



# SEVERE ACUTE RESPIRATORY SYNDROME

## GUIDELINES AND RECOMMENDATIONS

### Interim Domestic Guidance for Health Departments in the Management of School Students Exposed to Severe Acute Respiratory Syndrome (SARS)

*Severe acute respiratory syndrome (SARS) is a respiratory illness caused by a novel coronavirus, called SARS-associated coronavirus (SARS-CoV). The disease was first recognized in Asia in February 2003, and over the next several months spread to more than two dozen countries in North and South America, Europe, and Asia. In July, cases were no longer being reported, and SARS outbreaks worldwide were considered contained. Additional information about the SARS pandemic is available on the World Health Organization's (WHO) SARS Web site ([www.who.int/csr/sars/en/](http://www.who.int/csr/sars/en/)) and the Centers for Disease Control and Prevention's (CDC) SARS Web site ([www.cdc.gov/ncidod/sars/](http://www.cdc.gov/ncidod/sars/)).*

*CDC is working with domestic and international partners to prepare for the possible re-emergence of SARS. This interim guidance document was developed during the SARS outbreak of February-July 2003 and will be revised as additional information becomes available.*

Most patients with SARS, see ([www.cdc.gov/ncidod/sars/factsheet.htm](http://www.cdc.gov/ncidod/sars/factsheet.htm)) in the United States were exposed through foreign travel to countries with community transmission of SARS (areas with community transmission can be found at the case definition page at [[www.cdc.gov/ncidod/sars/casedefinition.htm](http://www.cdc.gov/ncidod/sars/casedefinition.htm)]), with only limited secondary spread to close contacts such as family members and health-care workers. Casual contact with a SARS patient at schools, other institutions, or public gatherings (e.g., attending the same class or public gathering) has not resulted in documented transmission in the United States. However, management of students exposed (i.e., through foreign travel or close contact) to SARS patients is a concern. The following are interim recommendations to assist health departments in the management of exposed students.

1. Students who may have been exposed to SARS should be vigilant for fever (i.e. measure temperature twice daily) and respiratory symptoms over the 10 days following exposure.\* During this time, in the absence of both fever and respiratory symptoms, students need not limit their activities outside the home and should not be excluded from school, or other public areas. However, the exposure should be reported to the appropriate points of contact (e.g., school officials and local health authorities).
2. Exposed students should notify school officials and their health-care provider immediately if fever OR respiratory symptoms develop. **In advance of clinical evaluation health-care providers should be informed that the student may have been exposed to SARS so arrangements can be made, as necessary, to prevent transmission to others in the health-care setting.**
3. Symptomatic students exposed to SARS should follow the following infection control precautions:
  - If fever OR respiratory symptoms develop, the student should not go to school or work, but should stay home while arranging health-care evaluation. In addition, the student should use infection control precautions ([www.cdc.gov/ncidod/sars/ic-closecontacts.htm](http://www.cdc.gov/ncidod/sars/ic-closecontacts.htm)) in the home to minimize the risk for transmission, and continue to measure temperature twice daily.

August 18, 2003

Page 1 of 3

## **Interim Domestic Guidance for Health Departments in the Management of School Students Exposed to Severe Acute Respiratory Syndrome (SARS)**

(continued from previous page)

- If a symptomatic exposed student lives in a residence where appropriate infection control precautions cannot be implemented and maintained (e.g., crowded dormitory setting), alternative housing arrangements should be made. If there is no such alternative, the student should be hospitalized, or housed in a designated residential facility for convalescing SARS patients, where infection control precautions can be followed.
- If symptoms improve or resolve within 72 hours after first symptom onset, the student may be allowed after consultation with local public health authorities to return to school or work and infection control precautions can be discontinued (see figure below).
- For students who meet or progress to meet the case definition for suspected SARS (e.g., develop fever and respiratory symptoms), infection control precautions should be continued until 10 days after the resolution of fever, provided respiratory symptoms are absent or improving.
- If the illness does not progress to meet the case definition, but the student has persistent fever\*\* or un-resolving respiratory symptoms, infection control precautions should be continued for an additional 72 hours, at the end of which time a clinical evaluation should be performed. If the illness progresses to meet the case definition, infection control precautions should be continued as described above. If case definition criteria are not met, infection control precautions can be discontinued after consultation with local public health authorities and the evaluating clinician (see figure below). Factors that might be considered include the nature of the potential exposure to SARS, nature of contact with others in the residential or work setting, and evidence for an alternative diagnosis.

