



Population and Public Health

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Dear Emergency Room, ICU and Infection Control health care providers:

RE: Human infections with novel coronavirus identified in Saudi Arabia

The World Health Organization (WHO) reported another confirmed case of infection with the novel coronavirus (NCoV) from Saudi Arabia on February 21, 2013. This brings the global case count to 13 confirmed cases of human infection with NCoV, including seven deaths.

To date, no cases have been reported in Canada. The Public Health Agency of Canada (PHAC) is currently updating its National Guidelines for the Management of Novel Coronavirus. Provinces and Territories are asked to report all probable and confirmed cases of severe respiratory illness to the Public Health Agency of Canada within 24 hours of notification.

National Severe Respiratory Illness (SRI) surveillance began following the Severe Acute Respiratory Syndrome (SARS) outbreak in Canada in 2003 in for the ongoing surveillance for severe or emerging respiratory infections and rapid implementation of prevention and control measures. **The previously established provincial SRI surveillance protocol in Emergency Rooms (ERs) and hospital admissions has not changed.**

The diagnosis of SRI should be suspected when the case meets criteria in each of four categories:

1. Respiratory symptoms: fever $\geq 38^{\circ}\text{C}$ and cough or breathing difficulty; and
2. Severity: radiographic infiltrates consistent with pneumonia or Acute Respiratory Distress Syndrome (ARDS); and
3. Unknown diagnosis: illness not explained by other known cause; and
4. Epidemiological exposure:
 - a. Residence in or history of travel to the Arabian Peninsula or neighbouring countries within 10 days before onset of illness; or
 - b. Close contact (including occupational exposure) to a case of SRI; or
 - c. Occupational exposure involving laboratory exposure to respiratory pathogens or animal exposure.

The following are suggested laboratory diagnostic tests that should be considered in the initial laboratory work-up of patients presenting with symptoms of SRI. Specimens should be sent on a **STAT** basis and the MHO will contact Saskatchewan Disease Control Laboratory (SDCL) to expedite testing. Clearly mark the specimens **"SRI Screen"**:

- Nasopharyngeal swab in viral transport for influenza PCR, respiratory virus culture and direct antigen testing;

- Chest x-ray;
- CBC and differential;
- Blood culture;
- Sputum for C&S;
- Liver function tests;
- Serum for *Mycoplasma pneumoniae* and *Chlamydia pneumoniae* serology;
- Stool for viral studies (if the patient has diarrhea); and
- Other testing as recommended by MHO and/or Infectious Disease (ID) Specialist.

Contact and airborne precautions must be implemented for all clients being investigated for SRI.

Notify the local MHO immediately at (306)655-4612 or (306)655-4620 after hours when a patient is admitted, either to the ER or hospital ward, and SRI is suspected.

It is recommended that health care providers use the **Severe Respiratory Illness (SRI) Screening Tool (attached)** in their acute and integrated health care facilities to ensure the early recognition of potential SRI cases and the prompt notification of Infection Control and the MHO. For more information and an electronic copy of this form, please refer to the Saskatchewan Communicable Disease Control Manual on-line at <http://www.health.gov.sk.ca/cdc-section2#page=176>.

If you have questions, please do not hesitate to contact Population and Public Health Communicable Disease Control at (306)655-4612.

Sincerely,

Julie Kryzanowski
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Deputy Medical Health Officer