



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

Goals

- Maximize early detection of cases and clusters of respiratory infections that might signal the re-emergence of SARS-CoV disease while minimizing unnecessary laboratory testing, concerns about SARS-CoV, implementation of control measures, and social disruption.
- If SARS-CoV transmission recurs, maintain prompt and complete identification and reporting of potential cases to facilitate outbreak control and management.
- Identify and monitor contacts of cases of SARS-CoV disease to enable early detection of illness in persons at greatest risk.

Key concepts

- The early clinical features of SARS-CoV disease are not specific enough to reliably distinguish it from other respiratory illnesses.
- Risk of exposure is key to considering the likelihood of a diagnosis of SARS-CoV disease.
- Most patients with SARS-CoV disease have a clear history of exposure to another SARS patient or to a setting where SARS-CoV transmission is occurring.
- SARS-CoV transmission is usually localized and often limited to healthcare settings or households.
- A cluster of atypical pneumonia in healthcare workers may indicate undetected SARS-CoV transmission.
- 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.
- Up-to-date information on the transmission of SARS-CoV globally is needed to accurately assess exposure risks.
- Contact tracing is resource intensive yet critical to containment efforts as it allows early recognition of illness in persons at greatest risk.
- Frequent communication among public health officials and healthcare providers, real-time analysis of data, and timely dissemination of information are essential for outbreak management.
- Swift action to contain disease should be initiated when a potential case is recognized, even though information sufficient to determine case status may be lacking.

Priority activities

- Educate clinicians and public health workers on features that can assist in early recognition of SARS and on guidelines for reporting SARS-CoV cases.
- Develop tools to identify, evaluate, and monitor contacts of SARS-CoV patients.
- Establish an efficient data management system that links clinical, epidemiologic and laboratory data on cases of SARS-CoV disease and allows rapid sharing of information.
- Identify surge capacity for investigation of cases and identification, evaluation, and monitoring of contacts in the event of a large SARS outbreak.

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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)