



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.



SEVERE ACUTE RESPIRATORY SYNDROME

Public Health Guidance for Community-Level Preparedness and Response to Severe Acute Respiratory Syndrome (SARS) Version 3

Supplement E: Managing International Travel-Related Transmission Risk

I. Rationale and Goals

The rapid global spread of SARS-CoV in 2003 was facilitated by international travel, as illustrated by the initial dissemination of the SARS outbreak from Hong Kong. Although travelers visiting SARS-affected areas are potentially at risk of contracting SARS-CoV disease, SARS-CoV transmission is generally localized and often limited to specific settings (e.g., hospitals) or households of SARS patients, even in settings with large outbreaks. Consequently, the overall risk of SARS-CoV disease for outbound travelers who are not exposed to these settings is low. Nevertheless, nearly all U.S. laboratory-confirmed SARS cases were in travelers to SARS-affected areas. Screening and evaluating travelers for SARS-like symptoms, educating them about SARS, and reporting illness should therefore decrease the risk of travel-associated SARS. Because SARS-CoV can sometimes be transmitted on conveyances (e.g., airplanes), it is also important to prevent spread from an ill passenger with a SARS-like illness and to identify and monitor contacts on the conveyance for SARS-like illness.

Because of the significant impact of travel on the spread of communicable diseases such as SARS-CoV disease, legal authority exists at local, state, federal, and international levels to control the movement of persons with certain communicable diseases within and between jurisdictions. Measures that might be used to modify the risk of travel-related SARS-CoV disease range from distribution of health alert notices and arrival screening to quarantine of new arrivals and restrictions or prohibitions on nonessential travel. Although the states have authority for movement restrictions within states, federal laws govern movement between states and across international borders. Thus, airports and other ports of entry are sites of multiple overlapping jurisdictions where the interplay between various authorities must be clearly understood (See Section VII: Roles and Responsibilities, below).

The overall goals for the management of international travel-related SARS-CoV transmission risk are to:

- Prevent the introduction of SARS-CoV (and spread from an introduction) into the United States from SARS-affected areas.
- Prevent exportation of SARS-CoV from the United States if domestic transmission presents an increased risk of exportation.
- Reduce the risk of SARS among outbound travelers to SARS-affected areas.
- Prevent the spread of SARS-CoV to passengers on a conveyance with a SARS patient, and evaluate or monitor other passengers to detect SARS-like illness and prevent further spread.

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)