

## **SARS surveillance during the inter-epidemic period**

### **Reporting of a possible case of SARS - Current 30/04/04**

A patient who fits the surveillance case definition of possible SARS (available at [http://www.phls.org.uk/topics\\_az/SARS/case\\_definition.htm](http://www.phls.org.uk/topics_az/SARS/case_definition.htm).) should be reported to the Health Protection Agency, Communicable Disease Surveillance Centre (CDSC) duty doctor by telephone on 020 8200 6868.

In addition, this reporting form should be completed and sent to:

1. CDSC by fax (020 8200 7868) or email ([respcdsc@hpa.org.uk](mailto:respcdsc@hpa.org.uk)), and
2. the local Consultant in Communicable Disease Control (CCDC).

The patient will require investigating for the SARS coronavirus in addition to other possible respiratory pathogens. Clinicians should liaise with their local microbiological laboratory and the Central Public Health Laboratory in Colindale on appropriate samples and refer to the guidance at: [http://www.phls.org.uk/topics\\_az/SARS/Clinical\\_guidance.htm](http://www.phls.org.uk/topics_az/SARS/Clinical_guidance.htm).

#### Patient details

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Surname: \_\_\_\_\_ First name \_\_\_\_\_ Date of birth: \_\_/\_\_/\_\_

Sex: Female  Male  Country of residence: \_\_\_\_\_ Contact tel nos: \_\_\_\_\_  
 (If not in the UK)

Occupation: \_\_\_\_\_

UK address: \_\_\_\_\_ City/town \_\_\_\_\_ Postcode: \_\_\_\_\_

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#### GP contact details

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Name: \_\_\_\_\_ City/town \_\_\_\_\_

Contact tel nos. \_\_\_\_\_ Fax no. \_\_\_\_\_

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#### Reporter details

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Name of reporter: \_\_\_\_\_ Report date: \_\_/\_\_/\_\_\_\_\_

Organisation: \_\_\_\_\_ Contact tel nos. \_\_\_\_\_

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#### Clinical details

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Date of onset of illness	__/__/_____		<input type="checkbox"/> Pneumonia
Documented or reported fever $\geq 38^{\circ}\text{C}$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Clinical diagnosis:</b>	<input type="checkbox"/> ARDS
Cough	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Other
Myalgia	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Severity of illness on presentation:</b>	<input type="checkbox"/> Not very ill
Shortness of breath/ difficulty breathing	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Moderately ill
Diarrhoea	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Date of death</b>	<input type="checkbox"/> Severely ill
			<input type="checkbox"/> Died
			_____/_____/____

### Hospital admission

Date of admission \_\_ / \_\_ / \_\_ Hospital \_\_\_\_\_ Ward name: \_\_\_\_\_

Date of transfer \_\_ / \_\_ / \_\_ Hospital \_\_\_\_\_ Date of discharge \_\_ / \_\_ / \_\_

### Tests performed and laboratory results

Chest Xray  Yes  No Date of the X ray: \_\_ / \_\_ / \_\_

Results:  Normal  Abnormal: Specify \_\_\_\_\_

Other results: \_\_\_\_\_

What is the likely diagnosis? \_\_\_\_\_

### Contact with other ill persons

In the 10 days prior to onset of illness, has the patient been in contact with other person(s) with severe unexplained respiratory illness?  Yes  No

**If yes:**

Country of contact: \_\_\_\_\_

Place of contact: (eg: hospital (incl name), household, community) \_\_\_\_\_

Source of contact: (e.g. hospital staff/patient, family member etc) \_\_\_\_\_

Type of contact: (e.g. close contact (<2m), high risk procedure, contact with secretions)

Provide Details \_\_\_\_\_

### Travel history

Has the patient traveled outside the UK since the 1<sup>st</sup> August 2003?  Yes  No

If yes	Country/city visited	From	Length of stay	To
1	_____	__ / __ / __	_____	__ / __ / __
2	_____	__ / __ / __	_____	__ / __ / __

Date of return to the UK: \_\_ / \_\_ / \_\_ Airport: \_\_\_\_\_

Was the patient symptomatic on the flight?  Yes  No

**If yes:** give flight details \_\_\_\_\_

### Additional Comments