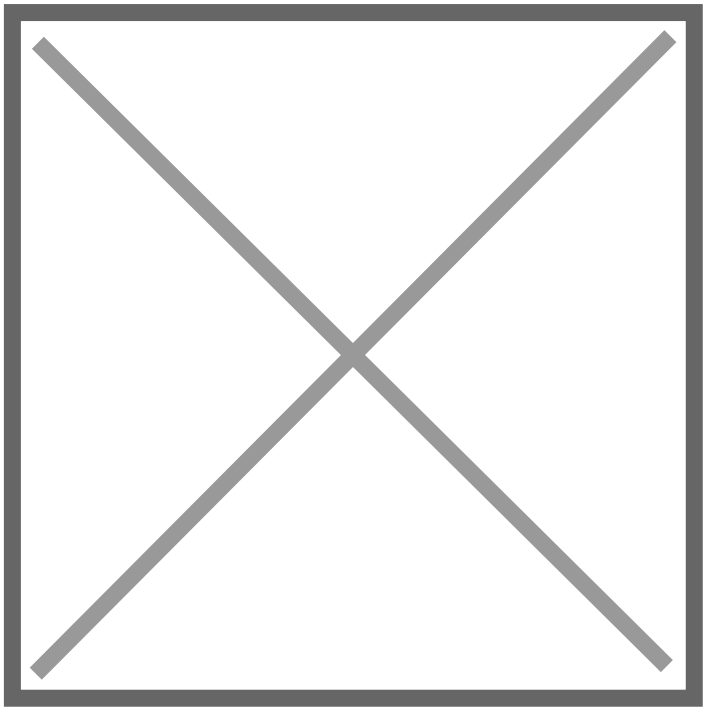
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FAQ on SARS

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What is SARS?

Severe acute respiratory syndrome (SARS) is a respiratory illness that has recently been reported in Asia, North America, and Europe.

What are the symptoms and signs of SARS?

The illness usually begins with a fever (measured temperature greater than 100.4Â°F [38.0Â°C]). The fever is sometimes associated with chills or other symptoms, including headache, general feeling of discomfort and body aches. Some people also experience mild respiratory symptoms at the outset.

After 2 to 7 days, SARS patients may develop dry, nonproductive cough that might be accompanied by or progress to the point where insufficient oxygen is getting to the blood. In 10 percent to 20 percent of cases, patients will require mechanical ventilation.

If I were exposed to SARS, how long would it take for me to become sick?

The incubation period for SARS is typically 2 to 7 days; however, isolated reports have suggested an incubation period as long as 10 days. The illness usually begins with a fever (100.4Â°F [38.0Â°C]).

What medical treatment is recommended for patients with SARS?

CDC currently recommends that patients with SARS receive the same treatment that would be used for any patient with serious community-acquired atypical pneumonia of unknown cause.

Is the use of ribavirin (or other antiviral drugs) effective in the treatment of patients with SARS?

At present, the most efficacious treatment regimen, if any, is unknown. In several locations, therapy has included antivirals such as oseltamivir or ribavirin. Steroids also have been given orally or intravenously to patients in combination with ribavirin and other antimicrobials. In the absence of controlled clinical trials, however, the efficacy of these regimens remains unknown. Early information from laboratory experiments suggests that ribavirin does not inhibit virus growth or cell-to-cell spread of one isolate of the new coronavirus that was tested. Additional laboratory testing of ribavirin and other antiviral drugs is being done to see if an effective treatment can be found.

How is SARS spread?

The primary way that SARS appears to spread is by close person-to-person contact. Most cases of SARS have involved people who cared for or lived with someone with SARS, or had direct contact with infectious material (for example, respiratory secretions) from a person who has SARS. Potential ways in which SARS can be spread include touching the skin of other people or objects that are contaminated with infectious droplets and then touching your eye(s), nose, or mouth.

This can happen when someone who is sick with SARS coughs or sneezes droplets onto themselves, other people, or nearby surfaces. It also is possible that SARS can be spread more broadly through the air or by other ways that are currently not known.

How long is a person with SARS infectious to others?

Information to date suggests that people are most likely to be infectious when they have symptoms, such as fever or cough. However, it is not known how long before or after their symptoms begin that patients with SARS might be able to transmit the disease to others.

