



## 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 I: Infection Control in Healthcare, Home, and Community Settings

### II. Lessons Learned

The following lessons learned from the global experience with SARS-CoV have been considered in developing this Supplement:

- Transmission of SARS-CoV appears to occur predominantly through close interactions with infected persons.
- Persons with unrecognized SARS-CoV disease can contribute to the initiation or expansion of an outbreak, especially in healthcare settings.
- Transmission of SARS-CoV in a single healthcare facility can have far-reaching public health effects.
- Transmission to healthcare workers has occurred primarily after close, unprotected contact with symptomatic persons before implementation of infection control precautions.
- Certain high-risk procedures and events can increase the risk of SARS-CoV transmission.
- Infection control is a primary public health intervention for containing the spread of SARS-CoV.
- Patients with SARS-CoV disease need to be isolated to minimize the risk of transmission to others.
- Patients with mild SARS-CoV disease can be safely isolated in locations other than acute-care facilities, such as at home or in community facilities designated for isolation of SARS patients.

For more information, visit [www.cdc.gov/ncidod/sars](http://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)