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Miami-Dade County HEALTH DEPARTMENT

SARS Surveillance in Miami-Dade

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Current SARS Situation

From December 16, 2003, until April 2004, China had reported 4 SARS cases (3 confirmed, 1 probable), which have recovered from their illness and have been discharged from the hospital. There have not been reports of SARS-like illness in their contacts. The source of infection of the 4 patients is so far unknown but SARS-CoV has been collected from cages that housed *civet cats* in the restaurant where one of the patients worked. On April 23, 2004, China reported 4 new *possible* SARS cases (5) to the WHO (2 from Beijing, and 2 from Anhui Province, in the east-central part of China). One of the patients from Anhui Province died. Two of these patients are laboratory workers, one is a nurse, and one is the mother of one of the laboratory workers. So far, 188 close contacts of the 3rd patient (the nurse) have been identified, and 5 of them have developed fever and are hospitalized for monitoring their health status. Based on these new developments, CDC has posted new updated recommendations to U.S. physicians. These updated recommendations can be found at: http://www.cdc.gov/ncidod/sars/han/han_China042304.htm.

The Need for Surveillance

In light of the current SARS situation in which the medical community is expectant of new cases and developments, it is of utmost importance that clinicians incorporate into the medical history, questions aimed to identify epidemiologic clues for the diagnosis of patients with SARS-CoV disease (2). An important consideration in this regard is to always have SARS in mind as a diagnostic possibility to be confirmed or ruled out, when the clinician is investigating a clinical respiratory picture. In order to guide this quest, the following questions are recommended (2):

1) Has the patient recently traveled to Mainland China, Hong Kong, or Taiwan?
2) Has the patient had contact with any person with history of recent travel to these areas?
3) Is the patient a healthcare worker with direct contact with patients or does he/she work in a live SARS-CoV virus containing laboratory?

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4. Is the patient part of a cluster of atypical pneumonia?

An affirmative answer to any of the following questions should prompt the clinician for initiating epidemiological action by first reporting the case to the MDCHD, OEDC, telephone number (305) 324-2413, fax number (305) 547-5572, and arrange for specimen collection that will be decisive in the appropriate case final diagnosis and management. In this scenario, SARS respiratory hygiene measures should be started promptly. The following links provide algorithms for evaluation of respiratory patients both in presence and absence of SARS-CoV activity being reported in the world: http://www.cdc.gov/ncidod/sars/clinicalguidanceframe1.htm and http://www.cdc.gov/ncidod/sars/clinicalguidanceframe2.htm. Furthermore, SARS respiratory hygiene measures are found at http://www.cdc.gov/ncidod/sars/ic.htm.

SARS Surveillance in Miami-Dade

The Miami-Dade County Health Department (MDCHD) has been working on SARS prevention and reporting since the outbreak was announced in February 2003. One of the strategies implemented for this purpose was the disease surveillance enhancement that includes the addition of newly hired personnel to the already existing epidemiology and disease control staff. The MDCHD and its Office of Epidemiology and Disease Control (OEDC) prepared a project to enhance surveillance by selecting a list of 250 health clinics that were trained to report timely any suspect or probable SARS case or contact, as well as other diseases of mandatory notification.

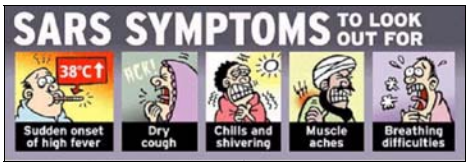
During the year 2003, the MDCHD investigated and completed the surveillance of 7 SARS suspect cases and 1 probable case. Travel history could be confirmed in 6 cases. Most cases did not require hospitalization. Up to now, the MDCHD has not had any SARS report in 2004 (3).

The MDCHD and its OEDC are currently preparing the SARS Response Plan, a multi-component response plan based on the CDC "Public Health Guidance for Community-Level Preparedness and Response to Severe Acute Respiratory Syndrome (SARS)". The plan includes command and control; SARS surveillance, preparedness and response in healthcare facilities, community containment measures, including non-hospital isolation and quarantine; management of international travel-related transmission risk; laboratory diagnosis; and communication chapters (4).

The MDCHD is available to assist in the specimen collection, public health assistance, and epidemiological investigation of cases reported, and will coordinate the specimen collection and pick up, providing a courier service in cases in which medical facilities are unable to provide this service, or when they specifically request it. The timely reporting of suspect or probable cases will facilitate investigations and will prevent further spread of any potential case.

Summary

The MDCHD actively monitors health facilities in the community to identify any individuals who may be at risk of contracting SARS. The OEDC works in conjunction with the Bureau of Epidemiology in Tallahassee, and the CDC for investigative, diagnostic, and reporting purposes; MDCHD has also implemented tools for SARS surveillance and education in the community. MDCHD's enhanced SARS surveillance has facilitated the active investigation of suspected SARS cases in the community. The MDCHD currently prepares a SARS response plan with the main goal of improve our community's capacity to properly respond to a SARS epidemic.



