

Severe Acute Respiratory Syndrome (SARS)

Agent: Severe acute respiratory syndrome-associated coronavirus (SARS-CoV)

Mode of Transmission: Most likely transmitted from person to person through respiratory droplets released during coughing and sneezing; transmission can also occur by touching a contaminated surface or object and then touching the mouth, nose, or eyes. It is possible that SARS-CoV might be spread more broadly through the air or by other routes that are not yet known.

Signs/Symptoms: Fever, chills, headache, body aches, followed by respiratory symptoms, such as cough, shortness of breath, or difficulty breathing. Diarrhea may occur.

Prevention: Factors that may reduce transmission include frequent hand washing, avoidance of touching the eyes, nose, and mouth with contaminated hands, and covering the nose and mouth with a tissue when coughing or sneezing.

Other Important Information: Major outbreaks of SARS occurred between November 2002 and July 2003 in Canada, China, Singapore and Vietnam. In the United States, eight people had laboratory evidence of SARS-CoV infection. SARS is thought to have originated in China. In 2012, the National Select Agent Registry program published a final rule declaring SARS coronavirus a select agent because of its potential to pose a severe threat to public health and safety.

No cases of SARS have been reported in Virginia since 2003. One case of SARS was confirmed in Virginia in 2003 during the international outbreaks in 2002 and 2003. The case occurred in a female aged 50 years or older who had traveled to several Asian countries in the four weeks before she developed symptoms. Her exposure most likely occurred in a Singapore hospital where she had direct contact with patients being treated for SARS.

The last reported case detected through active global surveillance occurred in China in April 2004. Since then, there has been no evidence of SARS circulating in the human population.