

This is an official CDC Health Advisory

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Interim Guidelines for Businesses and Other Organizations with Employees Returning to the United States from Areas with SARS

To date, most reported cases of Severe Acute Respiratory Syndrome ([SARS](#)) in the United States have been acquired during international travel to countries where SARS is being transmitted in the community. (These areas are described at the [case definition page](#)). In this country, only a small number of suspected or probable cases of SARS have been detected among exposed healthcare personnel and household contacts of SARS patients. Casual contact with SARS patients at schools, other institutions, or in non-healthcare work settings has not resulted in documented transmission in the United States. The following are interim recommendations to assist businesses and other organizations that have employees returning from areas with SARS after travel for business or personal reasons. More information for persons traveling to areas with SARS can be found at <http://www.cdc.gov/ncidod/sars/travel.htm>.

At this time, CDC is not recommending quarantine of persons returning from areas with SARS.

While in areas with SARS, persons who have fever or respiratory symptoms should not travel and should seek medical attention. Travelers who arrive in the United States from areas with SARS are receiving yellow [health alert notices](#) upon arrival, notifying them of the importance of monitoring their health closely for a period of 10 days and of seeking medical evaluation promptly if fever, cough, or difficulty breathing develop.

Persons returning from areas with SARS should be vigilant for fever (i.e., measure temperature twice a day) and respiratory symptoms (cough, shortness of breath, or difficulty in breathing) over the 10 days after departure. These persons need not limit their activities and should not be excluded from work, meetings, or other public areas, unless fever or respiratory symptoms develop.

Persons returning from areas with SARS should notify their healthcare provider immediately if fever OR respiratory symptoms develop within 10 days after departure. The healthcare provider should be contacted in advance so arrangements can be made, if necessary, for infection control measures to prevent transmission to others in the healthcare setting (see [Updated Interim Domestic Guidelines for Triage and Disposition of Patients Who May Have SARS](#)). Such persons should not go to work or other public areas until advised to do so by their healthcare provider.

The following are interim recommendations based on the experience in the United States to date and may be revised as more information about the SARS situation in the United States and globally becomes available.

Additional information for healthcare providers on the management of persons who may have been exposed to SARS can be found at <http://www.cdc.gov/ncidod/sars/exposuremanagement.htm> (Interim Domestic Guidance on Persons Who May Have Been Exposed to Patients with SARS). Guidance for persons with SARS and their household contacts can be found at (<http://www.cdc.gov/ncidod/sars/ic-closecontacts.htm>). More information for persons traveling to areas with SARS can be found at <http://www.cdc.gov/ncidod/sars/travel.htm>.

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