



SEVERE ACUTE RESPIRATORY SYNDROME

GUIDELINES AND RECOMMENDATIONS

Interim Domestic Guidance for Management of Exposures to Severe Acute Respiratory Syndrome (SARS) for Healthcare and Other Institutional Settings

Health-Care Settings

Several health-care workers have been reported to develop Severe Acute Respiratory Syndrome (SARS) after caring for patients with SARS. Although the infectivity and etiology of SARS are currently unknown, transmission to health-care workers appears to have occurred after close contact with symptomatic individuals (e.g., persons with fever or respiratory symptoms) before recommended infection control precautions for SARS were implemented (i.e., unprotected exposures). Personal protective equipment appropriate for standard, contact, and airborne precautions (e.g., hand hygiene, gown, gloves, and N95 respirator) in addition to eye protection, have been recommended for health-care workers to prevent transmission of SARS in health-care settings (see the infection control page at www.cdc.gov/ncidod/sars/ic.htm). More general information on infection control in health-care workers is available at www.cdc.gov/ncidod/hip/GUIDE/infectcont98.htm.

Materials are currently being made available to state health departments to assist health-care facilities conduct systematic surveillance in healthcare workers following exposure to a SARS suspect case patient. Given the currently available information on the epidemiology of SARS in the United States, the following outlines interim guidance for the management of exposures to SARS in a health-care facility.

1. Health-care workers who have unprotected exposure to SARS should be vigilant for fever or respiratory symptoms during the 10 days following exposure; those who develop fever or respiratory symptoms should limit interactions outside the home and should not go to work, school, out-of-home child care, church, or other public areas. Symptomatic healthcare workers should use infection control precautions to minimize the potential for transmission and should seek healthcare evaluation. In advance of the evaluation healthcare providers should be informed that the healthcare worker may have been exposed to SARS.
2. If symptoms do not progress to meet the suspect SARS case definition (see www.cdc.gov/ncidod/sars/casedefinition.htm) within 72 hours after first symptom onset, the health-care worker may be allowed after consultation with infection control, occupational health, and/or local public health authorities) to return to work (see figure at www.cdc.gov/ncidod/sars/exposuremanagement.htm).
3. For health-care workers 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. Suspected SARS should be reported to local health authorities immediately.
4. Exclusion from duty is not recommended for an exposed health-care worker if they do not have either fever or respiratory symptoms; however, the worker should report any unprotected

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exposure to SARS patients to the appropriate facility point of contact (e.g., infection control or occupational health) immediately.

5. Active surveillance for fever and respiratory symptoms (e.g., daily screening) should be conducted on health-care workers with unprotected exposure, and the worker should be vigilant for onset of illness. Workers with unprotected exposure developing such symptoms should not report for duty, but should stay home and report symptoms to the appropriate facility point of contact immediately. Recommendations for appropriate infection control for SARS patients in the home or residential setting are available at www.cdc.gov/ncidod/sars/ic.htm.
6. Passive surveillance (e.g., review of occupational health or other sick leave records) should be conducted among all health-care workers in a facility with a SARS patient, and all health-care facility workers should be educated concerning the symptoms of SARS.
7. Close contacts (e.g., family members) of SARS patients are at risk for infection. Close contacts with either fever or respiratory symptoms should not be allowed to enter the health-care facility as visitors and should be educated about this policy. A system for screening SARS close contacts who are visitors to the facility for fever or respiratory symptoms should be in place. Health-care facilities should educate all visitors about use of infection control precautions when visiting SARS patients and their responsibility for adherence to them.

For more information, visit 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)

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