

# SEVERE ACUTE RESPIRATORY SYNDROME

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

# Supplement B: SARS Surveillance

#### Goals

- Maximize early detection of cases and clusters of respiratory infections that might signal the re-emergence of SARS-CoV disease while minimizing unnecessary laboratory testing, concerns about SARS-CoV, implementation of control measures, and social disruption.
- If SARS-CoV transmission recurs, maintain prompt and complete identification and reporting of potential cases to facilitate outbreak control and management.
- Identify and monitor contacts of cases of SARS-CoV disease to enable early detection of illness in persons at greatest risk.

## Key concepts

- The early clinical features of SARS-CoV disease are not specific enough to reliably distinguish it from other respiratory illnesses.
- Risk of exposure is key to considering the likelihood of a diagnosis of SARS-CoV disease.
- Most patients with SARS-CoV disease have a clear history of exposure to another SARS patient or to a setting where SARS-CoV transmission is occurring.
- SARS-CoV transmission is usually localized and often limited to healthcare settings or households.
- A cluster of atypical pneumonia in healthcare workers may indicate undetected SARS-CoV transmission.
- In a setting of extensive SARS-CoV transmission, the possibility of SARS-CoV disease should be considered in all persons with a fever or lower respiratory illness, even if an epidemiologic link cannot be readily established.
- Up-to-date information on the transmission of SARS-CoV globally is needed to accurately assess exposure risks.
- Contact tracing is resource intensive yet critical to containment efforts as it allows early recognition of illness in persons at greatest risk.
- Frequent communication among public health officials and healthcare providers, real-time analysis of data, and timely dissemination of information are essential for outbreak management.
- Swift action to contain disease should be initiated when a potential case is recognized, even though information sufficient to determine case status may be lacking.

## Priority activities

- Educate clinicians and public health workers on features that can assist in early recognition of SARS and on guidelines for reporting SARS-CoV cases.
- Develop tools to identify, evaluate, and monitor contacts of SARS-CoV patients.
- Establish an efficient data management system that links clinical, epidemiologic and laboratory data on cases of SARS-CoV disease and allows rapid sharing of information.
- Identify surge capacity for investigation of cases and identification, evaluation, and monitoring of contacts in the event of a large SARS outbreak.

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