



SEVERE ACUTE RESPIRATORY SYNDROME

Updated Interim Domestic Infection Control Guidance in the Health-Care and Community Setting for Patients with Suspected SARS

The Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO) have received reports of patients with severe acute respiratory syndrome (SARS). A novel coronavirus (www.cdc.gov/od/oc/media/pressrel/r030414.htm), for which CDC recently completed genome sequencing, is believed to be responsible for the global epidemic of SARS. Some close contacts of infected patients, including health-care workers, have developed similar illnesses. In response to these developments, CDC is issuing revised interim guidance concerning infection control precautions in the health-care and community settings. To minimize the potential for transmission, these precautions are recommended, as feasible given available resources, until the epidemiology of disease transmission is better understood.

For all contact with suspect SARS patients, careful hand hygiene is urged, including hand washing with soap and water; if hands are not visibly soiled, alcohol-based handrubs may be used as an alternative to hand washing.

Access www.cdc.gov/handhygiene for more information on hand hygiene.

For the *inpatient* setting:

If a suspect SARS patient is admitted to the hospital, infection control personnel should be notified immediately. Infection control measures for inpatients (www.cdc.gov/ncidod/hip/isolat/isolat.htm) should include:

- Standard precautions (e.g., hand hygiene); in addition to routine standard precautions, health-care personnel should wear eye protection for all patient contact.
- Contact precautions (e.g., use of gown and gloves for contact with the patient or their environment)
- Airborne precautions (e.g., an isolation room with negative pressure relative to the surrounding area and use of an N-95 filtering disposable respirator for persons entering the room)

If airborne precautions cannot be fully implemented, patients should be placed in a private room, and all persons entering the room should wear N-95 respirators. Where possible, a qualitative fit test should be conducted for N-95 respirators; detailed information on fit testing can be accessed at www.osha.gov/SLTC/etools/respiratory/oshfiles/fittesting1.html. If N-95 respirators are not available for health-care personnel, then surgical masks should be worn. Regardless of the availability of facilities for airborne precautions, standard and contact precautions should be implemented for all suspected SARS patients.

For the *outpatient* setting:

- Persons seeking medical care for an acute respiratory infection should be asked about possible exposure to someone with SARS or recent travel to an area with SARS. If SARS is suspected, provide and place a surgical mask over the patient's nose and mouth. If masking the patient is not feasible, the patient should be asked to cover his/her mouth with a disposable tissue when

May 1, 2003

Page 1 of 2

Updated Interim Domestic Infection Control Guidance in the Health-Care and Community Setting for Patients with Suspected SARS

(continued from previous page)

coughing, talking or sneezing. Separate the patient from others in the reception area as soon as possible, preferably in a private room with negative pressure relative to the surrounding area.

- All health-care personnel should wear N-95 respirators while taking care of patients with suspected SARS. In addition, health care personnel should follow Standard precautions (e.g., hand hygiene), Contact precautions (e.g., use of gown and gloves for contact with the patient or their environment) and wear eye protection for all patient contact.

For more information, see www.cdc.gov/ncidod/sars/triage_interim_guidance.htm.

For home or residential setting:

Placing a surgical mask on suspect SARS patients during contact with others at home is recommended. If the patient is unable to wear a surgical mask, it may be prudent for household members to wear surgical masks when in close contact with the patient. Household members in contact with the patient should be reminded of the need for careful hand hygiene including hand washing with soap and water; if hands are not visibly soiled, alcohol-based handrubs may be used as an alternative to hand washing. For more information, see www.cdc.gov/ncidod/sars/ic-closecontacts.htm.

Case Definition for suspected Severe Acute Respiratory Syndrome (SARS)

Health-care personnel should apply appropriate infection control precautions for any contact with patients with suspected SARS. The case definition for suspected SARS is subject to change, particularly concerning travel history as transmission is reported in other geographic areas; the most current definition can be accessed at www.cdc.gov/ncidod/sars/casedefinition.htm.

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)

May 1, 2003

Page 2 of 2