

Rev: 4/14/03

FREQUENT QUESTIONS ABOUT SARS LISTED ALPHABETICALLY BY KEY WORD

Q: How many **cases** of SARS have been reported so far?

A: Visit WHO's SARS page for daily updates on case reports in the United States and other countries <<http://www.who.int>>. Most of the cases and deaths have been reported from regions of China. To date no cases meeting WHO or CDC definitions of "suspected" or "probable" SARS have been reported on Guam. As of 4/12/03 there were 2960 SARS cases with 119 deaths reported worldwide.

Q: What is the **cause** of SARS?

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

Q: What are **coronaviruses**?

A: 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. Coronaviruses can survive in the environment for up to three hours.

Q: In what **countries** is SARS being spread?

A: SARS is currently being spread primarily in a few countries in Southeast Asia (Hong Kong, southern China, Taiwan and Singapore). Although cases of SARS have been reported in many additional countries, in most instances these cases have been the result of travel to Southeast Asia rather than local spread.

Q: What is **direct contact**?

A: Direct contact means having lived with or cared for a SARS patient or been exposed to the respiratory secretions or body fluids of a SARS infected person.

Q: If I have been **exposed** to a SARS patient should I stay home from work?

A: Exclusion from duty is not recommended for an exposed health care worker if they do not have fever or respiratory symptoms; however, the worker should report any unprotected exposure to SARS patients to their supervisor and should seek medical attention immediately if they develop a fever.

Q: Is SARS a **fatal** disease?

A: Worldwide about 3-4% of persons known to have contracted SARS have developed serious complications and died. In the U.S., however, there have yet to be any deaths due to SARS reported.

Q: Have there been any SARS cases on **Guam**?

A: No. There have been 3 reports of suspect cases but all have turned out to be false alarms.

Q: How do I know if I **have SARS**?

A: You are unlikely to have SARS unless you have traveled to an area in which SARS transmission is occurring within the last 10 days. If you have had such travel and develop a fever and/or cough or difficulty breathing you should seek medical attention immediately.

Q: What should I **do** if I think I **have SARS**?

A: If you are ill with a fever of over 100.4°F [$>38.0^{\circ}\text{C}$] 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 had direct contact with such a traveler who had these symptoms.

Q: What is the **incubation period** of SARS? (If I were exposed to SARS, how long would it take me to become sick?)

A: The incubation period for SARS is typically 2-7 days; however, isolated reports have suggested an incubation period as long as 10 days (this is the reason that persons with direct contact to a SARS patient may be quarantined for 10 days). The symptoms of SARS usually begin with a fever of 100.4°F or higher (>38.0°C) (see signs and symptoms, above).

Q: How long is a person with SARS **infectious** to others (What is the period of communicability)?

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

Q: Will wearing a disposable **mask** prevent SARS infection?

A: Common disposable "surgical" masks may offer some protection to incidental exposure to SARS but persons caring for SARS patients should be supplied with a fit-tested N95 mask, disposable gloves and gown, and eye protection (persons wearing eye glasses are considered to have adequate eye protection).

Q: What has CDC recommended to **prevent transmission** of SARS in homes in which a SARS case has been placed in isolation?

A: CDC has developed interim infection control recommendations available at <http://www.cdc.gov/ncidod/sars/ic-closecontacts.htm> 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.
- * Common household cleaners are sufficient for disinfecting toilets, sinks, and other surfaces touched by patients with SARS, but the cleaners must be used frequently.
- * Other members of the household need not restrict their outside activities unless they develop symptoms of SARS, such as a fever or respiratory illness.

Q: What is **Public Health** doing to prevent SARS from becoming a problem on Guam?

A: Although there is probably no way to prevent a case of SARS eventually finding its way to Guam unless the island is closed to all travel, the Guam Department of Public Health and Social Services is taking the following steps to minimize this risk:

- ❖ Health Alert notices are being provided to passengers arriving from areas where SARS is currently being spread.
- ❖ Airline employees are required to report ill passengers upon arrival.
- ❖ Guam Customs & Quarantine officers report ill passengers to Public Health.
- ❖ Timely information is being provided to doctors and the public.
- ❖ Persons with close contact with SARS patients will be required to be quarantined for 10 days.
- ❖ Infection control practices at GMH have been reviewed and strengthened.