Source for photo: http://www.ecitizen.gov.sg/frame_health.htm

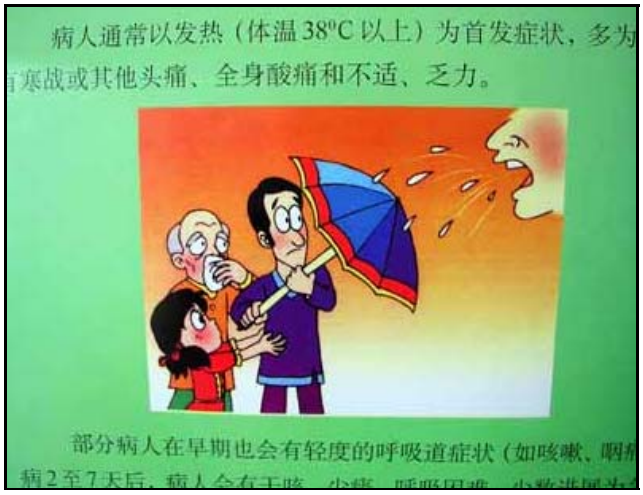
References

1. Consensus document on the epidemiology of severe acute respiratory syndrome (SARS) http://www.who.int/csr/sars/en/index.html

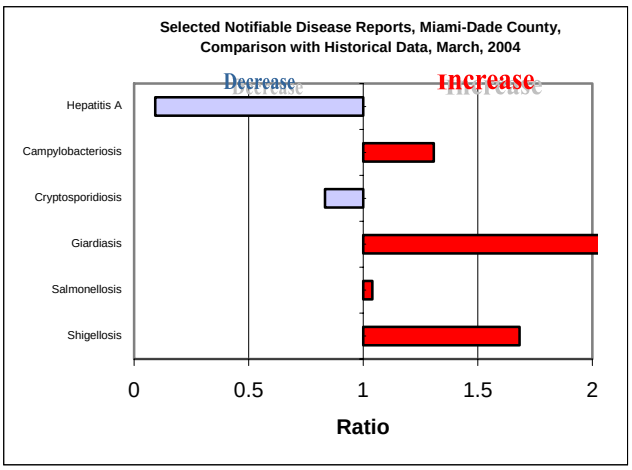
2. Clinical Guidance on the Identification and Evaluation of Possible SARS-CoV Disease among Persons Presenting with Community-Acquired Illness. Version 2. January 8, 2004.

3. Office of Epidemiology and Disease Control. Miami-Dade County Health Department. Director's files.

4. MDCHD – SARS Response Plan (Draft). Office of Epidemiology and Disease Control. Miami-Dade County Health Department. March 2004.



A government poster in Beijing, warning people about SARS. (Newsday Photo/Laurie Garrett)



*Ratio of current month total to mean of 15 month totals (from previous, comparable, and subsequent month periods for the past 5 years).

To report diseases or for information:

Office of Epidemiology and Disease Control
Childhood Lead Poisoning Prevention Program (305) 623-3565
Hepatitis (305) 324-2490
Other diseases and outbreaks (305) 324-2413

HIV/AIDS Program (305) 324-2459
STD Program (305) 325-3242
Tuberculosis Program (305) 324-2470
Special Immunization Program (786) 845-0550

Nights, weekends, and holidays
(305) 377-6751

Monthly Report
Selected Reportable Diseases/Conditions in Miami-Dade County, March 2004

Diseases/Conditions	2004 this Month	2004 Year to Date	2003 Year to Date	2002 Year to Date	2001 Year to Date	2000 Year to Date
AIDS *Provisional	173	420	301	308	365	388
Animal Rabies	0	0	0	0	0	0
Campylobacteriosis	15	27	28	16	22	7
Chlamydia trachomatis	314	930	975	1148	735	849
Ciguatera Poisoning	0	0	0	0	0	0
Cryptosporidiosis	1	2	3	1	4	1
Cyclosporosis	0	0	0	0	0	0
Diphtheria	0	0	0	0	0	0
E. coli, O157:H7	0	0	0	0	0	0
E. coli, Non-O157	0	0	0	0	0	0
E. coli, Other	0	0	0	0	0	0
Encephalitis (except WNV)	0	0	0	0	0	0
Encephalitis, West Nile Virus	0	0	0	0	0	0
Giardiasis, Acute	43	68	29	32	42	2
Gonorrhea	108	345	470	536	395	621
Granuloma Inguinale	0	0	0	0	0	0
Hepatitis A	1	6	7	14	33	15
Hepatitis B	8	12	6	3	7	10
HIV *Provisional	196	472	432	521	404	496
Lead Poisoning	22	45	41	44	46	93
Legionnaire's Disease	0	0	0	0	0	0
Leptospirosis	0	0	0	0	0	0
Lyme disease	0	0	0	0	0	0
Lymphogranuloma Venereum	0	0	0	0	0	0
Malaria	3	3	4	2	8	0
Measles	0	0	0	0	0	0
Meningitis (except aseptic)	0	0	0	0	0	0
Meningococcal Disease	6	7	2	4	4	5
Mumps	0	0	0	0	0	0
Pertussis	0	0	0	0	0	0
Polio	0	0	0	0	0	0
Rubella	0	0	0	0	0	0
Rubella, Congenital	0	0	0	0	0	0
Salmonellosis	25	56	61	53	35	24
Shigellosis	35	56	56	32	21	19
Streptococcus pneumoniae, Drug Resistant	6	7	27	25	43	33
Syphilis, Infectious	23	56	45	47	49	40
Syphilis, Other	95	224	282	280	115	224
Tetanus	0	0	0	0	0	0
Toxoplasmosis	1	1	3	3	1	0
Tuberculosis *Provisional	15	38	58	58	39	48
Typhoid Fever	0	1	1	1	0	0
Vibrio cholera Type O1	0	0	0	0	0	0
Vibrio cholera Non-O1	0	0	0	0	0	0
Vibrio, Other	0	0	0	0	0	0

* Data on AIDS are provisional at the county level and are subject to edit checks by state and federal agencies.
** Data on tuberculosis are provisional at the county level.