



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

V. Activities Related to SARS on Conveyances

A SARS patient on a conveyance presents a risk of transmission to other passengers and crew and to non-passengers on arrival and a risk of further spread from passengers who become infected. Many of the activities listed below are performed by CDC staff at the eight current quarantine stations and by public health workers in locations near other ports of entry with assistance by CDC quarantine station staff from that region.

Objective: Protect co-passengers and crew members from SARS-CoV-infected passengers and from transmission associated with passengers exposed to the index case.

Activities

Management of a potential SARS patient on a conveyance

- Separate the potential SARS patient as completely as possible from other passengers and the crew. The ill passenger should wear a surgical mask.
- Ensure that persons caring for the ill passenger follow infection control measures recommended for cases of SARS (See Supplement I and <http://www.cdc.gov/ncidod/sars/airpersonnel.htm>).
- If possible, designate a separate toilet for the exclusive use of the ill passenger.
- Notify the airport or land port authorities at the destination so that health authorities are informed and prepared to meet the conveyance upon arrival, to manage the ill passenger, and to evaluate other passengers.

Management on arrival

- Separate the ill passenger from exposed, well co-passengers at the soonest moment both in transit and after arrival.
- Place the ill passenger in an isolation facility (if available), and assess.
- Assess other passengers for illness, types of exposures to the ill passenger, and other potential SARS-CoV exposures. EMS personnel and local emergency department staff can perform these evaluations using appropriate precautions (See Supplement I and <http://www.cdc.gov/ncidod/sars/airpersonnel.htm>).
- Transfer the ill passenger to a local healthcare facility for further evaluation if needed. Protocols and memoranda of agreement with ambulance services and hospitals with appropriate infection control measures in place should be established in advance (see Section VIII: Preparedness Planning.)

Management of passengers and crew on the same conveyance

- Collect locating information for all passengers and crew. This information should be obtained directly from passengers, if possible. If a potential SARS case on a conveyance is not detected

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Activities Related to SARS on Conveyances

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until after arrival, this information can be obtained from passenger manifests, staff lists, and/or customs forms.

- Inform all passengers on board about SARS, and advise them to seek immediate medical attention if fever or respiratory symptoms develop within 10 days of the flight. Pay particular attention to close contacts of the case.
- Consider temporary detention of the plane and arrangements for monitoring and quarantine of all passengers and crew in some circumstances (e.g., if the ill passenger had contact with a laboratory-confirmed SARS case and had significant respiratory symptoms during a prolonged flight). Home quarantine may be used for persons who live in or near the port of arrival; a designated facility should be arranged for the others (See Supplement D).

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)