Communicable Disease Case Reporting and Investigation Protocol
SEVERE ACUTE RESPIRATORY SYNDROME (SARS-CoV)

I. IDENTIFICATION AND DEFINITION OF CASES
   A. Clinical Description:
      • Early illness: Presence of two or more of the following features: fever (might be subjective), chills, rigors, myalgia, headache, diarrhea, sore throat, or rhinorrhea.
      • Mild-to-moderate respiratory illness: Temperature of >100.4° F (>38° C) and one or more clinical findings of lower respiratory illness (e.g., cough, shortness of breath, or difficulty breathing).
      • Severe respiratory illness: Meets clinical criteria of mild-to-moderate respiratory illness and one or more of the following findings:
         o Radiographic evidence of pneumonia.
         o Acute respiratory distress syndrome.
         o Autopsy findings consistent with pneumonia or acute respiratory distress syndrome without an identifiable cause.
   
   B. Laboratory Criteria: Tests to detect SARS-CoV are being refined and their performance characteristics assessed. Therefore, criteria for laboratory diagnosis of SARS-CoV are changing. The following are general criteria for laboratory confirmation of SARS-CoV:
      • Detection of serum antibody to SARS-CoV by a test validated by the Centers for Disease Control and Prevention (CDC) (e.g., enzyme immunoassay).
      • Isolation in cell culture of SARS-CoV from a clinical specimen.
      • Detection of SARS-CoV RNA by a reverse transcription polymerase chain reaction test validated by CDC and with subsequent confirmation in a reference laboratory (e.g., CDC).
   
   C. Epidemiologic Criteria:
      • Possible exposure to SARS-CoV: One or more of the following exposures in the 10 days before onset of symptoms:
         o Travel to a foreign or domestic location with documented or suspected recent transmission of SARS-CoV.
         o Close contact with a person with mild-to-moderate or severe respiratory illness and 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:
         o Close contact with a person with confirmed SARS-CoV disease.
         o Close contact with a person with mild-to-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.
   
   D. Exclusion Criteria: A case may be excluded as a SARS report under investigation (SARS RUI), including as a CDC-defined probable SARS Co-V case, if any of the following apply:
      • An alternative diagnosis can explain the illness fully.
      • Antibody to SARS-CoV is undetectable in a serum specimen obtained >28 days after onset of illness.
      • 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.
   
   E. Wisconsin Surveillance Case Definition:
      • SARS-CoV disease
         o Confirmed: A clinically compatible illness (i.e., early, mild-to-moderate, or severe) that is laboratory confirmed.
• **Probable**: Meets the clinical criteria for severe respiratory illness and the epidemiologic criteria for likely exposure to SARS-CoV.

**SARS-CoV Report Under Investigation (RUI)**

- Reports in persons from areas where SARS is not known to be active:
  - **SARS RUI-1**: Cases compatible with SARS in groups likely to be first affected by SARS-CoV 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**: Cases meeting the clinical criteria for mild-to-moderate illness and the epidemiologic criteria for possible exposure.
  - **SARS RUI-3**: Cases meeting the clinical criteria for severe illness and the epidemiologic criteria for possible exposure.
  - **SARS RUI-4**: Cases meeting the clinical criteria for early or mild-to-moderate illness and the epidemiologic criteria for likely exposure to SARS-CoV.

### II. REPORTING

A. **Wisconsin Notifiable Disease Category I – Methods for Reporting**: This disease shall be reported IMMEDIATELY BY TELEPHONE to the patient’s local health officer or to the local health officer’s designee upon identification of a case or suspected case, per Wis. Admin. Code § DHS 145.04 (3) (a). In addition to the immediate report, complete and fax, mail or electronically report an Acute and Communicable Disease Case Report (DHS F-44151) to the address on the form, or enter the data into the Wisconsin Electronic Disease Surveillance System (WEDSS), within 24 hours.

B. **Responsibility for Reporting**: According to Wis. Admin. Code § DHS 145.04(1), persons licensed under Wis. Stat. ch. 441 or 448, laboratories, health care facilities, teachers, principals, or nurses serving a school or day care center, and any person who knows or suspects that a person has a communicable disease identified in Appendix A.

C. **Clinical Criteria for Reporting**: Clinically compatible illness.

D. **Laboratory Criteria for Reporting**: Laboratory evidence of infection by culture or nonculture-based methods, including serologic evidence of antibody to SARS Co-V. All positive results should be reported.

### III. CASE INVESTIGATION

A. **Responsibility for case investigation**: It is the responsibility of the local health department (LHD) to investigate or arrange for investigation of suspected or confirmed cases as soon as is reasonably possible. A case investigation may include information collected by phone, in person, in writing, or through review of medical records or communicable disease report forms, as necessary and appropriate.

B. **Required Documentation**:
   1. Complete the WEDSS disease incident investigation report, including appropriate, disease-specific tabs
   2. Upon completion of investigation, set WEDSS disease incident process status to “Sent to State.”

C. **Additional Investigation Responsibilities**:
   1. Contact and work with BCD staff on the investigation.
   2. Conduct case and contact investigation.

### IV. PUBLIC HEALTH INTERVENTIONS AND PREVENTION MEASURES


### V. CONTACTS FOR CONSULTATION

A. Local health departments and tribal health agencies: [https://www.dhs.wisconsin.gov/lh-depts/index.htm](https://www.dhs.wisconsin.gov/lh-depts/index.htm)

B. BCD, Communicable Diseases Epidemiology Section: 608-267-9003
VI. RELATED REFERENCES


C. Centers for Disease Control and Prevention website: https://www.cdc.gov/SARS/.html