



## 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

### *Goal*

- Prevent transmission of SARS-CoV through use of a range of community containment strategies chosen to provide maximum efficacy based on the characteristics of the outbreak while minimizing the adverse impact on personal liberties.

### *Key concepts*

- Prevention and control of SARS-CoV transmission in the community rely on prompt identification and management of both SARS patients and their contacts.
- Isolation is a standard public health practice applied to persons who have a communicable disease. Isolation of SARS patients prevents transmission of SARS-CoV by separating ill persons from those who have not yet been exposed.
- Rapid identification, evaluation, and management of contacts of SARS patients (i.e., the persons most at risk for development of SARS) is resource intensive yet critical to controlling transmission.
- Contacts can be managed by use of a range of strategies, all of which facilitate close monitoring (active or passive) for symptoms and rapid initiation of isolation if symptoms develop.
- Quarantine is a contact management strategy that consists of active monitoring plus activity restrictions; quarantine may be voluntary or mandatory.
- As an outbreak evolves, measures to increase social distance (e.g., cancellation of public events; implementation of community "snow days") may become necessary; extensive transmission may call for activity restrictions applied to large groups.
- Isolation, quarantine, and other activity restrictions raise legal, social, financial, and logistical challenges that should be anticipated and addressed.
- Implementation of quarantine must ensure delivery of medical care and support to affected persons and protection of individual personal liberties.
- Implementation of quarantine requires understanding of the roles and legal authorities of local, state, and federal public health officials and collaboration with traditional and non-traditional community partners.
- Implementation of all community containment measures relies on public trust. Community officials can generate public trust by communicating clear messages about the rationale for and the role and duration of community containment measures and ways in which affected persons will be supported.

### *Priority activities*

- Identify, evaluate, and monitor contacts of SARS patients, and consider quarantine of contacts if needed.
- Continually monitor the course and extent of the outbreak, and evaluate the need for community containment measures.
- Establish the infrastructure to deliver essential goods and services to persons in quarantine and isolation.
- Develop tools and mechanisms to prevent stigmatization and provide mental health resources for those in isolation and quarantine.
- Work with community partners to ensure that implementation and communication plans address the cultural and linguistic needs of affected persons.

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For more information, visit [www.cdc.gov/ncidod/sars](http://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)