



State of New Jersey

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DIVISION OF EPIDEMIOLOGY, ENVIRONMENTAL AND OCCUPATIONAL HEALTH
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CLIFTON R. LACY, M.D.
Commissioner

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To Members of the Public and Private School Communities:

The New Jersey Department of Health and Senior Services (NJDHSS) would like to provide you with additional guidance on the management of students returning from areas of the world affected by Severe Acute Respiratory Syndrome (SARS).

To date, all reported patients with suspect, probable or confirmed SARS 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. Casual contact with these individuals at schools, other institutions, or public gatherings (e.g., attending the same class or public gathering) has not resulted in reported transmission in the United States.

SARS is a respiratory illness that has recently been reported in Asia, North America, and Europe. The illness usually begins with fever (measured temperature greater than 100.4°F [$>38.0^{\circ}\text{C}$]). The fever is sometimes associated with chills or other symptoms, including headache, general feeling of discomfort and body aches. Some people also experience mild respiratory symptoms at the outset. After 2 to 7 days, SARS patients may develop cough that might be accompanied by lung involvement which may progress to the point where there is not enough oxygen getting to the blood.

Scientists at the Centers for Disease Control and Prevention (CDC) and other laboratories have detected a previously unrecognized strain of coronavirus in patients with SARS. The new coronavirus is the leading microorganism suspected of causing SARS. However, other viruses are still under investigation as possible causes.

The primary way that SARS appears to spread is by close person-to-person contact. SARS has been transmitted to people who cared for or lived with someone with SARS, or had direct contact with infectious material (for example, respiratory secretions) from a person with SARS. SARS can be spread by touching the skin of other people or objects that are contaminated with infectious droplets and then touching your eyes, nose, or mouth transmits the virus. This can happen when someone who is sick with SARS coughs or sneezes droplets onto themselves, other people, or nearby surfaces. It also is possible that SARS can be spread more broadly through the air or by other ways that are currently not known.

Information to date suggests that people are most likely to be infectious when they have symptoms, such as fever or cough. However, it is not known how long before or after their symptoms begin that patients with SARS might be able to transmit the disease to others.

Management of students exposed (i.e., through foreign travel or close contact) to SARS patients is dependent on whether they are sick or healthy.

Attached please find the CDC guidelines and recommendations for management of school students exposed to SARS.

At this time, a CDC travel advisory recommends that individuals who are planning nonessential or elective travel to the People's Republic of China (i.e., mainland China and Hong Kong); Hanoi or Singapore may wish to postpone the trip. CDC also has issued a travel alert recommending that U.S. travelers to Vietnam and Toronto wash their hands frequently and avoid close contact with large numbers of people as much as possible.

Parents with concerns should contact their physician or the school's nurse/doctor for additional help and consultation. Additional information also can be obtained from the following sources:

CDC: <http://www.cdc.gov/ncidod/sars/>

Hotline:

English 888-246-2675

Español 888-246-2857

TTY 866-874-2646

World Health Organization (WHO): <http://www.who.int/csr/sarscountry/en/>

New Jersey Department of Health and Senior Services (NJDHSS):

<http://www.state.nj.us/health/er/sars.htm>

Fact sheets are available in Chinese, Vietnamese, Korean, Spanish, Japanese and French. Individuals may also call DHSS at 609-588-7500: M-F, 9 a.m.-5 p.m. or 609-392-2020: Nights, holidays, and weekends

Sincerely,

Eddy A. Bresnitz, M.D., M.S.
State Epidemiologist/Assistant Commissioner

Attachment



SEVERE ACUTE RESPIRATORY SYNDROME

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) 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. Casual contact with a SARS patient at schools, other institutions, or public gatherings (e.g., attending the same class or public gathering) has not resulted in reported transmission in the United States. However, management of students exposed (i.e., through foreign travel or close contact) to SARS patients is a concern. The following are interim recommendations concerning management of exposed students.

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 precautions recommended for SARS patients in the home or residential setting. 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 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.
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.