

EDITORIAL:

SEVERE ACUTE RESPIRATORY SYNDROME (SARS)

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The topic of concern for today. It is an atypical pneumonia that has recently spread in Canada, China, Hong Kong, Special Administrative Region of China, Indonesia, Philippines, Singapore, Thailand, and Vietnam, presenting a worldwide public health concern. Up to May 14, 2003, WHO has received reports of 7628 cases of Severe Acute Respiratory Syndrome (SARS) with 587 deaths.

SARS is an emerging disease. Knowledge about its clinical behavior, response to treatment, and modes and risks of transmission are continually evolving. The disease appears to be primarily spread from person-to-person through droplet transmission. Potential ways in which SARS can be spread include touching the skin of people or objects contaminated with infectious droplets and then touching the eye, nose, or mouth. It is also possible that SARS can be spread more broadly through the air or other ways currently not known.

Incubation period is 2 to 7 days, maximum 10 days. Early symptoms are fever, body aches, dry cough and breathlessness. Ten to 20 percent of SARS cases may progress to require the use of a respirator.

Several laboratory tests can be used to detect the SARS-associated coronavirus (SARS-CoV). Tests for antibodies against coronavirus can be performed. Clinical specimens, including serum, stool and nasal secretions can be used to identify the presence of genetic material specific for SARS-CoV (PCR). Viral culture can be used to detect the SARS-CoV as well.

Treatment given is symptomatic. No specific treatment recommendations can be made at this time. Various antiviral drugs have been tried.

There are some general measures that apply to many infectious diseases to prevent the spread of SARS. The most important is frequent hand washing with soap and water or use of alcohol-based hand rubs. Avoiding to touch the eyes, nose and mouth with unclean hands and encouraging to cover the nose and mouth while coughing or sneezing.

Preliminary studies in some research laboratories suggest that the virus may survive in the environment for several days.

CDC does not recommend routine use of surgical masks when people are in public to prevent SARS. People suspected of having SARS should cover their mouth and nose when coughing or sneezing. If possible, they should wear a surgical mask during close contact with people (for example, household members) to prevent the spread of infectious droplets. When a person with SARS is unable to wear a surgical mask, household members should wear surgical masks when in close contact with the patient.

CDC has developed interim infection control recommendations for patients with suspected SARS in the household. The basic precautions 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. ⁶ 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 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.

Coronaviruses can survive in the environment for as long as three hours. Common household cleaners are sufficient for disinfecting toilets, sinks, and other surfaces touched by patients with SARS.

Other members of the household need not restrict their outside activities unless they develop symptoms of SARS, such as a fever or respiratory illness. Workers, who in the last 10 days have traveled to a known SARS area, or have had close contact with a co-worker or family member with suspected or probable SARS could be at increased risk of developing SARS and should be on the alert for the development of fever (greater than 100.4° F) or respiratory symptoms (e.g., cough or difficulty breathing). If these symptoms develop, do not go to work, school, or other public areas and seek evaluation by a health-care provider and practice infection control precautions recommended for the home or residential setting; be

sure to contact your health-care provider beforehand to let them know you may have been exposed to SARS.

At this time there are no travel restrictions in place that are directly related to SARS. However, individuals who are planning nonessential or elective travel to mainland China, Hong Kong and Taiwan may wish to postpone their trip until further notice. CDC also has issued travel alerts for Singapore; Hanoi, Vietnam; and Toronto, Canada. Travelers to any of these places must observe precautions to safeguard their health.