

SARS is a respiratory illness that has recently been reported in Asia, North America and Europe. The first cases of SARS, the killer pneumonia like infection surfaced in Guangdong province of South China in November 2002. Investigations have found that the infection has so far spread to nearly 26 countries.

According to WHO, the number of recorded cases of SARS world wide between November 1st 2002 and April 29th 2003, was 5462. The majority of these were in China (3303) and Hongkong (1572). The total number of deaths recorded was 353, with 148 in China and 150 in Hongkong.

The first confirmed case of SARS in India has been reported from Goa. Some have been reported in the state of Maharashtra also.

As per the case definitions; a person would be considered as suffering from the infection if he or she meets the following three conditions.

- Ø a sudden onset of high fever ($>104^{\circ}\text{F}$)
- Ø severe cough
- Ø shortness of breath

Mode of Transmission

The principal way in which SARS appears to spread is through droplet transmission namely, when someone infected with SARS coughs or sneezes droplets into the air and someone else breathes them in. It is possible that SARS can be transmitted more broadly

through air, objects, sewage pipes connected to bathroom drain, rats and cockroaches.

High-risk people

High-risk people are one who have direct contact with a SARS infected person, family members, those living under the same roof with a SARS patient and healthcare workers, who do

not use infection control procedure while caring for a SARS patient.

Causes

Scientists have detected a previously unrecognized coronavirus in patients infected with SARS. Coronaviruses are group of viruses that have a halo or crown-like (corona) appearance when viewed under a microscope. The corona viruses are 80-130 nm in size.

A mutated coronavirus causes diseases in animals and as it spreads in animals, the ribonucleic acid (RNA) of the virus replicates. The RNA mutates in such a way that it becomes capable of infecting humans. Coronaviruses mostly cause respiratory infection in adults. The virus can survive in the environment for as long as three hours. The incubation period for SARS virus is 5 to 12 days.

Signs and symptoms

The illness usually begins with a fever greater than 104°F . Some times the fever is associated with chills or other symptoms, including headache, general feeling of discomfort and

body aches. Some people also experience mild respiratory symptoms at the onset.

After 2 to 7 days, SARS patients may develop a dry non-productive cough that might be accompanied by shortness of breath, and additional symptoms include pneumonia of both lungs as revealed by a chest X-ray.

Diagnosis

Available test is said to be based on the Reverse Transcription Polymerase Chain Reaction (RT-PCT) technique for detecting the presence of the virus in the patient's blood and sputum.

Treatment

Affected people should be quarantined. Antiviral treatment like Rubivirin, Steroid drugs, Nimesulide, Ibuprofen or crocin should be administered.

Guidelines for nurses

- Ø Isolate the patient in a private room. Limit the transport of the patient from the room, minimize the dispersal of droplets by masking the patient.
- Ø Hand washing is the single most important measure to reduce the risks of SARS infection. Wash hands as promptly and thoroughly as possible between patient contacts; after contact with body fluids, articles and after gloves are removed. Hand washing should be done with soap and hot water, using alcohol based cleaning agent e.g. spirit.
- Ø Gloves are worn to provide a protective barrier to the hands; it prevents →



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contamination of hand and reduces the SARS infection. Gloves must be changed after each contact with the patient. Always wear disposable gloves.

- Ø Surgical mask is worn to protect from droplet infection.
- Ø Gowns are worn to prevent contamination of clothing and to reduce the transmission from patient's belongings in the environment to other patients. These gowns are removed upon leaving the patient's environment and hands are washed.
- Ø Care of equipment: All patient's articles and unit should be thoroughly cleaned with soap and hot water, then sterilized with disinfectant solution. Soiled linen should be disinfected before sending to laundry.

Instruct the patient in the following areas:

- Limit the activities outside home during these 10 days period. E.g. don't go to school, work or public areas like cinema theatres, parks, exhibitions etc.
- Cover mouth and nose with tissue paper while sneezing and coughing.
- Wash hands often and well especially after blowing the nose.
- Wear a surgical mask
- Don't share towels, bedding or utensils with other members of the house.

Source: US Centre for Disease Control and Prevention



COMMONWEALTH NURSES' FEDERATION

A Nurse's Concern

The Commonwealth Nurses' Federation, founded in 1973 is a federation of national nurses' associations in Commonwealth countries (52). It is involved in the promotion of high standards of professional practice. There are currently 35 member associations. The CNF is managed by an elective board which consists of a President, a Vice President and a member of each of its six regions. The federation is serviced by two officers, an Executive Secretary and a Treasurer. Board Meetings and General Meetings are held every two years.

The objective of CNF is to influence health policy, develop nursing networks, enhance nursing education, improve nursing standards and competence and strengthen nursing leadership throughout the commonwealth.

The Commonwealth steering Committee for Nursing & Midwifery, formed in CNF in 1992, consists of Chief Nursing Officers of all member countries and the entire CNF Board Members. The objectives are to improve, technically assist and support nursing and midwifery development and upgrade programmes of leadership and education exchange for nurses and midwives. It furnishes relevant information related to health care policy, professional practice and standards. The reports and recommendations of this committee are placed at the Commonwealth Health Minister's meetings for consideration and implementation in commonwealth countries.

The CNF enjoys regular contact with major commonwealth bodies in London, including Commonwealth Secretariat and the Commonwealth Foundation. The CNF pursues its objectives through its conferences and workshops organized in commonwealth countries. It has a newsletter published twice a year, and has many publications on policies, standards and reports of all the workshops. CNF shares an office at the Royal College of Nursing-20 Cavendish Square, London.

CNF Board Meeting was last held in June 2003 at Commonwealth Conference & Events Centre, London. Reena Bose, President, CNF, Mrs. Sujana Chakravarty, the then Secretary General of TNAI and Mrs. S.A. Samuel, Regional Representative for South Asia Region constituted the Indian delegation. Members discussed reports on regional workshops and strategic direction of CNF followed by report of the Commonwealth Steering Committee for Nursing and Midwifery. The Board Meeting was followed by a 2-Days Workshop on Obesity, HIV/AIDS, Palliative Care and Family Planning. A joint reception was organized by the Royal College of Nursing and President of CNF followed by a sightseeing tour of London.

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