



SEVERE ACUTE RESPIRATORY SYNDROME

NOTICE

Since 2004, there have not been any known cases of SARS reported anywhere in the world. The content in this PDF was developed for the 2003 SARS epidemic. But, some guidelines are still being used. Any new SARS updates will be posted on this Web site.



Supplement D: Community Containment Measures, Including Non-Hospital Isolation and Quarantine

III. Management of SARS Patients in Isolation

Preventing transmission from SARS patients is critical to controlling SARS. This requires limiting the public interactions of possible or known SARS patients (e.g., at work, school, out-of-home child care) and preventing transmission wherever the patients are housed during the period of infectivity (10 days after the resolution of fever, provided respiratory symptoms are absent or improving).

SARS patients should be isolated in a hospital only if medically necessary. Local and state authorities should also be prepared to isolate patients at home or in alternative facilities designated for this purpose. SARS preparedness planning must address home isolation of SARS patients, the availability and use of existing or temporary structures as alternative facilities for isolation, the management of patients housed at home or in alternative facilities, and resources for supplies and services.

Objective: Separate and confine patients who meet the case definition for probable or confirmed SARS-CoV disease or SARS report under investigation (RUI) during the period of communicability (See MMWR 52(49):1202-1206 [www.cdc.gov/mmwr/preview/mmwrhtml/mm5249a2.htm]).

Activities aimed at separating persons with known or possible SARS-CoV disease should be modulated as needed based on the status of the outbreak. Basic activities should be initiated with the identification of the first confirmed or probable case or SARS RUI. Enhanced activities may become necessary as an outbreak evolves and the number of persons requiring isolation increases.

Basic Activities

- SARS patients should be admitted to a healthcare facility for isolation only if clinically indicated or if isolation at home or in a community facility cannot be achieved safely and effectively. **Isolation of SARS patients in hospitals is described in detail in Supplement C.**
- Before a SARS patient is placed in a residence or community facility for isolation, arrangements should be made to ensure that the residence has the features necessary for provision of appropriate care to the patient and to determine if sufficient infection control measures can be established to prevent/limit exposures to household members, other primary caregivers, and the community. Guidelines on evaluation of residences for isolation are provided in Appendix D3 and in Supplement I.
- During the period of home isolation, household members not providing care should be relocated if possible so that only the primary caregiver and the patient remain in the residence. If household members cannot be relocated, they should minimize their contact with the SARS patient. Persons at risk for serious SARS complications (e.g., persons with underlying heart or lung disease, persons with diabetes mellitus, elderly persons) should not have contact with the patient.
- The SARS patient in home isolation and all persons in contact with the patient should follow the infection control recommendations described in Supplement I.

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- Close contacts of SARS patients ¹should be vigilant for fever (i.e., measure temperature twice daily), respiratory symptoms, and other symptoms of early SARS-CoV disease, such as chills, rigors, myalgia, headache, or diarrhea. If symptoms develop, the designated health department should be contacted to arrange for immediate medical evaluation and follow-up.

Enhanced Activities

If a surge in patients overwhelms healthcare capacity or if home isolation is not feasible, health departments may need to use alternative facilities for isolation of SARS patients. Additional information on community isolation of SARS patients is provided in Appendix D3 and in Supplement I.

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)

¹ Close contact: A person who has cared for or lived with a person with SARS-CoV disease or had a high likelihood of direct contact with respiratory secretions and/or body fluids of a person with SARS-CoV disease. Examples of close contact include kissing or hugging, sharing eating or drinking utensils, talking within 3 feet, and direct touching. Close contact does not include activities such as walking by a person or briefly sitting across a waiting room or office.