



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 G: Communication and Education

III. Key Messages

Lessons learned from the 2003 experience will help local, state, and national communications specialists refine their communications planning to facilitate appropriate and decisive actions in response to a re-emergence. The foundation for effective communication is a set of key messages that can be used consistently to highlight and reinforce the lessons learned and generate an appropriate response to SARS that minimizes risk while ensuring a strong and rapid response. These messages should be developed with the input of all decision-makers in the SARS response, and all communication messages should emanate from these central points. The following are examples for consideration:

- We have learned a great deal about SARS-CoV disease that is helping us prepare for the possibility that it will return.
- A SARS diagnosis is guided by a history of exposure to SARS-CoV or to a setting in which transmission is occurring.
- Most exposures to SARS-CoV occur in healthcare facilities and households. Community exposures outside of these settings have been reported, but these occurred rarely, under special circumstances, and, with few exceptions, after close contact with ill persons. Persons at risk in healthcare facilities include healthcare workers, patients, and visitors. In households, the greatest risk is to family members of SARS patients.
- In most instances, SARS outbreaks were localized to specific communities and often to specific locations or facilities in a community. For example, in Canada, most SARS cases occurred in Toronto, and in Toronto, most cases occurred in hospitals.
- SARS can be controlled by rapid, appropriate public health action that includes surveillance, identification and isolation of SARS cases, infection control, intense contact tracing, and quarantine of persons who may have been exposed to SARS-CoV. These measures can be a temporary inconvenience to those involved but are essential for containing SARS outbreaks.
- The United States is preparing for a possible reappearance of SARS-CoV by: 1) educating healthcare workers about SARS-CoV disease diagnosis, 2) developing SARS surveillance systems to determine if and where SARS-CoV has re-emerged, 3) developing guidelines for preventing transmission in different settings, 4) improving laboratory tests for SARS-CoV, and 5) developing better guidance for treating SARS patients.
- At this time, there is no evidence of ongoing transmission of SARS-CoV anywhere in the world. In the absence of SARS-CoV transmission, there is no need for concern about travel or other activities. Up-to-date information on SARS is available on CDC's SARS website (www.cdc.gov/SARS).

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)