



SEVERE ACUTE RESPIRATORY SYNDROME

NOTICE

Since 2004, there have not been any known cases of SARS reported anywhere in the world. The content in this PDF was developed for the 2003 SARS epidemic. But, some guidelines are still being used. Any new SARS updates will be posted on this Web site.



Supplement B: SARS Surveillance-Lessons Learned

II. Lessons Learned

The following lessons from the global experience with SARS surveillance have been considered in developing this document:

- Astute healthcare providers will likely be the key to early detection and reporting of initial cases of SARS-CoV disease.
- The key to recognizing persons with SARS-CoV disease is identification of an epidemiologic link of exposure to another case of SARS-CoV disease or to a setting (e.g., hospital) where SARS-CoV transmission is occurring.
- Screening criteria for epidemiologic linkages need to reflect 1) the status of SARS-CoV transmission globally and the risk of exposure from international and domestic travel, and 2) the status of SARS activity in the community, at the work site, or in other settings where a patient with SARS-like illness may have been.
- In a setting of extensive SARS-CoV transmission, the possibility of SARS-CoV disease should be considered in all persons with a fever or lower respiratory illness, even if an epidemiologic link cannot be readily established.
- Healthcare facilities were disproportionately affected by SARS-CoV, and healthcare workers were among the first and most severely affected groups in every large outbreak reported.
- Contact tracing is resource intensive yet critical to containment efforts since it allows early recognition of illness in persons at greatest risk.
- Collection of appropriate and timely clinical specimens for laboratory testing is central to monitoring the status of SARS-CoV transmission at the local, state, and federal levels.
- Timely reporting of cases, updates on the clinical status and disposition of patients, real-time analysis of data, and timely dissemination of information are essential for outbreak-management decisions.
- Paper-based reporting systems are too slow and labor intensive to manage a large SARS outbreak. A rapid and efficient electronic reporting system that facilitates real-time analysis of clinical, epidemiologic, and laboratory information at the local level is essential.
- Frequent communication and data sharing among public health officials and healthcare providers are needed to update the status of potential and confirmed cases of SARS-CoV disease.

For more information, visit www.cdc.gov/ncidod/sars or call the CDC public response hotline at (888) 246-2675 (English), (888) 246-2857 (Español), or (866) 874-2646 (TTY)