4. Students who meet or progress to meet the case definition for suspected SARS (e.g., develop fever and respiratory symptoms) or whose illness does not meet the case definition, but who have persistent fever or un-resolving respiratory symptoms over the 72 hours following onset of symptoms should be tested for SARS coronavirus infection. Collection of appropriate specimens for laboratory testing ([www.cdc.gov/ncidod/sars/specimen\\_collection\\_sars2.htm](http://www.cdc.gov/ncidod/sars/specimen_collection_sars2.htm)) should be coordinated with and guided by local/state public health authorities and consultation with CDC.

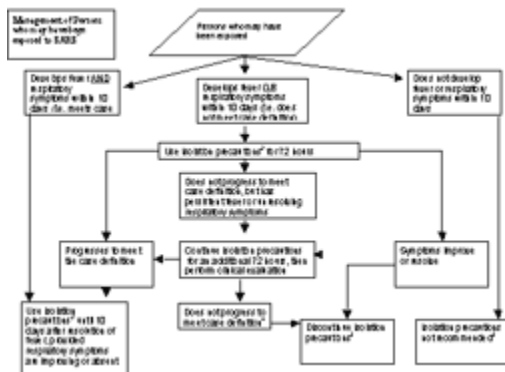
5. In a school that has a symptomatic exposed student in attendance during the 10 days following exposure, education concerning the symptoms of SARS and monitoring of potentially exposed students and school personnel should be conducted in consultation with the local health department.

\* Monitoring for signs and symptoms should be tailored to the specific school setting or age group. Some students may require assistance from parents or school officials in monitoring for signs of illness.

\*\*Clinical judgment should be used when evaluating patients for whom a measured temperature of >100.4° F (>38° C) has not been documented. Factors that might be considered include patient self-report of fever, use of antipyretics, presence of immunocompromising conditions or therapies, lack of access to health care, or inability to obtain a measured temperature. Reporting authorities might consider these factors when determining whether infection control precautions should be continued.

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(continued from previous page)



<sup>1</sup>Exposure includes travel from areas with documented or suspected community transmission of SARS or close contact with persons who have SARS; close contact is defined as having cared for or lived with a person known to have SARS or having a high likelihood of direct contact with respiratory secretions and/or body fluids of a patient known to have SARS. Examples of close contact include kissing or embracing, sharing eating or drinking utensils, close conversation (<3 feet), physical examination, and any other direct physical contact between persons. Close contact does not include activities such as walking by a person or sitting across a waiting room or office for a brief period of time.

<sup>2</sup>Isolation precautions include limiting patient’s interactions with others outside the home (e.g., should not go to work, school, out of home day care, church or other public areas), and following infection control guidelines for the home or residential setting if not admitted to hospital for care.

<sup>3</sup>Persons need not limit interactions outside of home (e.g., need not be excluded from work, school, out of home day care, church or other public areas).

<sup>4</sup>Discontinuation of isolation precautions for patients who have not met the case definition 6 days following onset of symptoms, but who have persistent fever or respiratory symptoms, should be done only after consultation with local public health authorities and the evaluating clinician. Factors that might be considered include the nature of the potential exposure to SARS, nature of contact with others in the residential or work setting, and evidence for an alternative.

For more information, visit [www.cdc.gov/ncidod/sars](http://www.cdc.gov/ncidod/sars) or call the CDC public response hotline at (888) 246-2675 (English), (888) 246-2857 (Español), or (866) 874-2646 (TTY)