

**Table 2 The parameters that were used for controlling SARS – and how they were determined, 2003 [5,19,20]**

Parameter	Findings	Implications for control
Modes of transmission	<p>Person-to-person via respiratory route;</p> <p>Direct (and indirect) contact of mucous membranes with respiratory secretions, including fomites;</p> <p>Aerosol-generating procedures were associated with “super-spreading events”</p>	<p>Strict infection control and respiratory hygiene, especially in health-care settings;</p> <p>Regular and high levels of environmental cleaning in health-care settings;</p> <p>Avoid aerosol-generating procedures and undertake scrupulous infection control procedures when they are essential</p>
Method of spread	<p>Air travel especially important for international spread;</p> <p>Movement of infected patients between hospitals for local spread</p>	<p>Persons with febrile respiratory illnesses should delay travel;</p> <p>Exit screening for febrile respiratory illness for those leaving a country where transmission was taking place regularly;</p> <p>Reduction in movement and transfer of certain patients in complex local health economies</p>
Those at risk of infection	<p>Health care workers</p> <p>Patients in hospital</p> <p>Adult family members</p> <p>Children were only rarely infected themselves or infected others</p>	<p>Particular emphasis on infection control in health care settings including emergency rooms and health care waiting rooms</p> <p>No reason to take more than the normal precautions with children</p>
Setting when infections take place	<p>Mostly health-care settings including emergency rooms</p> <p>Some transmissions in other closed settings such as aircraft</p> <p>Some unusual super-spreading events in Hong Kong in one hotel and one apartment complex</p>	<p>Particular emphasis on infection control in health care settings including emergency rooms and health care waiting rooms</p> <p>Initial triage of febrile patients and those with respiratory symptoms seeking care</p> <p>Avoid aerosol generating procedures and undertake scrupulous infection control procedures when they are essential</p>
Incubation period	2 to 10 days	Ten days a reasonable period for quarantine and for judging whether or not a person was likely to have SARS if symptomatic and had been in a country where transmission was taking place regularly
When infectious	Low in first few days of symptoms, maximal in second week	Early self-isolation was found to be especially effective
Reproductive number	<p>Best estimate was <math>R = 1-3</math></p> <p>Most infections did not result in further infections but super-spreading events took place</p>	Particular emphasis on infection control in health care settings including emergency rooms and health care waiting rooms
Clinical presentation	Acute, febrile respiratory illness, could be difficult to notice in persons with other respiratory illness and post-operative cases	In a country where transmission was taking place regularly focus efforts on case-finding among those with acute, febrile respiratory illness: so-called fever clinics and initial triage of those presenting for care to prevent transmission in waiting areas and emergency rooms
Effective control measures	<p>Intensive surveillance for respiratory infections and aggressive case finding where cases were occurring;</p> <p>Early isolation of putative cases</p> <p>Contact tracing around confirmed cases;</p> <p>Triage of persons with acute febrile respiratory illnesses</p> <p>Reduce movement and transfer of patients</p>	
Those at highest risk of severe disease	<p>Persons with chronic underlying conditions;</p> <p>Pregnant women</p>	Particular protection of these groups