

Severe Acute Respiratory Syndrome (SARS) Fact Sheet 4/10/03

Frequently Asked Questions Regarding SARS

What is SARS?

SARS is a disease that affects the respiratory tract of humans resulting in a “pneumonia-like” condition and respiratory tract infection. The disease is thought to be transmitted by close contact with an infected individual that could involve airborne transfer of respiratory droplets by coughing or sneezing, or by touching an object or item that came in contact with an infected person. The incubation period for the disease is 2-10 days. The disease has been primarily described in individuals who have traveled to East Asia, but cases have been seen in North America and Europe. A recent travel history, in combination with a high fever, or contact with another SARS case, is the most prominent characteristic of the disease.

What are the signs and symptoms of SARS?

The illness begins with a high fever (greater than 100.4 °F or 38.0 °C). The fever may be associated with chills or rigors, headache, body aches, malaise or mild respiratory symptoms. Some patients have reported diarrhea during the initial phase of the disease. Typically rash or neurological involvement is not present. After 2-7 days, a dry, non-productive cough develops that may be accompanied by shortness of breath.

How long is a person with SARS infectious?

People with SARS are most likely infectious when they have active symptoms of the disease such as fever and cough. It is not known how long before or after their symptoms begin that they remain infectious. More information must be gathered on the natural history of the disease to explain these details.

Who is most at risk for developing SARS?

SARS has been reported primarily in people who have had close contact with an infected individual. Reported cases have occurred most frequently in household contacts of cases or in healthcare workers who have cared for SARS patients without the use of infection control barriers (gloves, gowns, goggles and N-95 masks). There is no indication that SARS can spread widely through a community without close contact occurring to facilitate the spread, however the virus has spread through apartment building ventilation systems in the Far East. The Centers for Disease Control (CDC) and the World Health Organization (WHO) are closely monitoring the spread of this disease.

What is the cause of SARS?

A previously unrecognized coronavirus has been recovered from several SARS patients. This virus is in a family of viruses that are known to cause upper respiratory illness and are spread like the common cold. Coronaviruses (named for a halo or crown-like appearance under the electron microscope) are very hardy and can survive in the environment for as long as three hours. The coronavirus has been isolated from the nose and throat of SARS patients. Other viruses, particularly the metapneumoviruses, are still under consideration as causative agents of SARS.

What is the medical treatment recommended for SARS patients?

The CDC recommends that SARS patients receive the same treatment that would be used for any patient with a serious, atypical pneumonia of unknown cause. Therapy has included both antibiotics and antivirals, including ribavirin and oseltamivir. Steroids have also been used in combination with the antivirals.

Is there a laboratory test for SARS?

No SARS test is available yet. The CDC is working on prototype tests that will detect antibody to the coronavirus from patient specimens.

What can be done to prevent the spread of SARS?

On the global front, the CDC and WHO have recommended restricted travel to countries and areas that have been affected by SARS. They include mainland China, Hong Kong, Taiwan, Bangkok, Singapore and Vietnam, to mention a few. See the CDC website at www.cdc.gov/ncidod/sars/travelalert.htm for updated travel restrictions. Travelers arriving from those areas are receiving alert cards to inform them that they should monitor their health for 10 days after travel and see a doctor if they develop a fever or a cough. Suspected cases of SARS on airlines or aboard ships may be quarantined or restricted in their contact with other passengers. Federal, state and local health officials have the authority to impose quarantines for the benefit of the health of the public.

What has the CDC recommended to prevent the transmission of SARS in the hospital setting?

The CDC has standard recommendations for the prevention of transmission of infectious conditions within hospitals and in healthcare settings. The use of infection control precautions categories (Airborne/Contact) interrupts the route of transmission by applying the use of isolation barriers (gloves, gowns, N 95 masks or PAPRs, goggles and negative pressure room controls) and hand hygiene to the care of the patient. The precautions will be maintained for at least 10 days after the respiratory symptoms are gone. The CDC has documented specific details for care of the SARS (www.cdc.gov/ncidod/sars/exposureguidance.htm.) Close contacts or family members of suspected/confirmed SARS cases may be closely screened for signs of fever or respiratory symptoms before entry to the hospital. Hospitals will reserve the right to restrict any visitors who may be potentially contagious.

What should a patient do if they think they have SARS?

If an individual has a recent travel history to any of the known countries affected by SARS, and a fever or respiratory symptoms (cough or difficulty breathing), they should consult a healthcare provider and inform the provider about their symptoms, their travel history or their contact with another case. The healthcare provider will recommend the appropriate medical treatment.

What has the CDC recommended to prevent the spread of SARS among household contacts of SARS cases?

SARS patients should limit their activities outside of the home until 10 days after their symptoms are gone. All members of the household should practice good hand hygiene with soap and water or an alcohol-based hand sanitizer. SARS patients should avoid sharing utensils, towels, bedding and other personal items with family members. Common household cleaners are sufficient to cleaning bathrooms and surfaces that have been touched by the patient. Surfaces should be cleaned frequently. Patients should cover their mouth with a tissue before coughing or sneezing. The use of standard isolation masks and gloves has also been advocated for close contact with the infected patient. Family members who do not have signs or symptoms of the disease do not have to restrict their activities outside of the home.