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CDC Health Update

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Four Possible SARS Cases Reported in China

On April 23, 2004, the Chinese Ministry of Health (MOH) reported four patients with possible severe acute respiratory syndrome (SARS) to the World Health Organization (WHO). Two of the cases are from Beijing and two are from Anhui Province, located in east-central China. One of the patients in Anhui Province died. Below is a brief description of the four cases.

* The first patient is a 26-year-old female graduate student from Anhui Province who worked at the National Institute of Virology Laboratory of China's Center for Disease Control in Beijing during March 7-22. The laboratory is known to conduct research on SARS coronavirus (SARS-CoV). She developed fever and other SARS-like symptoms on March 25 while in Anhui Province; she traveled by train to Beijing and was admitted to a local hospital on March 29 with pneumonia. She returned to Anhui Province on April 2 and is currently under medical observation. Laboratory test results reported on April 23 showed evidence of antibodies to SARS coronavirus (SARS-CoV).

* The second patient is the mother of the 26-year-old graduate student who had provided bedside care for her daughter during her recent illness. The mother became ill on April 8 and was admitted to a hospital in Anhui Province with pneumonia. She died on April 19; Chinese health authorities have identified her illness as a possible SARS case.

* The third patient is a 20-year-old female nurse (described in CDC Health Advisory on April 22) who provided care to the 26-year-old graduate student in a Beijing hospital from March 29 to April 2. The nurse became ill on April 5, was admitted to a hospital in Beijing on April 7, and was transferred to another Beijing hospital on April 14, where she remains in intensive care. On April 22, her illness was identified as possible SARS on the basis of positive test results for antibodies to SARS-CoV in serum.

* The fourth patient is a 31-year-old male graduate student who worked at the same research laboratory in Beijing as the 26-year-old graduate student. He reported fever on April 17 and was admitted to a hospital in Beijing on April 22. Chinese health authorities have identified the illness as possible SARS.

An epidemiologic investigation of these cases by Chinese public health authorities is under way. The Chinese MOH has requested local health authorities in China to enhance surveillance for SARS, influenza-like illness, and pneumonia of unknown etiology, and has initiated measures to prevent the spread of SARS among travelers, including screening of travelers at ports of entry. Chinese health authorities are also actively identifying contacts of these four patients and have identified 188 close contacts of the third patient (the nurse). Five of these 188 contacts have developed fever, and all the febrile contacts have been hospitalized and isolated. The National Institute of Virology Laboratory in Beijing has been closed, potentially exposed personnel are being screened, and possible sources of infection for the two laboratory workers are being investigated.

The U.S. Centers for Disease Control and Prevention (CDC) remains in close communication with WHO about the reported cases of SARS in China and will provide additional information as it becomes available. At this time, CDC is not advising changes in the current U.S. SARS control measures other than the recommendations stated in the HAN Advisory for April 22 (provided below).

CDC is recommending that U.S. physicians maintain a greater index of suspicion for SARS in patients who 1) require hospitalization for radiographically confirmed pneumonia or acute respiratory distress syndrome (ARDS) AND 2) who have a history of travel to mainland China (or close contact with an ill person with a history of recent travel to mainland China) in the 10 days before onset of symptoms. When such patients are identified, they should be considered at high risk for SARS-CoV infection and the following actions should be taken:

* Patients should immediately be placed in appropriate isolation precautions for SARS (i.e., contact and airborne precautions along with eye protection).
* Patients should promptly be reported to the state or local health department. Health departments should immediately report any SARS-CoV positive test result to CDC. Health departments should also inform CDC of other cases or clusters of pneumonia that are of particular concern by calling 770-488-7100.
* Patients should promptly be tested for evidence of SARS-CoV infection as part of the diagnostic evaluation (see Appendix 2, "Guidelines for Collecting Specimens from Potential SARS Patients," in the CDC document, "In the Absence of SARS-CoV Transmission Worldwide: Guidance for Surveillance, Clinical and Laboratory Evaluation, and Reporting" at www.cdc.gov/ncidod/sars/absenceofsars.htm)
* The health department should identify, evaluate, and monitor relevant contacts of the patient, as indicated. In particular, the health status of household contacts or persons who provided care to symptomatic patients should be assessed.

Health care providers are reminded to obtain a travel history for patients presenting with acute respiratory illness. In addition, this new case of possible SARS provides a reminder to all healthcare settings, especially physician offices, outpatient clinics, and emergency departments, of the importance of implementing infection control precautions at the point of first contact with patients who have symptoms of a respiratory infection. These include respiratory hygiene/cough etiquette, hand hygiene, and droplet precautions (i.e., masks for close patient contact). For additional information, see "Respiratory Hygiene/Cough Etiquette in Healthcare Settings" <http://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm>

The reported possible cases of SARS in China represent an evolving situation, and CDC will distribute updates as additional information is learned. For more about SARS and the current U.S. SARS control guidelines, please visit the CDC SARS website <http://www.cdc.gov/ncidod/sars>