

Severe Acute Respiratory Syndrome (SARS)

Frequently asked questions about Severe Acute Respiratory Syndrome

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General Information

Q What is Severe Acute Respiratory Syndrome (SARS)?

A SARS is the term being used to describe a serious respiratory illness. The first global outbreak occurred between March and July 2003, with over 8,400 cases and 813 deaths. China, South-East Asia, and Toronto, Canada were the most affected countries.

Q What are the symptoms of SARS?

A The main symptoms of SARS are high fever (over 38° C), dry cough, shortness of breath, or breathing difficulties. Other symptoms can include myalgia, headache and diarrhoea. Symptoms should be severe enough to warrant hospitalisation and chest X-ray changes should show pneumonia or respiratory distress syndrome.

Q How contagious is SARS?

A Reports from countries most affected by SARS show that close contact with a symptomatic person poses the highest risk of the virus spreading from one person to another. The majority of cases occurred among hospital workers who have cared for SARS patients and the close family members of these patients.

Q Do you know what's causing this infection?

A The cause of SARS is now known to be a new member of the coronavirus family. The SARS coronavirus (SARS CoV) has been isolated and further research is underway.

Q What is the treatment for SARS?

A There is a wide clinical spectrum in SARS. Most patients have recovered with minimal treatment, but for the severely ill, reports from affected countries suggest that anti-viral drugs are probably not beneficial, however other research suggests that interferon may be helpful. In addition, steroids may be effective in some patients, research into this area is continuing. At present, there is no specific treatment.

Q How fast does SARS spread?

A SARS appears to be less infectious than influenza. The incubation period is believed to be short, around two to seven days (maximum 10 days).

Q What can I do to protect myself?

A At present there are no cases of SARS occurring anywhere in the world. However SARS could re-emerge at any time. The best advice is to check the DHSSPS website or the WHO website for the most up to date information before planning any travel.

Q Is there a vaccine for SARS?

A No, a vaccine is not available at present.

Q Could SARS result from bioterrorism?

A There is no indication that SARS is linked to bioterrorism.

Q Is there a test for SARS?

A There is currently no test available that can detect SARS reliably at the early stages of the illness. There are several types of test for the SARS coronavirus, the main tests are PCR and serology. These tests are only performed on specimens from people suspected of having SARS. The tests are still under development, and may not be sufficiently sensitive to identify the virus in all cases during the acute illness. A blood test 21 days after the acute illness is the WHO recommended test to see if a person was infected with the SARS coronavirus. If a person has a positive test for the SARS coronavirus it means they are, or recently were, infected with the virus. Having a negative test by PCR for the SARS coronavirus does not, however, mean that a person is definitely not infected.

SARS cases to date

Q I've heard of cases of SARS in Northern Ireland – can you confirm this?

A There have been suspected cases of SARS reported in the media, however we will only be reporting cases that are probable and therefore fit the case definition issued by the WHO. There have been no probable cases reported in Northern Ireland. At this time of year in south-east Asia influenza activity is high and we would therefore expect travellers to this area to be returning with flu-like symptoms, which are unrelated to the current outbreaks of SARS.

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

A Between March and July 2003 over 8400 probable cases of SARS were reported in 32 countries. Between July 2003 and May 2004 four small self-contained outbreaks of SARS were reported, three of which were related to breaches in laboratory safety.

Q Why are you so worried about SARS?

A It is important to keep the risk in proportion. Healthcare workers in the UK, including in NI, have assessed people returning from affected areas with a temperature and a cough, and in fact there have been only a handful of probable cases – and when you compare this to the number of people coming back from affected areas each day the risk is very low. However, SARS can be a very serious condition. Not all people suffering from SARS have developed pneumonia, but in those who have the risk of dying is about 15%. This risk is higher in elderly people. Also, as we have seen in Canada, if the infection gets into a hospital, it can spread very quickly. Therefore, the Chief Medical Officer has made sure that staff in the HPSS are aware of the risk and what to do if they believe they have a case.

Travel and SARS

Q What should I do if I am planning to travel, and am worried about SARS?

A During the first global outbreak of SARS, WHO had issued travel recommendations, for travellers to postpone travel to areas with local transmission in a bid to interrupt the transmission of the virus internationally. From 5 July 2003, there are no countries on the WHO's list of areas with recent local transmission. But should SARS re-emerge, the latest information and advice will be available at <<http://www.who.int/en/>>.

Q Why is screening still carried out in some countries?

A Screening is still taking place at some airports where local transmission has taken place, such as Hong Kong and southern China. This screening includes passengers completing a form on entry and being asked questions about any ill health on their departure as well as having a temperature check. This is an extra measure taken by previously affected countries to remain vigilant to the possibility of the re-emergence of SARS.

Other

Q Has SARS gone for good?

A There are currently no new cases of SARS in the world but public health systems are continuing to be vigilant and prepared for the possible re-emergence of SARS. We are confident that we have strong surveillance systems in place in Northern Ireland to identify new cases of SARS. We have good infection control measures in place in hospitals in this country and have issued advice for health care professionals on the management of SARS cases and their contacts to minimise any potential spread of this illness. The latest information worldwide is available at<<http://www.who.int/en/>>.

DHSSPS will continue to monitor the situation in relation to SARS and update this information as required.