



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

V. Reporting of Cases of SARS-CoV Disease

A. Reporting in the Absence of Person-to-Person Transmission of SARS-CoV in the World

Objective: Ensure adequate reporting of cases of severe respiratory illness (pneumonia requiring hospitalization) among persons who have risk factors for potential exposure to SARS-CoV.

Activities: Healthcare providers

- Report to the state or local health department:
 - All persons requiring hospitalization for radiographically confirmed pneumonia who report at least one of the three risk factors for exposure to SARS-CoV outlined above
 - Any clusters (two or more persons) of unexplained pneumonia, especially among healthcare workers
 - Any positive SARS-CoV test result

Note: In the absence of SARS-CoV transmission worldwide, any **SARS-CoV-positive test result** should be communicated immediately by telephone to the state or local health department for confirmation and implementation of urgent and appropriate isolation precautions, contact tracing, and follow-up. See www.cdc.gov/ncidod/sars/absenceofsars.htm for details.

Activities: State and local health departments

- Report any SARS-CoV-positive test result to CDC.
- Inform CDC of cases or clusters of pneumonia that are of particular concern by calling 770-488-7100.

B. Reporting in the Presence of Person-to-Person Transmission of SARS-CoV in the World

Objective: Ensure adequate reporting of all new potential and confirmed U.S. cases of SARS-CoV disease.

Activities: Healthcare providers

- Continue to report to the state or local health department:
 - Persons requiring hospitalization for radiographically confirmed pneumonia who report at least one of the three risk factors for exposure to SARS-CoV outlined above and for whom an alternate diagnosis is not made
 - Any clusters of unexplained pneumonia
 - Any positive SARS-CoV test result
- Also report to state or local health departments:

Supplement B: SARS Surveillance

(continued from previous page)

- Any patient with fever or lower respiratory illness who has a SARS risk factor (travel within 10 days of illness onset to a foreign or domestic location with ongoing transmission of SARS-CoV infection [www.cdc.gov/ncidod/sars/travel.htm] or close contact within 10 days of illness onset with a person with known or suspected SARS-CoV disease).

Activities: State and local health departments

- Report to CDC any person who meets the case definition for a probable case of SARS-CoV disease or a confirmed case of SARS-CoV disease, as defined by CSTE (see Appendix B1).
- Immediately report to CDC any positive SARS-CoV test result.
- Following discussions between CDC and CSTE, CDC may also require reporting of other potential SARS-CoV cases (e.g., SARS RUIs) as needed to meet national surveillance objectives. Updated national reporting requirements will be circulated to state and local health departments and posted on the CDC's SARS website (www.cdc.gov/sars) as indicated.

Activities: CDC

- CDC will report confirmed or potential cases of SARS-CoV disease to WHO, as required per international reporting guidelines.

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)