

SEVERE ACUTE RESPIRATORY SYNDROME

Public Health Guidance for Community-Level Preparedness and Response to Severe Acute Respiratory Syndrome (SARS) Version 2

Supplement F: Laboratory Guidance

II. Lessons Learned

The following lessons learned from the global and U.S. experience with SARS-CoV laboratory diagnostics have been considered in developing this Supplement:

- High-quality SARS-CoV diagnostic assays have been developed, but they frequently do not provide a definitive diagnosis early in illness and need to be used and interpreted carefully.
- Although the sensitivity of SARS-CoV PCR and antibody assays probably cannot be significantly
 improved, changes in the type, quality, and quantity of specimens and in procedures for processing
 specimens may improve the detection of SARS-CoV.
- The majority of SARS-like illnesses will be caused by other respiratory pathogens. Diagnosis of these infections will often make it easier to manage community anxiety about SARS-CoV.
- The possibility of false-positive and false-negative results with both PCR and serologic assays should always be considered when interpreting results. Clear strategies to minimize such possibilities and to confirm test results are essential.

For more information, visit www.cdc.gov/ncidod/sars or call the CDC public response hotline at (888) 246-2675 (English), (888) 246-2857 (Español), or (866) 874-2646 (TTY)

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