



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 F: Laboratory Guidance

II. Lessons Learned

The following lessons learned from the global and U.S. experience with SARS-CoV laboratory diagnostics have been considered in developing this Supplement:

- High-quality SARS-CoV diagnostic assays have been developed, but they frequently do not provide a definitive diagnosis early in illness and need to be used and interpreted carefully.
- Although the sensitivity of SARS-CoV PCR and antibody assays probably cannot be significantly improved, changes in the type, quality, and quantity of specimens and in procedures for processing specimens may improve the detection of SARS-CoV.
- The majority of SARS-like illnesses will be caused by other respiratory pathogens. Diagnosis of these infections will often make it easier to manage community anxiety about SARS-CoV.
- The possibility of false-positive and false-negative results with both PCR and serologic assays should always be considered when interpreting results. Clear strategies to minimize such possibilities and to confirm test results are essential.

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)