



Highlights of [GAO-03-1058T](#), a report to the Permanent Subcommittee on Investigations, Committee on Governmental Affairs, U.S. Senate

Why GAO Did This Study

SARS is a highly contagious respiratory disease that infected more than 8,000 individuals in 29 countries principally throughout Asia, Europe, and North America and led to more than 800 deaths as of July 11, 2003. Due to the speed and volume of international travel and trade, emerging infectious diseases such as SARS are difficult to contain within geographic borders, placing numerous countries and regions at risk with a single outbreak. While SARS did not infect large numbers of individuals in the United States, the possibility that it may reemerge raises concerns about the ability of public health officials and health care workers to prevent the spread of the disease in the United States.

GAO was asked to assist the Subcommittee in identifying ways in which the United States can prepare for the possibility of another SARS outbreak. Specifically, GAO was asked to determine 1) infectious disease control measures practiced within health care and community settings that helped contain the spread of SARS and 2) the initiatives and challenges in preparing for a possible SARS resurgence.

www.gao.gov/cgi-bin/getrpt?GAO-03-1058T.

To view the full product, including the scope and methodology, click on the link above. For more information, contact Marjorie E. Kanof at (202) 512-7101.

SEVERE ACUTE RESPIRATORY SYNDROME

Established Infectious Disease Control Measures Helped Contain Spread, But a Large-Scale Resurgence May Pose Challenges

What GAO Found

Infectious disease experts emphasized that no new infectious disease control measures were introduced to contain SARS in the United States. Instead, strict compliance with and additional vigilance to enforce the use of current measures was sufficient. These measures—case identification and contact tracing, transmission control, and exposure management—are well-established infectious disease control measures that proved effective in both health care and community settings. The combinations of measures that were used depended on either the prevalence of the disease in the community or the number of SARS patients served in a health care facility. For SARS, case identification within health care settings included screening individuals for fever, cough, and recent travel to a country with active cases of SARS. Contact tracing, the identification and tracking of individuals who had close contact with someone who was infected or suspected of being infected, was important for the identification and tracking of individuals at risk for SARS. Transmission control measures for SARS included contact precautions, especially hand washing after contact with someone who was ill, and protection against respiratory spread, including spread by large droplets and by smaller airborne particles. The use of isolation rooms with controlled airflow and the use of respiratory masks by health care workers were key elements of this approach. Exposure management practices— isolation and quarantine—occurred in both health care and home settings. Effective communication among health care professionals and the general public reinforced the need to adhere to infectious disease control measures.

While no one knows whether there will be a resurgence of SARS, federal, state, and local health care officials agree that it is necessary to prepare for the possibility. As part of these preparations, CDC, along with national associations representing state and local health officials, and others, is involved in developing both SARS-specific guidelines for using infectious disease control measures and contingency response plans. In addition, these associations have collaborated with CDC to develop a checklist of preparedness activities for state and local health officials. Such preparation efforts also improve the health care system's capacity to respond to other infectious disease outbreaks, including those precipitated by bioterrorism. However, implementing these plans during a large-scale outbreak may prove difficult due to limitations in both hospital and workforce capacity that could result in overcrowding, as well as potential shortages in health care workers and medical equipment—particularly respirators.