



DEPARTMENT OF THE AIR FORCE  
HEADQUARTERS UNITED STATES AIR FORCE  
WASHINGTON, DC

April 1, 2003

MEMORANDUM FOR SEE DISTRIBUTION

FROM: AF/SG  
110 Luke Ave, Suite 400  
Bolling AFB, DC 20332

SUBJECT: SARS

The recent international epidemic of atypical pneumonia referred to as Severe Acute Respiratory Syndrome (SARS) has raised concerns about the potential impact to deploying forces and current operations. In response to ASD(HA)'s memo (Medical Advisory—Severe Acute Respiratory Syndrome, Attachment 1), all MTF commanders are directed to accomplish the following tasks:

a. Provide commanders with information on SARS, including advisory for travel and protective measures for personnel to avoid the risk of transmission. Current resources from the Centers for Disease Control and Prevention (CDC) can be found at <http://www.cdc.gov/ncidod/sars/>. DoD specific information can be found at <http://www.ha.osd.mil>.

b. Until the health advisory alert is lifted, the information sheet at attachment 2 should be distributed to all deploying personnel and when feasible, it should be distributed at least 48 hours prior to departure. The information sheet will help personnel self-identify if they are at an increased risk for SARS. Personnel who are at high risk for SARS or who meet the CDC's definition of suspected SARS case should be further evaluated and their deployment reconsidered. Note that personnel at high risk for SARS may be asymptomatic since the incubation period between exposure and the development of symptoms is 2-7 days.

c. Ensure CDC information on evaluation, treatment, infection control and isolation of suspected SARS cases is available to all MTF providers. Since the case definition of SARS includes travel to risk areas and close contact with those who recently traveled to risk areas, providers should obtain a travel history on patients presenting with acute respiratory illness. Providers should immediately notify Public Health of any suspected SARS cases. Public Health will ensure that all suspected cases are reported within 24 hours to the Air Force Reportable Events Surveillance System at [afress@brooks.af.mil](mailto:afress@brooks.af.mil) and to the appropriate local or state health department. Providers should also take the necessary precautions to avoid having direct contact with respiratory secretions and/or body fluids of a suspect SARS case. In addition, given the evolving case definition and changing nature of the epidemic, providers should refer to CDC sources at <http://www.cdc.gov/ncidod/sars/> on a regular basis for updates.

My staff contact for this matter is Major Mylene Huynh, AFMOA/SGZP, 110 Luke Avenue, Room 405, Bolling AFB, DC 20032-7050, DSN 297-4260, e-mail: [mylene.huynh@pentagon.af.mil](mailto:mylene.huynh@pentagon.af.mil).

A handwritten signature in blue ink, appearing to read "George Peach Taylor, Jr.", written in a cursive style.

GEORGE PEACH TAYLOR, JR  
Lieutenant General, USAF, MC, CFS  
Surgeon General

Attachments:

1. ASD(HA) memo, 27 March 2003
2. SARS Information Sheet

cc:  
AF/CVA

DISTRIBUTION:  
See Attached List

## DISTRIBUTION LIST:

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Air Force



HEALTH AFFAIRS

## THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, D. C. 20301-1200

MAR 27 2003

MEMORANDUM FOR SECRETARIES OF THE MILITARY DEPARTMENTS  
CHAIRMAN OF THE JOINT CHIEFS OF STAFF

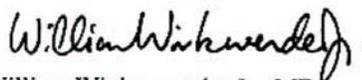
SUBJECT: Medical Advisory - Severe Acute Respiratory Syndrome

