



# SEVERE ACUTE RESPIRATORY SYNDROME

## GUIDELINES AND RECOMMENDATIONS

### Interim Domestic Guidance for Management of School Students Exposed to Severe Acute Respiratory Syndrome (SARS)

To date, all reported patients with Severe Acute Respiratory Syndrome ([SARS](http://www.cdc.gov/ncidod/sars/casedefinition.htm)) in the United States have been exposed either through previous foreign travel to countries with community transmission of SARS or close contact (e.g., household members or healthcare workers) with SARS patients; an updated list of areas with documented or suspected community transmission of SARS, can be found at the case definition page (<http://www.cdc.gov/ncidod/sars/casedefinition.htm>).

1. Exposed students who develop fever or respiratory symptoms (e.g., symptomatic exposed student) during the 10 days following exposure should avoid contact with others, seek immediate medical evaluation, and practice [infection control](http://www.cdc.gov/ncidod/sars/ic-closecontacts.htm) precautions recommended for SARS patients in the home or residential setting (<http://www.cdc.gov/ncidod/sars/ic-closecontacts.htm>). Symptomatic exposed students should not go to school or work, but should stay home while arranging healthcare evaluation; in advance of the evaluation, healthcare providers should be informed that the individual may be developing SARS.
2. If symptoms do not progress to meet the suspect [SARS case definition](http://www.cdc.gov/ncidod/sars/casedefinition.htm) (<http://www.cdc.gov/ncidod/sars/casedefinition.htm>) within 72 hours after first symptom onset, the student may be allowed to return to school or work, and infection control precautions can be discontinued ([see figure](http://www.cdc.gov/ncidod/sars/exposuremanagement.htm)) (<http://www.cdc.gov/ncidod/sars/exposuremanagement.htm>).
3. For students who go on to meet the case definition for suspected SARS (e.g., develop fever and respiratory symptoms), infection control precautions should be continued until 10 days after the resolution of fever, provided respiratory symptoms are absent or improving. Suspected SARS should be reported to local health authorities, school officials, and other healthcare providers immediately.
4. If a symptomatic exposed student lives in a residence where appropriate infection control precautions cannot be implemented and maintained (e.g., crowded dormitory setting), alternative housing arrangements should be made. If there is no such alternative, the student should be hospitalized, or housed in a designated residential facility for convalescing SARS patients, where infection control precautions can be followed.
5. Exposed students without fever or respiratory symptoms should not be excluded from school; however, these individuals should be vigilant for onset of illness, and the exposure should be reported to the appropriate points of contact (e.g., school officials and local health authorities).
6. In a school which has a symptomatic exposed student enrolled during the 10 days following exposure, education concerning the symptoms of SARS and monitoring of potentially exposed students and school personnel should be conducted in consultation with the local health department.

For more information, visit <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)

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