Department of Community Health

SARS

Information for the Public

What is SARS?

Severe acute respiratory syndrome (SARS) is a viral respiratory illness that was first reported in Asia in February 2003. In early March, the World Health Organization (WHO) issued a global alert about SARS. Over the next few months, the illness spread to more than two-dozen countries in North America, South America, Europe, and Asia. By late July, however, no new cases were being reported and the illness was considered contained. According to WHO, 8,098 people worldwide became sick with SARS during this outbreak; of these, 774 died.

What is the status of the SARS outbreak?

On November 17, 2003 the Taiwan Center for Disease Control confirmed one case of SARS infection in a laboratory researcher who had been researching SARS. Control measures have been initiated. Travelers with fever will be restricted from leaving Taiwan. The SARS control level will return to zero if no new cases are detected. In the absence of SARS transmission, there is no need for concern about travel or other activities. We have learned a great deal about SARS that is helping us prepare for the possibility that it will return.

Who is at risk of being exposed?

In most instances, SARS outbreaks were localized to specific communities and often to specific locations in the community. In Canada, most SARS cases occurred in Toronto, and in Toronto, most cases occurred in hospitals. Persons at risk in healthcare facilities included healthcare workers, patients and visitors. Exposure to SARS also occurred in households with SARS patients. In households, the greatest risk was to family members of SARS patients. Community exposure outside of these settings was very rare.

What are the symptoms and signs of SARS?

SARS symptoms include fever (100.4 ° F. or higher) and respiratory difficulties such as coughing, shortness of breath or other difficulty breathing. A SARS diagnosis is guided by a history of being exposed to SARS or to a setting in which the illness has been transmitted, such as a hospital, or being in close contact with ill persons who have recently been diagnosed with SARS.

How is SARS spread?

The primary way that SARS appears 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 SARS-CoV might be 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 the SARS outbreak?
Close contact is defined as having cared for or lived with a person known to have SARS or having a high likelihood of direct contact with respiratory secretions and/or body fluids of a patient known to have SARS. Examples include kissing or embracing, sharing eating or drinking utensils, close conversation (within 3 feet), physical examination, and any other direct physical contact between people. Close contact does not include activities such as walking by a person or sitting across a waiting room or office for a brief time.

If there is another outbreak of SARS, how can I protect myself?
If SARS were to re-emerge, there are some common-sense precautions that you can take that apply to many infectious diseases. The most important is frequent hand washing with soap and water or use of alcohol-based hand rubs. You also should avoid touching your eyes, nose, and mouth with unclean hands and encourage people around you to cover their nose and mouth with a tissue when coughing or sneezing.

If I were exposed to SARS, how long would it take for me to become sick?
The time between exposure to the SARS virus and onset of symptoms is called the "incubation period." The incubation period for SARS is typically 2 to 7 days, although in some cases it may be as long as 10 days.

How long is a person with SARS infectious to others?
Available information suggests that people with SARS are most likely to be infectious only when they have symptoms, such as fever or cough. However, as a precaution against spreading the disease, CDC recommends that people with SARS limit their interactions outside the home (for example, by not going to work or to school) until 10 days after their symptoms have gone away. Patients are most infectious during the second week of illness.

What medical treatment is recommended for patients with SARS?
CDC recommends that patients with SARS receive the same treatment that would be used for any patient with serious pneumonia. SARS-CoV is being tested against various antiviral drugs to see if an effective treatment can be found.

What measures can be taken to contain a SARS outbreak?
SARS can be controlled by rapid, appropriate public health action that includes surveillance, identification and isolation of SARS cases, infection control, intense contact tracing, and quarantine of persons who may have been exposed to SARS. These measures can be a temporary inconvenience to those involved but are essential for containing SARS outbreaks.

What is Michigan doing to combat this health threat?
The Michigan Department of Community Health (MDCH) is working closely with physicians, local health departments and laboratories throughout the state to be on the lookout for potential cases of SARS. Increased surveillance is incredibly important in our efforts to detect suspect

cases, investigate them and ensure that patients will be cared for properly with minimal risk to other individuals. Hospitals and health care providers throughout the state are prepared to follow the protocols and recommendations for care set by the CDC to ensure patient safety. Appropriate specimens from individuals suspected to have SARS will be collected and sent to the CDC. The MDCH continues to work with federal, state, and local health departments and other professional organizations to plan for a rapid recognition and response should SARS re-emerge.

Who should be notified of a suspected case of SARS?

Health care providers should contact their Local Health Department Communicable Disease Program if they suspect a patient has SARS. The local health department will notify the Michigan Department of Community (MDCH) who will in turn communicate with the Centers for Disease Control and Prevention (CDC) if necessary. Healthcare providers should not call CDC directly. Such calls to CDC are always referred back to the state health departments and often result in critical delays to appropriate public health or medical response to treat and/or contain the disease.

Where can I get more information?

For more information on SARS visit the Michigan Department of Community Health website: http://www.michigan.gov/mdch/0,1607,7-132-2945_5104-63837--,00.html or the CDCs SARS website www.cdc.gov/ncidod/SARS .