Q: What does a **quarantine inspector** do?

A: Customs and Quarantine inspectors serve as important guardians of health at borders and ports of entry into the United States. They routinely respond to reports of illness in arriving passengers and ensure that the appropriate medical action is taken.

Q: Who is most at **risk** of contracting SARS?

A: At this time only people who have traveled to areas where SARS is being spread (Southeast Asia) and close contact of SARS cases are at risk of contracting SARS. New 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 caring for a SARS patient. In the United States, there is no indication of community transmission at this time. CDC continues to monitor this situation very closely.

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

A: Cases of SARS continue to be reported primarily among persons 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. A few cases of SARS have also occurred among air travelers, primarily travelers to and from Hong Kong, Hanoi, Singapore, and mainland China.

Q: What is **SARS**?

A: SARS is a viral respiratory illness similar to influenza that has recently been reported in Southeast Asia, North America, and Europe. Although cases have been reported in many countries, it is being spread primarily in Hong Kong, southern China, Taipei and Singapore. The full name is **Severe Acute Respiratory Syndrome**. "Suspect" SARS is defined as fever, respiratory symptoms (cough, shortness of breath or difficulty breathing) and a history of travel within 10 days to an area where SARS is being transmitted. "Probable" SARS is the above plus the development of more serious respiratory disease (pneumonia or Acute Respiratory Distress).

Q: How is SARS **spread**?

A: The principal way SARS appears to be spread is through droplet transmission; namely, when someone sick with SARS coughs or sneezes droplets into the air and someone else breathes them in. It is also possible that SARS can be transmitted more broadly through the air or from objects that have become contaminated but these means of spread are apparently much less common.

Q: Is it safe to use a public **swimming pool** during a SARS outbreak?

A: It is probably not possible for SARS to be transmitted by contact with water in a public swimming pool. Direct contact with the respiratory secretions, body fluids or waste products of a SARS infected person is usually required for transmission.

Q: What are the **symptoms** of SARS?

A: The illness usually begins with a fever (measured temperature greater than 100.4°F [$>38.0^{\circ}\text{C}$]). 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 a dry, nonproductive cough that might be accompanied by or progress to the point where insufficient oxygen is getting to the blood. In 10% to 20% of cases, patients will require mechanical ventilation.

Q: Is SARS caused by **terrorists**?

A: Information currently available about SARS indicates that people who appear to be most at risk are either health care workers taking care of sick people or family members or household contacts of those who are infected with SARS. That pattern of transmission is what would typically be expected in a contagious respiratory or flu-like illness and is not what would be expected as the result of a terrorist attack.

Q: Is there a **test** for SARS?

A: No "test" is available yet for SARS; however, CDC, in collaboration with WHO and other laboratories, has developed 2 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.

Q: I have to **travel** to an area where SARS transmission has been reported. What precautions should I take?

A: There are no specific measures such as vaccines or medications that can be taken to prevent SARS infection. If you are unable to delay your travel plans you should plan to avoid crowds and maintain your body's resistance to disease by getting adequate rest, proper diet and moderate exercise. Frequent hand washing will also help minimize your chances of contracting SARS and other diseases.

Q: Are there any **travel restrictions** related to SARS?

A: At this time there are no travel restrictions in place that are directly related to SARS. However, a CDC travel advisory recommends that individuals who are planning nonessential or elective travel to mainland China, Hong Kong, Hanoi, Vietnam, or Singapore may wish to postpone their trip until further notice.

Q: What should I do if I have recently **traveled** to a country where cases of SARS have been reported?

A: You should monitor your own health for 10 days following your return. If you become ill with a fever of over 100.4°F [$>38.0^{\circ}\text{C}$] 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

Q: What medical **treatment** is recommended for patients with SARS?

A: 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. Several treatment regimens have been used for patients with SARS, but there is insufficient information at this time to determine if they have had a beneficial effect. Reported therapeutic regimens have included antibiotics to presumptively treat known bacterial agents of atypical pneumonia. Therapy also has included antiviral agents such as oseltamivir or ribavirin. Steroids also have been administered orally or intravenously to patients in combination with ribavirin and other antimicrobials.

Q: Is there a **vaccination** against SARS?

A: No, but scientists will soon be working to develop one.