This is an official

CDC HEALTH UPDATE

Distributed via Health Alert Network
Thursday, April 10, 2003, 19:39 EDT (7:39 PM EDT)
CDCHAN-00135-03-04-10-UPD-N

Updated Interim U.S Case Definition of Severe Acute Respiratory Syndrome (SARS)

The previous CDC SARS case definition (published March 29, 2003) has been updated to clarify that CDC's definition of travel to areas of suspected or documented community transmission of SARS includes airport transit.

Suspected Case:

Respiratory illness of unknown etiology with onset since February 1, 2003, and the following criteria:

- Measured temperature greater than 100.4° F (greater than 38° C) **AND**
- One or more clinical findings of respiratory illness (e.g. cough, shortness of breath, difficulty breathing, hypoxia, or radiographic findings of either pneumonia or acute respiratory distress syndrome) **AND**
- Travel† within 10 days of onset of symptoms to an area with documented or suspected community transmission of SARS (see list below; excludes areas with secondary cases limited to healthcare workers or direct household contacts)
  OR
  Close contact* within 10 days of onset of symptoms with either a person with a respiratory illness who traveled to a SARS area or a person known to be a suspect SARS case.

† **Travel** includes transit in an airport in an area with documented or suspected community transmission of SARS

* **Close contact** is defined as having cared for, having lived with, or having direct contact with respiratory secretions and/or body fluids of a patient known to be suspect SARS case.

Areas with documented or suspected community transmission of SARS: Peoples' Republic of China (i.e., mainland China and Hong Kong Special Administrative Region); Hanoi, Vietnam; and Singapore

Note: Suspect cases with either radiographic evidence of pneumonia or respiratory distress syndrome; or evidence of unexplained respiratory distress syndrome by autopsy are designated "probable" cases by the WHO case definition.

Interim Domestic Guidance for Management of School Students Exposed to Severe Acute Respiratory Syndrome (SARS)

To date, all reported patients with Severe Acute Respiratory Syndrome (SARS) in the United States have been exposed either through previous foreign travel to countries with community transmission of SARS or close contact (e.g., household members or healthcare workers) with SARS patients; an updated list of areas with documented or suspected community transmission of

SARS, can be found at the case definition page. 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 reported 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 concerning management of exposed students.

1. Exposed students who develop fever or respiratory symptoms (e.g., symptomatic exposed student) during the 10 days following exposure should avoid contact with others, seek immediate medical evaluation, and practice infection control precautions recommended for SARS patients in the home or residential setting. Symptomatic exposed students should not go to school or work, but should stay home while arranging healthcare evaluation; in advance of the evaluation, healthcare providers should be informed that the individual may be developing SARS.

2. If symptoms do not progress to meet the suspect SARS case definition within 72 hours after first symptom onset, the student may be allowed to return to school or work, and infection control precautions can be discontinued.

3. For students who go on 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, school officials, and other healthcare providers immediately.

4. 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.

5. Exposed students without fever or respiratory symptoms should not be excluded from school; however, these individuals should be vigilant for onset of illness, and the exposure should be reported to the appropriate points of contact (e.g., school officials and local health authorities).

6. In a school which has a symptomatic exposed student enrolled during the 10 days following exposure, students (or their guardians as appropriate) and school personnel should be educated concerning the symptoms of SARS, and surveillance (e.g., review of student health or other sick leave records) for illness should be conducted by the local health department.

This week's Morbidity and Mortality Weekly Report (MMWR) publication includes more information on SARS. This and other information on SARS, is available on the CDC web site at http://www.cdc.gov.