

Severe Acute Respiratory Syndrome (SARS)



SARS is a respiratory illness of unknown cause that has recently been reported in Asia, North America and Europe.

The Florida Department of Health (DOH) is currently investigating all suspected cases of severe acute respiratory syndrome (SARS) in Florida. These cases were identified through the Department of Health's enhanced disease surveillance system, that was established in response to the international outbreak. DOH is working with the Centers for Disease Control and Prevention (CDC) to identify potential cases of SARS in citizens and visitors to Florida. The Department of Health asked local health officials and clinicians to watch for patients who became sick after February 1, 2003, and have symptoms of this respiratory illness.

The illness begins generally with a fever. The fever is sometimes associated with chills or other symptoms, including headache, malaise, and body aches. Some people also experience mild respiratory symptoms at the outset. After three to seven days, the person may develop a dry, nonproductive cough that might be accompanied by or progress to the point where insufficient oxygen is getting to the blood resulting in respiratory distress. In 10%–20% of cases, patients will require mechanical ventilation. The incubation period for SARS is typically two to seven days; however, isolated reports have suggested an incubation period as long as 10 days.

Travel to an area with known transmission of SARS, as well as close contact with a person who has been diagnosed with this illness, is considered in the case definition. Close contacts of cases, including health care workers and family members, have developed similar illnesses. Examples of close contact include having cared for, lived with, or had direct contact with respiratory secretions and body fluids of people with SARS. On the basis of available information, the cause of SARS cannot be definitively identified.

People who appear to be most at risk for SARS are health care workers taking care of sick people, family members or household contacts of those who are infected with SARS. That pattern of transmission is expected in a contagious respiratory or flu-like illness.

Symptoms:

- fever of 100.5 °F or over [$>38.0^{\circ}\text{C}$]
 - cough or difficulty breathing

The CDC has issued the following recommendations to individuals regarding SARS.

What should I do if I think I have SARS?

To help your health care provider make a diagnosis, tell them about any recent travel to regions where cases of SARS have been reported and whether you were in contact with someone who had these symptoms.

What should I do if I have recently traveled to a country where cases of SARS have been reported?

You should monitor your own health for seven to ten days following your return. If you become ill with a fever of 100.5 °F or over [$>38.0^{\circ}\text{C}$] that is accompanied by a cough or difficulty breathing, or that progresses to a cough and/or difficulty breathing, you should consult a health care provider. To help your health care provider make a diagnosis, tell them about any recent travel to regions where cases of SARS have been reported and whether you were in contact with someone who had these symptoms.

What medical treatment is recommended for patients with SARS?

CDC currently recommends that patients with SARS receive the same treatment as any patient with serious community acquired atypical pneumonia of unknown cause. For more information on SARS visit CDC's SARS web site and see "Interim Information and Recommendations for Health Care Providers."

Should potential SARS patients be isolated?

CDC has developed guidelines that address infection control precautions in the health care and community setting. These can be found at CDC's SARS web site (www.cdc.gov/ncidod/sars/infectioncontrol.htm) and will be updated as new information about SARS becomes available.

How should a suspected SARS patient be transported to ensure infection control?

To minimize the potential of transmission outside the hospital, case patients should limit interactions outside the home until more is known about transmission of SARS. Placing a surgical mask on case patients in ambulatory health care settings, during transport, and during contact with others at home is recommended.

What precautions should health care facilities follow in regards to permitting visits by close contacts (e.g., family members) of SARS patients?

Close contacts (e.g., family members or other members of the household) of SARS patients are at risk for infection. Health care facilities should implement a system to screen for fever or respiratory symptoms in SARS close contacts who visit the facility. Close contacts with either fever or respiratory symptoms should not be allowed to enter the health care facility as visitors and should be educated about this policy. Health care facilities should educate all visitors about use of infection control precautions (www.cdc.gov/ncidod/sars/infectioncontrol.htm) when visiting SARS patients and should emphasize the importance of following these precautions.

What precautions should health care workers exposed to SARS patients follow?

Health care facilities should be vigilant in conducting active surveillance for fever or respiratory symptoms among care givers with unprotected exposure to SARS patients. Health care workers who develop fever or respiratory symptoms during the 10 days following an unprotected exposure to a SARS patient should not report for duty, but should stay home and report symptoms to the appropriate facility point of contact immediately. Exclusion from duty should be continued for 10 days after the resolution of fever and respiratory symptoms. During this period, infected workers should avoid contact with persons both in the facility and in the community.

Exclusion from duty is not recommended for an exposed health care worker if they do not have either fever or respiratory symptoms; however, the worker should report any unprotected exposure to SARS patients to the appropriate facility point of contact (e.g., infection control or occupational health) immediately.

Interim guidance for the management of exposures to SARS in a health care facility is at www.cdc.gov/ncidod/sars/infectioncontrol.htm.

Which travelers are being given health alerts?

Travelers returning from Hong Kong; Guangdong Province; People's Republic of China; Hanoi, Vietnam; and Singapore are being given printed information (health alert notices) that they may have been exposed to cases of SARS. Travelers are advised to monitor their health for at least seven days, to contact their physicians if they become ill with a fever accompanied by a cough or difficulty in breathing, and to inform their physician of their recent travel.

What is the risk to individuals who may have shared a plane or boat trip with a suspected SARS patient?

Available data indicate that transmission seems to require direct or close contact. Cases have occurred among health care workers caring for ill patients and close family contacts. CDC is taking "locating information" from travelers who are on flights with people suspected of having SARS. CDC, with the help of state and local health authorities, is attempting to follow up on these travelers for seven days to make sure no one develops symptoms consistent with SARS. So far, no cases of SARS have been reported in these travelers.■

For more information visit WWW.cdc.gov or contact your local county health department.