1. The occurrence of a severe form of atypical pneumonia, called Severe Acute Respiratory Syndrome (SARS) in Asia and other countries worldwide has raised concerns regarding the potential impact to deploying forces and current operations. Please give this advisory the widest possible dissemination to installation and operational commanders.
2. SARS is a respiratory illness believed to be caused by a newly recognized virus in the Coronavirus family. The vast majority of SARS cases have occurred in China, Hong Kong, Singapore, and Vietnam. However, cases have also occurred in Europe, Canada and the United States. The period from exposure to onset of illness is 2 to 7 days. Diagnostic tests are under development, but are not available at this time. The illness usually begins with a fever (100.4 or higher) and is usually associated with symptoms similar to the flu (headache, muscle aches, sore throat). After about 3 to 7 days a dry cough, shortness of breath or difficulty breathing can develop. Some of those who are ill develop severe symptoms and require hospitalization and extensive medical care. Current statistics suggest approximately 3 percent of those who acquire the disease die from it. The disease appears to spread from person to person only by close contact with people who are ill with the disease. Health care workers treating affected patients may be particularly at risk. Casual contact does not spread the disease, though the risk of transmission in closed spaces (i.e., airplanes) is being investigated.
3. While the threat to operational forces is considered low (to date, no DoD beneficiaries have been identified with SARS), introduction of SARS into deployed forces could result in an increasing number of cases, the need to isolate and quarantine forces, thus impacting operations and the consumption of limited medical resources. I recommend precautions to reduce the risk of transmitting SARS to deployment areas (especially at mobilization sites and marshalling areas). A process should be considered to screen personnel mobilizing for deployment for recent significant respiratory illness and/or the above symptoms, or potential recent contact with any individuals with SARS. Commanders approving port calls in Asia should assess, in consultation with their medical staff, whether SARS is present in the local area. If SARS is present, curtailment of liberty should be considered. Because SARS is spread by contact with respiratory

droplets from people ill with the disease, frequent hand washing and avoiding contact with people who are ill with flu-like symptoms dramatically reduces the risk of transmission. Personnel who meet the case definition for SARS, or any close contacts, should be isolated and should undergo medical evaluation.

4. Additional Health Affairs guidance on the SARS outbreak may be forthcoming. Updated information on SARS will be placed on the health affairs website at <http://www.ha.osd.mil>. Information on the case definition and locations affected can be found at <http://www.cdc.gov/ncidod/sars/>.

5. I am requesting that your Surgeons General provide me with their implementation plans for this Medical Advisory within 48 hours of receipt of this message.



William Winkenwerder Jr., MD

cc:  
Under Secretaries of Defense  
Special Assistant to the SecDef  
Special Assistant to the DepSecDef  
Surgeon General of the Army  
Surgeon General of the Navy  
Surgeon General of the Air Force  
Joint Staff Surgeon

## **Severe Acute Respiratory Syndrome (SARS) Information for Deploying Military Personnel**

As you may have heard from recent news reports, health officials are dealing with an epidemic of respiratory illness known as SARS. Thought to be caused by a previously unknown virus, the illness first appeared in Southeast Asia and primarily involved health-care workers caring for SARS patients and close family contacts.

Although there have been suspected SARS cases reported in the U.S., the SARS risk to you is low. Unless you have been in contact with people who are ill and have traveled to affected areas (e.g., China, Vietnam, or Singapore) or you have traveled there yourself recently, the chance of you contracting this disease is extremely low.

However, just to be on the safe side and ensure you stay healthy during your upcoming deployment, we want to make sure you are not at increased risk. **If any of the following apply to you, please inform medical authorities immediately:**

- In the last 10 days, you have had close or direct contact with any person(s) with Severe Acute Respiratory Syndrome (SARS).
- In the last 10 days, you have had close or direct contact with any person(s) with a respiratory illness who has traveled to Asia.
- In the last 30 days, you have traveled to country(ies) in Asia (e.g., China, Vietnam, or Singapore).
- You currently have high fever **and** cough, shortness of breath, or difficulty breathing.

As with other respiratory illnesses, good hygiene and frequent hand washing help to prevent disease transmission. Should you develop a fever and cough or other respiratory symptoms following any future travel to an affected region or have close contact with a SARS patient, please contact your healthcare provider immediately.