



SEVERE ACUTE RESPIRATORY SYNDROME

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

Supplement C: Preparedness and Response in Healthcare Facilities

II. Lessons Learned

The following lessons from the global experience with SARS-CoV in healthcare settings have been considered in developing this document:

- Strict adherence to contact and droplet precautions, along with eye protection, seems to prevent SARS-CoV transmission in most instances. Airborne precautions may provide additional protection in some instances.
- Undetected cases of SARS-CoV disease in staff, patients, and visitors contribute to rapid spread of the virus.
- Optimal control efforts require continuous analysis of the dynamics of SARS-CoV transmission in the facility and the community.
- A response to SARS can strain the resources and capacity of a healthcare facility.
- The social and psychological impact of SARS can be substantial, both during and after an outbreak.
- The most effective systems for controlling a nosocomial outbreak are those that are developed and tested before an outbreak occurs.
- Communication needs can overwhelm and paralyze response capacity; good information management strategies are essential to an efficient and effective response.

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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