



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.



Core Document

III. Approach to SARS Preparedness and Response

The proposed approach to SARS preparedness and response reflects what has been learned to date about SARS-CoV transmission and the interventions that were used to contain the 2003 global outbreaks.

A. *Lessons Learned*

- SARS-CoV disease is a serious, often fatal, infectious disease with the potential for rapid spread.
- The vast majority of febrile respiratory illnesses will not be SARS-CoV disease.
- Laboratory tests, although sensitive and specific, do not reliably detect SARS-CoV early in the course of disease.
- Clinical features of SARS-CoV disease are nonspecific, but diagnosis can be guided by a history of exposure risk.
- In the absence of effective drugs or a vaccine, SARS-CoV disease can be controlled by the rapid and efficient use of the basic public health control strategies of surveillance and containment.
- SARS-CoV transmission is neither regional nor national but rather confined to limited geographic – and even institutional – settings; response strategies must therefore reflect local characteristics and resources.
- SARS response activities can overwhelm public health and healthcare resources.
- The potentially substantial health, social, and economic impact of SARS-CoV requires a swift and bold response that is appropriate to the situation yet minimizes unnecessary disruptions and respects human dignity.

B. *Basic and Enhanced Response Elements*

The foundation of the proposed approach is a set of fundamental elements on which communities might base their preparedness and response activities. Examples of these basic response elements are:

- Surveillance for cases of SARS-CoV disease or suspicious clusters of pneumonia, with appropriate diagnostic testing
- Rapid isolation and appropriate management of potential cases of SARS-CoV disease
- Rapid and efficient identification, evaluation, and monitoring of contacts
- Issuance of travel alerts/advisories, screening of ill travelers at airports, and implementation of other border control measures to prevent international spread
- Timely dissemination of communication messages to the public health and healthcare communities and the public

Communities may supplement these basic elements with enhanced control measures that might be needed to address an escalating outbreak, changing transmission patterns or characteristics, variations in compliance, uncertainties about the effectiveness of basic control measures, feasibility and acceptability of specific interventions, or political pressures. Possible enhanced activities might include:

- Establishment of designated sites for evaluation of possible SARS patients
- Screening of incoming and/or departing passengers at airports, ports, and land border crossings

Approach to SARS Preparedness and Response

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- Quarantine of close contacts of cases or of persons potentially exposed to SARS-CoV by their presence at a particular function, setting, or institution
- Closing schools, canceling large gatherings, or implementing other “snow day”-type measures for increasing social distance as temporary measures to slow transmission in an affected community

C. Information for Action

As the level of SARS-CoV transmission during an outbreak is dynamic, response activities, by necessity, must also be dynamic. The key to understanding transmission dynamics and knowing when to escalate the response at the local level is a surveillance system that provides ready access to timely information on the number of new cases, the likely source of exposure for cases, the number of cases not previously identified as contacts, and the number of contacts (prospective cases) with high-risk exposures to known cases.

D. Coordination and Consistency

Although jurisdictions will need to adjust the types and level of response measures to local conditions and resources, they will also need to coordinate with adjacent jurisdictions to ensure consistency among responses and minimize confusion or mistrust that may derive from inexplicable differences in outbreak control strategies.

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)