

Appendix B: Provincial Case Definitions for Reportable Diseases

Disease: Severe Acute Respiratory Syndrome (SARS)

Severe Acute Respiratory Syndrome (SARS)

1.0 Provincial Reporting

Confirmed and probable cases of disease

2.0 Type of Surveillance

Case-by-case

3.0 Case Classification

3.1 Confirmed case

Laboratory evidence of SARS-associated coronavirus (SARS-CoV) infection,
AND:

- Early presentation of clinically compatible signs and symptoms of SARS
AND
- Radiographic evidence consistent with SARS

OR

A deceased person with:

- A history of early presentation of clinically compatible signs and symptoms of SARS (i.e., fever **AND** cough **OR** difficulty breathing resulting in death)
AND
- Autopsy findings consistent with SARS, i.e.:
 - Evidence of pneumonia or Acute Respiratory Distress Syndrome (ARDS) without an alternate identifiable cause
AND
 - Laboratory evidence of SARS coronavirus infection

3.2 Probable case

In the absence of laboratory evidence, a person with:

- Early presentation of clinically compatible signs and symptoms of SARS
AND
- Radiographic evidence consistent with SARS
AND
- An epidemiologic link to a person or place linked to SARS, including:
 - Close contact* (See Section 7.0) with a confirmed SARS case, within 10 days of onset of symptoms
OR
 - Close contact with a symptomatic person who has laboratory evidence of SARS-CoV infection, within 10 days of onset of symptoms
OR
 - Residence, recent travel or visit to an “Area with recent local transmission of SARS” within the 10 days prior to onset of symptoms **OR** close contact (including health care providers) with a probable case who has been to an “Area with recent local transmission of SARS” within the 10 days prior to onset of symptoms
OR
 - Laboratory exposure to SARS-CoV

OR

A deceased person with:

- A history of early presentation of clinically compatible signs and symptoms of SARS
AND
- Autopsy findings consistent with SARS
AND
- An epidemiologic link to a person or place linked to SARS

4.0 Laboratory Evidence

4.1 Laboratory Confirmation

- Laboratory results must be verified by the Public Health Laboratories of the Ontario Agency for Health Protection and Promotion and/or the National Microbiology Laboratory

4.2 Approved/Validated Tests

- PCR positive results or seroconversion or virus isolation

4.3 Indications and Limitations

- N/A

5.0 Clinical Evidence

Clinically compatible signs and symptoms are characterized by all of the following:

- Fever (> 38 degrees Celsius)
- Cough OR breathing difficulty (i.e., new or worsening cough or shortness of breath)
- Radiographic evidence of infiltrates consistent with pneumonia or respiratory distress syndrome (RDS)

6.0 ICD Code(s)

6.1 ICD-10 Code(s)

U04 Severe Acute Respiratory Syndrome (SARS)
U04.90 Suspected Severe Acute Respiratory Syndrome (SARS)
U04.91 Suspected Severe Acute Respiratory Syndrome (SARS)

7.0 Comments

* Close contact means having cared for, lived with or had face-to-face (within one metre) contact with, or having had direct contact with respiratory secretions and/or body fluids of a person with SARS.

During an outbreak period, persons without x-ray changes (i.e. those who are not severely ill) may have laboratory evidence of SARS Coronavirus (SARS-CoV) infection if tested as part of an outbreak. These individuals will be considered as “confirmed SARS-CoV infection”, while not meeting the clinical criteria for confirmed cases of “Severe Acute Respiratory Syndrome (SARS)”.

8.0 References

- Ministry of Health and Long-Term Care, Public Health Division. iPHIS manual. Toronto, ON: Queen’s Printer for Ontario; 2005.

- Nationally Notifiable Diseases Case Definitions with Canadian Public Health Laboratory Network (CPHLN) and Epidemiologic Group Draft Edits. March 2007. Based on case definitions as written in the: Health Canada. Case definitions for diseases under national surveillance. Can Commun Dis Rep. 2000; 26 Suppl 3:iv 1-122. Available from <http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/00pdf/cdr26s3e.pdf>.

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