



SEVERE ACUTE RESPIRATORY SYNDROME

FACT SHEET

Basic Information about SARS

A new disease called SARS

Severe acute respiratory syndrome (SARS) is a respiratory illness that has recently been reported in Asia, North America, and Europe. This fact sheet provides basic information about the disease and what is being done to combat its spread. To find out more about SARS, go to www.cdc.gov/ncidod/sars/ and www.who.int/csr/sars/en/. The Web sites are updated daily.

Symptoms of SARS

In general, SARS begins with a fever 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 experience mild respiratory symptoms. After 2 to 7 days, SARS patients may develop a dry cough and have trouble breathing.

How SARS spreads

The primary way that SARS appears to spread is by close person-to-person contact. Most cases of SARS have involved people who cared for or lived with someone with SARS, or had direct contact with infectious material (for example, respiratory secretions) from a person who has SARS. Potential ways in which SARS can be spread include touching the skin of other people or objects that are contaminated with infectious droplets and then touching your eye(s), nose, or mouth. This can happen when someone who is sick with SARS coughs or sneezes droplets onto themselves, other people, or nearby surfaces. It also is possible that SARS can be spread more broadly through the air or by other ways that are currently not known.

Who is at risk for SARS

Most of the U.S. cases of SARS have occurred among travelers returning to the United States from other parts of the world affected by SARS. There have been very few cases as a result of spread to close contacts such as family members and health care workers. Currently, there is no evidence that SARS is spreading more widely in the community in the United States.

Possible cause of SARS

Scientists at CDC and other laboratories have detected a previously unrecognized coronavirus in patients with SARS. The new coronavirus is the leading hypothesis for the cause of SARS.

What CDC is doing about SARS

CDC is working closely with the World Health Organization (WHO) and other partners in a global effort to address the SARS outbreak. For its part, CDC has taken the following actions:

April 29, 2003

Page 1 of 2

Basic Information about SARS

(continued from previous page)

- Activated its Emergency Operations Center to provide round-the-clock coordination and response.
- Committed more than 300 medical experts and support staff to work on the SARS response.
- Deployed medical officers, epidemiologists, and other specialists to assist with on-site investigations around the world.
- Provided ongoing 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.

CDC RECOMMENDATIONS

CDC has issued recommendations and guidelines for people who may be affected by this outbreak.

For individuals considering travel to affected parts of Asia:

CDC advises that people planning elective or nonessential travel to mainland China and Hong Kong and Singapore may wish to postpone their trips until further notice. CDC also has issued travel alerts for Hanoi, Vietnam; Taiwan; and Toronto, Canada, to recommend that U.S. travelers to any of these places observe precautions to safeguard their health. Visit www.cdc.gov/ncidod/sars/travel_advice.htm for more information about CDC's advice to travelers.

For individuals who must travel to a SARS-affected area:

CDC advises that travelers in a SARS-affected area should wash their hands frequently to protect against SARS infection. In addition, CDC advises that travelers may wish to avoid close contact with large numbers of people as much as possible to minimize the possibility of infection. CDC does not recommend the routine use of masks or other personal protective equipment while in public areas. For more information, read [the Interim Guidelines about Severe Acute Respiratory Syndrome \(SARS\) for Persons Traveling to SARS-Affected Areas at http://www.cdc.gov/ncidod/sars/travel_advice.htm](http://www.cdc.gov/ncidod/sars/travel_advice.htm).

For individuals who think they might have SARS:

People with symptoms of SARS (fever greater than 100.4°F [$>38.0^{\circ}\text{C}$] accompanied by a cough and/or difficulty breathing) should consult a health-care provider. To help the health-care provider make a diagnosis, tell them about any recent travel to places where SARS has been reported or whether there was contact with someone who had these symptoms.

For family members caring for someone with SARS:

CDC has developed interim infection control recommendations available at www.cdc.gov/ncidod/sars/ic-closecontacts.htm for patients with suspected SARS in the household. These basic precautions should be followed for 10 days after respiratory symptoms and fever are gone. During that time, SARS patients are asked to limit interactions outside the home (not go to work, school, or other public areas).

For health-care workers:

Transmission of SARS to health-care workers appears to have occurred after close contact with sick people before recommended infection control precautions were put into use. CDC has issued interim infection control recommendations for health-care settings (www.cdc.gov/ncidod/sars/infectioncontrol.htm) as well as for the management of exposures to SARS in health-care and other institutional settings (www.cdc.gov/ncidod/sars/exposureguidance.htm).

To find out more about SARS, go to www.cdc.gov/ncidod/sars and www.who.int/csr/sars/en/ or call the CDC public response hotline at (888) 246-2675 (English), (888) 246-2857 (Español), or (866) 874-2646 (TTY)

April 29, 2003

Page 2 of 2