type="checkbox"/> N/A
		()	___/___/___	___/___/___		___/___/___ <input type="checkbox"/> N/A
		()	___/___/___	___/___/___		___/___/___ <input type="checkbox"/> N/A
		()	___/___/___	___/___/___		___/___/___ <input type="checkbox"/> N/A
		()	___/___/___	___/___/___		___/___/___ <input type="checkbox"/> N/A
		()	___/___/___	___/___/___		___/___/___ <input type="checkbox"/> N/A
		()	___/___/___	___/___/___		___/___/___ <input type="checkbox"/> N/A
		()	___/___/___	___/___/___		___/___/___ <input type="checkbox"/> N/A

Contact Tracking / Tracing Form (Please Print)

CASE INFORMATION

Name of Primary Case: _____ Case Number: _____
Last First Middle

Contact Form Number: _____
This number ties this form to the Primary Contact(s) / Site Worksheet

CONTACT INFORMATION

Contact Name: _____ Nickname/Alias: _____
Last First Middle

Address: _____ Phone Number: () _____
Street City State Zip

Alternative Contact: _____ Parent Spouse Friend Other
Last First Middle

Address: _____ Phone Number: () _____
Street City State Zip

School/Employer Name: _____ Address: _____
Street City State Zip

DEMOGRAPHICS

Date of Birth: ___/___/___ Age: ___ Gender: Male Female
 Height: _____ Weight: _____ Hair Color: _____ Complexion: _____

Race: White Black Asian
 Am. Indian / AK Native Native HI. / Pacific Islander

Hispanic / Latino
 Yes No

EXPOSURE INFORMATION

Date of 1st Exposure: ___/___/___
 Date of Final Exposure: ___/___/___
 Case/Contact Type: _____
 1 = Household contact, family member, others spending ≥ 3hrs in household with an infectiousness case.
 2 = Non-household contact with contact < 6 feet with an infectious case ≥ 3 hrs.
 3 = Non-household contact with contact < 6 feet with an infectious case ≤ 3 hrs.
 4 = Non-household contact with contact ≥ 6 feet with an infectious case ≥ 3 hrs.
 5 = Non-household contact with contact ≥ 6 feet with an infectious case ≤ 3 hrs.
 6 = Other, specify: _____

CONTACT / FOLLOW UP DATES

Date Contact Form Initiated: ___/___/___
 Date of Contact Notification: ___/___/___
 Follow up Date: ___/___/___
 N/A
 Disposition Date: ___/___/___
 Notes: _____

DISPOSITION

Located:
 Referred for Treatment
 Referred for Assessment
 Already Hospitalized
 Isolated
Other: _____

Not Located:
 Unable to Locate
 Moved to Another Jurisdiction
 Location: _____
Deceased:
 Disease Suspected
 Unrelated to Disease

Contact Surveillance Form (Please Print)

CASE INFORMATION (Filled out by interviewer)

Case Number: _____

HOUSEHOLD / CONTACT INFORMATION (Filled out by interviewer)

Contact Name: _____ Nickname/Alias: _____
Last First Middle

Address: _____ Phone Number: () _____
Street City State Zip

Sex: Male Female Age: _____ Date of Household Visit: ___/___/___ Contact Form Number: _____
This number ties this form to the Primary Contact(s) / Site Worksheet

MISC. INFORMATION (Filled out by interviewer)

Date of Last Exposure to Case: ___/___/___ Date Vaccinated or Prophylaxis: ___/___/___ Call Back Date: ___/___/___

HOUSEHOLD OR CONTACT CLINICAL SIGNS TRACKING (Filled out by contact or household member)

Instructions: Record Your Temperature Each Day In The Boxes Below. If Fever Is Greater Than 101°F Call The Following Telephone Number Immediately: () _____

Daily Temp	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14	Day 15	Day 16	Day 17	Day 18	Day 19	Day 20	Day 21	Day 22	Day 23	Day 24	Day 25	Day 26	Day 27	Day 28

Instructions: If Symptoms Develop, Mark The Symptoms Started And Call The Telephone Number Listed Above Immediately

Symptoms	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14	Day 15	Day 16	Day 17	Day 18	Day 19	Day 20	Day 21	Day 22	Day 23	Day 24	Day 25	Day 26	Day 27	Day 28

NOTES (Record any additional symptoms, observations or questions for the investigator)

	Public Health Fact Sheet Severe Acute Respiratory Syndrome (SARS)
--	--

What is SARS?

Severe acute respiratory syndrome (SARS) is a newly recognized viral respiratory disease that causes severe breathing difficulties and pneumonia. The first cases were reported in Southern China in November of 2002.

What are the symptoms?

Illness usually begins with “flu-like” symptoms including: fever and sometimes chills, headache, fatigue and body aches. After 2-7 days symptoms may worsen and an infected person may develop a dry cough and have trouble breathing. Most patients develop pneumonia and some may require the use of mechanical ventilation.

How is SARS spread?

SARS appears to spread is by close person-to-person contact. A close contact is defined as someone that has cared for, lived with, or had direct contact with the respiratory secretions and/or body fluids of a person with SARS. It is usually spread when someone with SARS coughs or sneezes droplets of mucus into the air and someone else breathes them in.

Who gets SARS?

Anyone can become infected; however, those at greatest risk include individuals that who have recently traveled to a country where community spread of SARS has been documented and individuals who have had direct close contact with an infected person.

How is it diagnosed?

Laboratory tests are available that can detect SARS infections. However, testing is limited to people suspected of having SARS since only a few laboratories perform these specialized tests.

How is SARS treated?

At this time, there is no known cure for SARS. The Centers for Disease Control and Prevention (CDC) recommends that patients receive the same treatment that would be used for any serious community-acquired atypical pneumonia.

How can you prevent SARS?

There are several common-sense precautions that you can take to prevent the spread of SARS as well as many other viruses and bacteria. The most important is frequent hand washing with soap and water or use of an alcohol-based hand rub. You should also avoid touching your eyes, nose, and mouth with unclean hands and encourage people around you to cover their nose and mouth with a

tissue when coughing or sneezing. Do not share food, drinks, or eating utensils with other people, especially if they are ill. The best way to prevent the spread of SARS is to avoid traveling to places where there are known outbreaks, unless absolutely necessary.

Where can I get more information?

- Your Local Health Department
- Kansas Department of Health and Environment, Epidemiologic Services Section (877) 427-7317
- <http://www.cdc.gov/health/default.htm>
- Your doctor, nurse, or local health center

This fact sheet is for information only and is not intended for self-diagnosis or as a substitute for consultation with a healthcare provider. If you have any questions about the disease described above or think that you may have an infection, consult with your healthcare provider. The information in this fact sheet is based on the Centers for Disease Control and Prevention's Health and Safety topic fact sheets.