

SARS surveillance during the inter-epidemic period**Reporting of a possible case of SARS - Current 30/04/04**

A patient who fits the surveillance case definition of possible SARS (available at http://www.phls.org.uk/topics_az/SARS/case_definition.htm.) should be reported to the Health Protection Agency, Communicable Disease Surveillance Centre (CDSC) duty doctor by telephone on 020 8200 6868.

In addition, this reporting form should be completed and sent to:

1. **Keira Allen, Enhanced Surveillance Section, HPA North West by fax (0151 482 5689), and**
2. the local Consultant in Communicable Disease Control (CCDC).

The patient will require investigating for the SARS coronavirus in addition to other possible respiratory pathogens. Clinicians should liaise with their local microbiological laboratory and the Central Public Health Laboratory in Colindale on appropriate samples and refer to the guidance at: http://www.phls.org.uk/topics_az/SARS/Clinical_guidance.htm.

Patient details

Surname: _____ First name _____ Date of birth: __/__/__

Sex: Female ☐ Country of residence: _____ Contact tel nos: _____
Male ☐ (If not in the UK)

Occupation: _____

UK address: _____ City/town _____ Postcode: _____

GP contact details

Name: _____ City/town _____

Contact tel nos. _____ Fax no. _____

Reporter details

Name of reporter: _____ Report date: __/__/__

Organisation: _____ Contact tel nos. _____

Clinical details

Date of onset of illness	__/__/__	<input type="checkbox"/> Pneumonia
Documented or reported fever $\geq 38^{\circ}\text{C}$	<input type="checkbox"/> Yes <input type="checkbox"/> No	Clinical diagnosis:
Cough	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ARDS
Myalgia	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other
Shortness of breath/ difficulty breathing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Severity of illness on presentation:
Diarrhoea	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not very ill
		<input type="checkbox"/> Moderately ill
		<input type="checkbox"/> Severely ill
		<input type="checkbox"/> Died
		Date of death
		__/__/__

Hospital admission

Date of admission __/__/__ Hospital _____ Ward name: _____

Date of transfer __/__/__ Hospital _____ Date of discharge __/__/__

Tests performed and laboratory results

Chest Xray ☐ Yes ☐ No Date of the X ray: __/__/__

Results: ☐ Normal ☐ Abnormal: Specify _____

Other results: _____

What is the likely diagnosis? _____

Contact with other ill persons

In the 10 days prior to onset of illness, has the patient been in contact with other person(s) with severe unexplained respiratory illness? ☐ Yes ☐ No

If yes:

Country of contact: _____

Place of contact: (eg: hospital (incl name), household, community) _____

Source of contact: (e.g. hospital staff/patient, family member etc) _____

Type of contact: (e.g. close contact (<2m), high risk procedure, contact with secretions)

Provide Details _____

Travel history

Has the patient traveled outside the UK since the 1st August 2003? ☐ Yes ☐ No

If yes	Country/city visited	From	Length of stay	To
1	_____	__/__/__	____	__/__/__
2	_____	__/__/__	____	__/__/__

Date of return to the UK: __/__/__ Airport: _____

Was the patient symptomatic on the flight? ☐ Yes ☐ No

If yes: give flight details _____

Additional Comments