



## 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

### Guidance for Persons Who May Have Been Exposed to Severe Acute Respiratory Syndrome (SARS)

During the 2003 SARS outbreak, most persons reported as SARS cases in the United States were exposed through foreign travel to countries with outbreaks of SARS, with only limited secondary spread to close contacts\* such as family members and healthcare workers. Guidance for the management of exposures to SARS in healthcare settings, as well as infection control precautions for SARS patients and their close contacts in household settings, can be found in Supplement I, *Public Health Guidance for Community-Level Preparedness and Response to Severe Acute Respiratory Syndrome* (<http://www.cdc.gov/ncidod/sars/guidance/I/index.htm>).

The following guidance is intended to help clinicians manage persons (other than healthcare workers or household contacts) who may have been exposed to SARS through travel to an area where SARS cases have been reported or who were identified as a result of a public health investigation. These recommendations are based on the experiences in the United States to date and may be revised as more information becomes available.

- Persons who may have been exposed to SARS should be vigilant for fever (i.e., measure temperature twice daily) or respiratory symptoms for 10 days following exposure. During this time, in the absence of both fever and respiratory symptoms, persons who may have been exposed to SARS need not limit their activities outside the home and should not be excluded from work, school, out-of-home child care, church, or activities in other public areas. Additional measures, such as active symptom monitoring or home quarantine, may be considered by public health authorities in some circumstances (<http://www.cdc.gov/ncidod/sars/guidance/D/index.htm>).
- Clinicians should consult local health authorities for the most current local guidelines on management of contacts
- Exposed persons should notify their healthcare provider immediately if fever OR respiratory symptoms develop. **Before arriving at the healthcare setting, exposed persons should notify the healthcare provider of the possible exposure to SARS so that the necessary precautions can be taken to prevent transmission to others in the healthcare setting.**
- Symptomatic persons exposed to SARS should follow the infection control precautions provided in Supplement I, *Public Health Guidance for Community-Level Preparedness and Response to Severe Acute Respiratory Syndrome* <http://www.cdc.gov/ncidod/sars/guidance/I/index.htm>.
- If a person exposed to SARS has symptoms while at work, school, out-of-home child care, church, or other public setting, local public health authorities should be consulted regarding the need for education and follow-up of persons in attendance.

For more information, visit [www.cdc.gov/sars](http://www.cdc.gov/sars) or call the CDC public response hotline at (800) CDC-INFO (English), (888) 246-2857 (Español), or (888) 232-6348 (TTY)

---

\* Close contact is defined as having cared for or lived with a person known to have SARS or having a high likelihood of direct contact with respiratory secretions and/or body fluids of a patient known to have SARS. Examples of close contact include kissing or embracing, sharing eating or drinking utensils, close conversation (<3 feet), physical examination, and any other direct physical contact between persons. Close contact does not include activities such as walking by a person or briefly sitting across a waiting room or office.