Since March 21, 2003, the New York State Department of Health (NYSDOH) has requested that all local health departments conduct daily, active surveillance of hospital emergency departments (EDs) in their jurisdiction and report their findings each day to the NYSDOH. This request was made because of international events. With the outbreak of Severe Acute Respiratory Syndrome (SARS) in Asia and its introduction into the United States, the NYSDOH requested on April 1, 2003 that local health departments (LHDs) also include surveillance for suspect cases of SARS in their daily ED surveillance.

Although the New York State Office of Public Security and the United States Department of Homeland Security have recently lowered the state and national alert levels from Orange (4 - High) to Yellow (3 – Elevated), the NYSDOH requests that LHDs continue active ED surveillance for suspect cases of SARS. The department requests that LHDs contact the EDs in their jurisdictions three days per week (Monday, Wednesday, and Friday) and continue to report through the HIN’s ED Surveillance System.

When contacting hospital EDs, providers should be reminded that they should immediately report any suspect SARS cases to their local health department and not wait for the Monday, Wednesday, or Friday calls. LHDs should immediately report any suspect SARS patients to their NYSDOH Regional Epidemiologist. As you are aware, effective April 10, 2003, the Commissioner of Health designated SARS as a communicable disease under Section 2.1 of the State Sanitary Code. This designation placed SARS on the reportable disease list for New York State and provided the authority for SARS disease reporting, investigation and control, similar to other reportable communicable diseases. Prompt identification of suspect SARS cases is critical to implement appropriate infection control measures and minimize the potential for further spread.

LHDs are asked to enter their ED SARS surveillance data by 4pm of the day surveillance is conducted. If an LHD has not entered its information by 4pm, a follow-up call will be made by the NYSDOH that evening and/or the following morning. Any suspect SARS case detected through ED surveillance should be entered as an unusual illness (“respiratory illness with fever” category) with details entered in the comment section on the HIN.

The NYSDOH will be assessing possible alternative methods for SARS surveillance and the need for continuing ED surveillance for SARS. We thank the LHDs for their significant efforts in implementing and continuing ED surveillance for SARS.