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

### **Healthcare Settings**

Several healthcare workers have been reported to develop Severe Acute Respiratory Syndrome (SARS) after caring for patients with SARS. Although the infectivity and etiology of SARS currently are unknown, transmission to healthcare 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 healthcare workers to prevent transmission of SARS in healthcare settings (<http://www.cdc.gov/ncidod/sars/ic.htm>). More general information on infection control in healthcare workers is available at <http://www.cdc.gov/ncidod/hip/GUIDE/infectcont98.htm>.

CDC, in collaboration with state and local health departments, is developing a systematic approach for surveillance of SARS exposures and infection in healthcare workers for use by healthcare facilities. Additional information on surveillance materials will be forthcoming. 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 healthcare facility.

Exclusion from duty is recommended for a healthcare worker if fever or respiratory symptoms develop during the 10 days following an unprotected exposure to a SARS patient. Exclusion from duty should be continued for 10 days after the resolution of fever and respiratory symptoms. During this period, infected workers should avoid contact with persons both in the facility and in the community

(<http://www.cdc.gov/ncidod/sars/infectioncontrol.htm>).

Exclusion from duty is not recommended for an exposed healthcare worker if they do not have either fever or respiratory symptoms; however, the worker should report any unprotected exposure to SARS patients to the appropriate facility point of contact (e.g., infection control or occupational health) immediately.

Active surveillance for fever and respiratory symptoms (e.g., daily screening) should be conducted on healthcare 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 <http://www.cdc.gov/ncidod/sars/infectioncontrol.htm>.

Passive surveillance (e.g., review of occupational health or other sick leave records) should be conducted among all healthcare workers in a facility with a SARS patient, and all healthcare facility workers should be educated concerning the symptoms of SARS.

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 healthcare 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. Healthcare facilities should educate all visitors about use of infection control precautions when visiting SARS patients and their responsibility for adherence to them.

### **Other Institutional Settings**

To date, all patients with SARS reported to CDC in the United States have been either persons with a history of foreign travel to countries with SARS transmission or close contacts (e.g., family members or healthcare workers) to other SARS cases. Transmission has not been reported at schools, other institutions, or public gatherings in the United States. However, these recommendations concerning management of exposed healthcare workers could be adapted and applied to other settings, including schools and other institutional settings, as deemed appropriate.

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**