



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.



SEVERE ACUTE RESPIRATORY SYNDROME

Fact Sheet: Basic Information about SARS

SARS

Severe acute respiratory syndrome (SARS) is a viral respiratory illness caused by a coronavirus, called SARS-associated coronavirus (SARS-CoV). SARS was first reported in Asia in February 2003. Over the next few months, the illness spread to more than two dozen countries in North America, South America, Europe, and Asia before the SARS global outbreak of 2003 was contained. This fact sheet gives basic information about the illness and what CDC has done to control SARS in the United States. To find out more about SARS, go to www.cdc.gov/sars/ and www.who.int/csr/sars/en/.

The SARS outbreak of 2003

According to the World Health Organization (WHO), a total of 8,098 people worldwide became sick with SARS during the 2003 outbreak. Of these, 774 died. In the United States, only eight people had laboratory evidence of SARS-CoV infection. All of these people had traveled to other parts of the world with SARS. SARS did not spread more widely in the community in the United States. For an update on SARS cases in the United States and worldwide as of December 2003, see www.cdc.gov/mmwr/preview/mmwrhtml/mm5249a2.htm.

Symptoms of SARS

In general, SARS begins with a high fever (temperature greater than 100.4°F [$>38.0^{\circ}\text{C}$]). Other symptoms may include headache, an overall feeling of discomfort, and body aches. Some people also have mild respiratory symptoms at the outset. About 10 percent to 20 percent of patients have diarrhea. After 2 to 7 days, SARS patients may develop a dry cough. Most patients develop pneumonia.

How SARS spreads

The main way that SARS seems to spread is by close person-to-person contact. The virus that causes SARS is thought to be transmitted most readily by respiratory droplets (droplet spread) produced when an infected person coughs or sneezes. Droplet spread can happen when droplets from the cough or sneeze of an infected person are propelled a short distance (generally up to 3 feet) through the air and deposited on the mucous membranes of the mouth, nose, or eyes of persons who are nearby. The virus also can spread when a person touches a surface or object contaminated with infectious droplets and then touches his or her mouth, nose, or eye(s). In addition, it is possible that the SARS virus might spread more broadly through the air (airborne spread) or by other ways that are not now known.

What does "close contact" mean?

In the context of SARS, close contact means having cared for or lived with someone with SARS or having direct contact with respiratory secretions or body fluids of a patient with SARS. Examples of close contact include kissing or hugging, sharing eating or drinking utensils, talking to someone within 3 feet, and touching someone directly. Close contact does not include activities like walking by a person or briefly sitting across a waiting room or office.

CDC's response to SARS during the 2003 outbreak

CDC worked closely with WHO and other partners in a global effort to address the SARS outbreak of 2003. For its part, CDC took the following actions:

- Activated its Emergency Operations Center to provide round-the-clock coordination and response.
- Committed more than 800 medical experts and support staff to work on the SARS response.

Basic Information about SARS

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- Deployed medical officers, epidemiologists, and other specialists to assist with on-site investigations around the world.
- Provided assistance to state and local health departments in investigating possible cases of SARS in the United States.
- Conducted extensive laboratory testing of clinical specimens from SARS patients to identify the cause of the disease.
- Initiated a system for distributing health alert notices to travelers who may have been exposed to cases of SARS.

What CDC is doing now

CDC continues to work with other federal agencies, state and local health departments, and healthcare organizations to plan for rapid recognition and response if person-to-person transmission of SARS-CoV recurs. CDC has developed recommendations and guidelines to help public health and healthcare officials plan for and respond quickly to the reappearance of SARS in a healthcare facility or community. These are available in the document *Public Health Guidance for Community-Level Preparedness and Response to Severe Acute Respiratory Syndrome (SARS)* at: www.cdc.gov/ncidod/sars/guidance/index.htm. CDC provides the latest information on SARS on the SARS website: www.cdc.gov/sars/.

For more information, visit www.cdc.gov/ncidod/sars or call the CDC public response hotline at (800) CDC-INFO (English), (888) 246-2857 (Español), or (888) 232-6348 (TTY)