PROCEDURE FOR COMMUNICATION TO MEMBER STATES, THE EUROPEAN CENTRE FOR DISEASE PREVENTION AND CONTROL AND THE COMMISSION ABOUT SARS EVENTS

The European Union, as the rest of the world, is at the present time in the post-epidemic period for Severe Acute Respiratory Syndrome (SARS). Currently the most probable sources of infection with SARS Coronavirus (SARS-CoV) in EU countries would be contamination of personnel (with potential secondary transmission in the community) in laboratories where the virus is used for diagnostic and research purposes, or exposure to the animal reservoir in countries where an active transmission of SRAS existed during the 2003 outbreak.

Since the epidemic has been halted in July 2003 four different incidents, all in Asia, demonstrated that the resurgence of SARS is a possibility (1-4); however, these resurgences were rapidly recognized, controlled and no diffusion occurred beyond the community of origin. It remains also impossible to predict when or whether SARS will re-emerge.

Nevertheless, the rapidity of communication in the first stages of any SARS related event is essential to ensure that Member States, the European Centre for Disease Prevention and Control, and the European Commission prepare to pre-alert properly their structures, so that measures can be implemented in a timely manner when and if necessary. Prevention of secondary transmission from sporadic cases or common source outbreaks is the best strategy for reducing the risk of another international outbreak. A harmonized approach towards public communications is important as well.

This technical guidance document replaces the previous issued in January 2004 (5) and sets out revised guidelines of procedure of communication to Member States, the European Centre for Disease Prevention and Control and the Commission about SARS events, in line with the recommendations of World Health Organisation (WHO) (6).

We propose that information on SARS cases be communicated to the Members of the Network for the Surveillance and Control of Communicable Diseases, to the European Centre for Disease Prevention and Control and to the European Commission as described below.
1. Confirmed SARS case in EU

The EWRS Member communicates the information to the EWRS by means of HSSCD as soon as possible and in any case within 24 hours, when information on a **confirmed case** (as defined in annex I) is obtained.

Outside normal working hours, weekends and during other Commission closing periods, operating procedures for urgent communications to the Commission should be followed (as defined in annex II).

2. Secondary transmission of SARS in EU

The EWRS Member communicates the information to the EWRS by means of HSSCD as soon as possible and in any case within 24 hours, when indication of secondary transmission is available. Outside normal working hours, weekends and during other Commission closing periods, operating procedures for urgent communications to the Commission should be followed.

3. Confirmation of any of the above indicated events

The EWRS Member communicates the information to the EWRS by means of HSSCD within 24 hours.

4. Acceding Countries

- Acceding Countries will provide the information identified under point 1-3 to the Commission according to the procedures described for each point.

- The Commission will distribute the information received through EWRS to an established list of Health Authorities in the Acceding Countries;

- The Commission will distribute to the Member States and EFTA Countries, through EWRS, the information received from Acceding Countries.

5. Availability of information to the public

As is the case with the Member States, the Health Authorities of the Acceding Countries receiving the information referred above may not make the information available to the public without the explicit consent of the original source of the information.
6. Operating procedures for urgent communications

Outside normal working hours, weekends and during other Commission closing periods, standard operating procedures for urgent communications to the Commission should be followed as defined in annex II.

References


ANNEX I

The definitions are adapted to those recommended by “WHO guidelines for the global surveillance of severe acute respiratory syndrome (SARS)” available at http://www.who.int/csr/resources/publications/SARSNEWGUIDANCE/en/

It would be desirable that the case definition reported here are kept in line with those agreed at Community level.

Case Definitions

1. Suspect case (SARS alert)

An individual with clinical evidence of SARS (see below “clinical evidence for SARS”) AND

with one or more of the following epidemiological risk factors for SARS-CoV infection in the 10 days before the onset of symptoms:

- Employed in an occupation associated with an increased risk of SARS-CoV exposure (e.g. staff in a laboratory working with live SARS-CoV/SARS-CoV-like viruses or storing clinical specimens infected with SARS-CoV; persons with exposure to wildlife or other animals considered a reservoir of SARS-CoV, their excretions or secretions, etc.).

- Close contact\(^1\) of a person under investigation for SARS.

- History of travel to, or residence in, an area experiencing an outbreak of SARS.

