



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.



SEVERE ACUTE RESPIRATORY SYNDROME

Public Health Guidance for Community-Level Preparedness and Response to Severe Acute Respiratory Syndrome (SARS) Version 2

Core Document Executive Summary

On March 12, 2003, the World Health Organization (WHO) issued a historic global alert for severe acute respiratory syndrome (SARS), a deadly new infectious disease with the potential for rapid spread from person to person and via international air travel. WHO and its partners, including the Centers for Disease Control and Prevention (CDC), promptly initiated a rapid, intense, and coordinated investigative and control effort that led within 2 weeks to the identification of the etiologic agent, SARS-associated coronavirus (SARS-CoV), and to a series of decisive and effective containment efforts. By the time SARS-CoV transmission was brought to an end in July 2003, more than 8,000 cases and 780 deaths had been reported to WHO.

The emergence of SARS-CoV provided a dramatic illustration of the potential for a new disease to suddenly appear and spread, leading to widespread health, social, and economic consequences. Fortunately, the world also witnessed the power of traditional public health measures—including surveillance, infection control, isolation, and quarantine—to contain and control an outbreak. Although the United States had a limited SARS outbreak, it is clear that we are susceptible to the more widespread outbreaks experienced in other countries. It is not possible to predict whether SARS-CoV will reappear, but it could from its original animal reservoir, persistent infection in humans, or the laboratory. To achieve the type of swift and decisive response that is required to control a SARS outbreak, we must be prepared.

Public Health Guidance for Community-Level Preparedness and Response to Severe Acute Respiratory Syndrome (SARS) outlines a framework and approach to assist public health and healthcare officials in preparing for and responding rapidly and decisively to the appearance of SARS-CoV in a healthcare facility or a community. The document has its basis in the *United States Government Interagency SARS Concept of Operations Plan (CONPLAN)*, which outlines the Federal government's strategy for a coordinated national response to an outbreak of SARS. The CONPLAN provides planning guidance for a timely, coordinated response by federal agencies to a SARS emergency and serves as a foundation for the development of operational plans and procedures at the national, state, and local levels.

Whereas the focus of the CONPLAN is interagency and intergovernmental coordination, CDC's *Public Health Guidance for Community-Level Preparedness and Response to Severe Acute Respiratory Syndrome (SARS)* provides planning guidance, strategies, and tools for the local public health and healthcare officials who provide the first line of readiness and action in detecting and containing a SARS outbreak. The guidance has been prepared in close collaboration with domestic and international partners and incorporates many of the concepts and approaches that were successfully used to contain the spread of SARS-CoV in the United States and in other countries with more widespread outbreaks. In addition, it integrates and builds on preparedness and response plans for other public health emergencies, such as pandemic influenza and bioterrorism.

The document includes suggested activities to be conducted both in the absence of SARS-CoV transmission in the world and in the context of a recurrence of person-to-person transmission. A companion document, *In the Absence of SARS-CoV Transmission Worldwide: Guidance for Surveillance, Clinical and Laboratory Evaluation, and Reporting* (www.cdc.gov/ncidod/sars/absenceofsars.htm), consolidates the recommended activities for the setting of no person-to-person transmission. If SARS-CoV transmission is documented anywhere in the world, CDC will promptly review all available information

January 8, 2004

Page 1 of 2

Executive Summary

(continued from previous page)

and provide additional guidance as indicated via the Health Alert Network (HAN), Epi-X, and partner organizations. Current information will also be posted on CDC's SARS website: www.cdc.gov/sars.

The basic strategy that controlled SARS outbreaks worldwide was rapid and decisive surveillance and containment. The keys to successful implementation of such a strategy are up-to-date information on local, national, and global SARS activity; rapid and effective institution of control measures; and the resources, organizational and decision-making structure, and trained staff vital to swift and decisive implementation. This guidance document accounts for two important features of SARS outbreaks: 1) they are neither regional nor national but rather confined to limited geographic – and even institutional – settings, and 2) they are dynamic, meaning that the characteristics of an outbreak can change quickly.

The document is divided into four levels of increasingly detailed information: the executive summary, the core plan, stand-alone supplements that address the key measures for SARS preparedness and response, and appendices to each supplement that provide guidance and tools for local-level preparedness and response activities. The document provides guidance on each of the following key components of SARS preparedness and response:

- Command and Control
- Surveillance and Information Technology
- Preparedness and Response in Healthcare Facilities
- Community Containment Measures, Including Non-Hospital Isolation and Quarantine
- Management of International Travel-Related Transmission Risk
- Laboratory Diagnostics
- Communication and Education
- SARS Investigations and Epidemiologic Research
- Infection Control

Using this guidance document, localities can develop operational SARS preparedness and response plans that reflect consistent approaches among and within jurisdictions to outbreaks of similar characteristics, while taking into account available healthcare and public health resources and other factors that are unique to each community. The document will be updated as necessary to reflect increased understanding of SARS-CoV transmission dynamics and availability of improved prevention tools.

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)