What is the cause of SARS?

Scientists at CDC and other laboratories have detected a previously unrecognized coronavirus in patients with SARS. This new coronavirus is the leading hypothesis for the cause of SARS, however, other viruses are still under investigation as potential causes.

What are coronaviruses?

Coronaviruses are a group of viruses that have a halo or crown-like (corona) appearance when viewed under a microscope. These viruses are a common cause of mild to moderate upper-respiratory illness in humans and are associated with respiratory, gastrointestinal, liver and neurologic disease in animals.

What evidence is there to suggest that coronaviruses may be linked with SARS?

CDC scientists isolated a virus from the tissues of two SARS patients and then used several laboratory methods to characterize it. Examination by electron microscopy revealed that the virus has the distinctive shape and appearance of coronaviruses, and genetic analysis suggests that this new virus does belong to the family of coronaviruses but differs from previously identified family members. Tests of serum specimens from people with SARS showed that they appeared to have been recently infected with this virus. Other tests demonstrated that this previously unrecognized coronavirus was present in a variety of clinical specimens (including specimens obtained by nose and throat swab) from other SARS patients with direct or indirect links to the outbreak. These results and other findings reported from laboratories participating in the World Health Organization (WHO) network provide growing evidence in support of the hypothesis that this new coronavirus is the cause of SARS. Additional studies of the link between this coronavirus and SARS are under way.

If coronaviruses usually cause mild illness in humans, how could this new coronavirus be responsible for a potentially life-threatening disease such as SARS?

There is not enough information about the new virus to determine the full range of illness that it might cause. Coronaviruses have occasionally been linked to pneumonia in humans, especially people with weakened immune systems. The viruses also can cause severe disease in animals, including cats, dogs, pigs, mice, and birds.

Has new information about coronavirus changed the recommendations for medical treatment for patients with SARS?

The possibility that coronavirus is the cause of SARS has not changed treatment recommendations. The new coronavirus is being tested against various antiviral drugs to see if an effective treatment can be found.

Is there a test for SARS?

No "test" is available yet for SARS. However, CDC, in collaboration with WHO and other laboratories have developed two research tests that appear to be very promising in detecting antibodies to the new coronavirus. CDC is working to refine and share this testing capability as soon as possible with laboratories across the United States and internationally.

What is the risk to individuals who may have shared a plane or boat trip with a suspected SARS patient?

Cases of SARS continue to be reported primarily among people who have had direct close contact with an infected person, such as those sharing a household with a SARS patient and health-care workers who did not use infection control procedures

while attending to a SARS patient. SARS also has occurred among air travelers, primarily travelers to and from Hong Kong, Hanoi, Singapore, and mainland China.

What should I do if I think I have SARS?

If you are ill with a fever greater than 100.4Â°F (38.0Â°C) that is accompanied by a cough or difficulty breathing or that progresses to a cough and/or difficulty breathing, you should consult a health-care provider. To help your health-care provider make a diagnosis, tell him or her about any recent travel to regions where cases of SARS have been reported and whether you were in contact with someone who had these symptoms.

What has CDC recommended to prevent transmission of SARS in households?

DC has developed interim infection control recommendations for patients with suspected SARS in the household. The basic precautions outlined in this document include the following:

Infection control precautions should be continued for SARS patients for 10 days after respiratory symptoms and fever are gone. SARS patients should limit interactions outside the home and should not go to work, school, out-of-home day care, or other public areas during the 10-day period. During this 10-day period, all members of the household with a SARS patient should carefully follow recommendations for hand hygiene, such as frequent hand washing or the use of alcohol-based hand rubs.

Each patient with SARS should cover his or her mouth and nose with a tissue before sneezing or coughing. If possible, a person recovering from SARS should wear a surgical mask during close contact with uninfected persons. If the patient is unable to wear a surgical mask, other people in the home should wear one when in close contact with the patient. Disposable gloves should be considered for any contact with body fluids from a SARS patient. However, immediately after activities involving contact with body fluids, gloves should be removed and discarded, and hands should be washed. Gloves should not be washed or reused, and are not intended to replace proper hand hygiene. SARS patients should avoid sharing eating utensils, towels, and bedding with other members of the household, although these items can be used by others after routine cleaning, such as washing or laundering with soap and hot water.