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\(^1\) A contact is a person who is at greater risk of developing SARS because of exposure to a SARS case. Risky exposures include having cared for, lived with, or having had direct contact with the respiratory secretions, body fluids and/or excretions (e.g. faeces) of cases of SARS.
OR

Two or more health-care workers\(^1\) with clinical evidence of SARS in the same health-care unit and with onset of illness in the same 10-day period.

OR

Three or more persons (health-care workers and/or patients and/or visitors) with clinical evidence of SARS with onset of illness in the same 10-day period and epidemiologically linked to a health-care facility.

Clinical evidence for SARS


The following clinical description for SARS and has been developed for public health purposes.

A clinical case of SARS is an individual with:

- A history of **fever**, or documented fever \(\geq 38^\circ \text{C} \quad (100.4^\circ \text{F})\).

AND

- One or more symptoms of **lower respiratory tract illness** (cough, difficulty breathing, shortness of breath)

AND

- **Radiographic evidence** of lung infiltrates consistent with pneumonia or acute respiratory distress syndrome (ARDS) or autopsy findings consistent with the pathology of pneumonia or ARDS without an identifiable cause.

AND

- **No alternative diagnosis** can fully explain the illness.

It is important that clinicians obtain a detailed travel history from patients with symptoms and signs consistent with clinical SARS as well as ascertain whether other family members and/or close contacts (particularly within the hospital setting) have had a similar illness within the 10 days prior to the patient’s onset of illness.

\(^1\) In the context of a SARS Alert, the term “health-care worker” includes ALL hospital staff. The definition of the health care unit in which the cluster occurs will depend on the local situation. Unit size may range from an entire health care facility if small, to a single department or ward of a large tertiary hospital.
2. **Preliminary positive case of SARS**

An individual with clinical evidence for SARS

AND

who meets the laboratory case definition of SARS-CoV infection where testing has only been performed at a national reference laboratory.

3. **Confirmed case of SARS**

A “preliminary positive” case where testing performed at a national reference laboratory has been independently verified by a WHO international SARS Reference and Verification Laboratory.

OR

A "preliminary positive" case of SARS where at least one case in the first chain of transmission identified in the country/area has been independently verified by a WHO International SARS Reference and Verification Laboratory.

OR

An individual with clinical and epidemiological evidence for SARS AND with preliminary laboratory evidence of SARS-CoV infection based on the following tests\(^1\) performed at a national reference laboratory or a designated sub-national laboratory:

a) A single positive antibody test for SARS-CoV

OR

b) A positive PCR result for SARS-CoV on a single clinical specimen and assay.

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\(^1\) Confirmation is usually made on two specimens or using two different techniques on the same specimen.
4. **Probable case of SARS**

An individual with clinical evidence of SARS epidemiologically linked to a 'preliminary positive' or 'confirmed' case of SARS.

**OR**

An ‘unverifiable’ case of SARS if epidemiologically linked to a ‘preliminary positive’ or ‘confirmed’ case.

5. **Unverifiable case of SARS**

An individual with clinical evidence of SARS but in whom initial laboratory results are negative, if done, and the patient is lost to follow up.

**OR**

A deceased individual with a pre-morbid history of illness compatible with SARS AND

a) whose autopsy findings are consistent with the pathology of pneumonia or ARDS but in whom SARS-CoV testing was not done or was incomplete

**OR**

b) in whom neither an autopsy nor laboratory testing were performed.
ANNEX II

Procedures for urgent communications to the European Commission outside normal working hours, weekends and during other Commission closing periods

If you have to deliver urgent messages during these periods please find below information on operating procedures to be followed.

The national Public Health Competent Authorities members of the EWRS of the Community Network on Communicable Diseases (Decision 2119/98/EC) are advised that the Commission permanence service for the EWRS during outside normal working hours (before 8:00 a.m. and after 5:30 p.m), weekends and during other Commission closing periods will be assured by the Security Direction of the Commission.

The national Authority sending a message through HSSCD, which in his/her opinion deserves the urgent attention of the Commission during this period, should inform, in English or French language, the Security Direction of the Commission, stating that an Early Warning message has been sent for EWRS, the Early Warning and Response System for Communicable Diseases, also indicating the name of the reporting person (and contact person if different) and the telephone number for any further contacts.

Please communicate the information by telephone and by fax to the following numbers:

Telephone number: +32 (0)2 298.88.88
Fax number: +32 (0)2 295.54.15

The staff of the Security Direction will take care to contact the on-call EWRS officer, who will deal with the HSSCD message.

Additional information at https://webgate.cec.eu.int/ewrs/permanence.cfm