



Current SARS Information from W. H. O. and CDC

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Q : What are the symptoms of SARS ?

A : The main symptoms of SARS are high fever (greater than 38° Celsius or 100.4 Fahrenheit), dry cough, shortness of breath or breathing difficulties. Changes in chest X-rays indicative of pneumonia also occur. SARS may be associated with other symptoms, including headache, muscular stiffness, loss of appetite, malaise, confusion, rash and diarrhea.

In the early stages the symptoms are similar to those of many diseases including influenza. Heightened awareness about the disease, and the vigilance of health authorities around the world, have resulted in a close watch for suspected cases and rapid and thorough reporting. Not all of these suspected cases may prove to be SARS. There are many reports and rumors coming in from around the world, but quite a few of these will turn out to be normal wintertime activity of diseases like influenza whose early symptoms are similar.

Q : How contagious is SARS ?

A : Based on currently available evidence, close contact with an infected person is needed for the infective agent to spread from one person to another. Contact with aerosolized (exhaled) droplets and bodily secretions from an infected person appears to be important. To date, the majority of cases have occurred in hospital workers who have cared for SARS patients and the close family members of these patients. However, the amount of the infective agent needed to cause an infection has not yet been determined. (Transmission by air is still a possibility.)

Q : How should SARS patients be managed?

A : Patients should be placed in an isolation unit. Strict respiratory and mucosal barrier nursing is recommended. It is very important that suspected cases are separated from other patients and placed in their own hospital room. Health care workers and visitors should wear efficient filter masks, goggles, aprons, head covers, and gloves when in close contact with the patient.

Q : What is the treatment for SARS ?

A : While some medicines have been tried, no drug can, at this time, be recommended for prophylaxis or treatment. Antibiotics do not appear to be effective. Symptoms should be treated by adequately protected health professionals. Ten percent of the China cases have needed ventilators.

Q : When will this disease be identified ?

A : An international research project to look for the pathogen was established Monday, March 17, 2003. Eleven top labs in ten countries are consulting daily and are working together to identify what causes SARS. Various specimens have been collected from cases and post-mortem examinations. Laboratory tests are ongoing and possible culprits are in the *paramyxo* (mumps, measles, croup) and *corona* virus (common cold) families.

Q : How fast does SARS spread ?

A : SARS appears to be less infectious than influenza. The incubation period is short, estimated to range from 2-7 days, with 3-5 days being more common. However, the speed of international travel creates a risk that cases can rapidly spread around the world.

Q : Where and when was the first case of SARS reported ?

A : On 26 February, a man was admitted to hospital in Hanoi with high fever, dry cough, myalgia (muscle soreness) and mild sore throat. Over the next four days he developed increasing breathing difficulties, severe thrombocytopenia (low platelet count) and signs of adult respiratory distress syndrome requiring ventilator support.

Q : How many cases of SARS have been reported to date ?

A : From 1 February to 24 March, 1485 cases and 53 deaths have been reported. The cumulative number of cases and deaths is continuously updated on the **WHO web site**.

Q : How many countries report cases of SARS ?

A . As of March 28, cases had been reported in fifteen countries, including Hong Kong, China; Guangdong Province, China; and Taiwan, China. Of these, four countries have only imported cases with no documented local transmission, indicating that the disease is not spreading in these countries and residents are not at risk.

Q : Could SARS result from bioterrorism?

A : There is no indication so far that SARS is linked to bioterrorism.

Q : Should we be worried ?

A : This illness can be severe and, due to global travel, has spread to several countries in a relatively short period of time. However, SARS is not highly contagious when protective measures are used, and the percentage of cases that have been fatal is low, about 3% so far.

Q : Could this be the next flu pandemic ?

A : Tests have not yet conclusively identified the causative agent of SARS. The possible involvement of an influenza virus was an initial concern.

Q What does WHO recommend ?

A : WHO recommends that global surveillance continue and that suspected cases are reported to national health authorities. WHO urges national health authorities to remain on the alert for suspected cases and followed recommended protective measures. SARS patients should be isolated and cared for using barrier nursing techniques and provided with symptomatic treatment. Singapore, Hong Kong and Toronto, Canada are enforcing quarantines to help restrict the spread of SARS.

As of March 28, 2003

United States

Suspected SARS pneumonia cases in the United States have climbed to 45 in 20 states.

Alabama 1
California 12
Connecticut 1
Hawaii 3
Illinois 1
Kansas 1
Maine 2
Massachusetts 1
Michigan 2
Missouri 2
Mississippi 1
Minnesota 2
New Jersey 3
New Mexico 1
North Carolina 2
New York 8
Ohio 1
Pennsylvania 3
Rhode Island 1
Texas 3
Utah 4
Virginia 4
Wisconsin 1

Total Suspected U. S. Cases Under Investigation: 60

Worldwide:

Canada 29 cases and 3 Deaths
China 806 cases and 34 Deaths
China, Hong Kong Administrative Region 425 cases and 10 deaths
China, Taiwan 10
France 1
Germany 4
Italy 2
Ireland 2
Romania 3
Singapore 86 and 2 deaths
Switzerland 2
Thailand 3
United Kingdom 3
United States 51
Viet Nam 58 and 4 deaths

Current World Total: 1485 Cases and 53 Deaths

Websites:

<http://www.who.int/en/> (World Health Organization)

<http://www.cdc.gov/> (Centers for Disease Control)

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