

Participants to the Communicable Disease Network Committee met on 9 and 10 April 2003 and agreed the following actions for Member States and the Commission for the surveillance and control of SARS in Europe. These actions are based on the present situation and current knowledge and are liable to change. The statement does not preclude the possibility that Member States may take additional measures.

IMMEDIATE ACTIONS

1. Reduce the risk of infection in travellers to affected areas

- ◆ The Network Committee temporarily recommends postponement of all but essential travel to areas:
 - ◆ where transmission of SARS is ongoing outside of the hospital setting (including families of health care staff); or
 - ◆ from which a significant number of cases have been exported, or
 - ◆ where there is concern about the completeness of reporting and contact tracing, and strong suspicion of ongoing community transmission.

Currently (April 10th) the best available evidence indicates that these areas are Hong Kong SAR and Guangdong Province in China (see the WHO~CSR web-site <http://www.who.int/csr/sarsarchive/en/> for the most up to date information). Travel restrictions should, however, be extended to other areas, for example, to Beijing and other areas in China, **if** evidence of significant community transmission becomes available.

- ◆ This advice extends to transit through airports in these areas only if it involves leaving the airport.

2. Limit importation of infection

Travellers

- ◆ The Network Committee supports and wishes to help promote the WHO advice for health screening of passengers leaving all affected areas, at the point of departure. Such areas are listed on the WHO website at www.who.int/csr/sarsareas/en/ and are more extensive than the areas listed in 1. However, for this measure to be reliable it must be fully implemented, and spot checks are recommended to assess this. EU Delegations and Member States' Embassies in the relevant countries could

be asked to assist with this.

- ◆ General information on SARS, and action to be taken if symptoms develop, should be made available to passengers on board flights from affected areas.
- ◆ Specific information should be available for air crews on recognition of potential SARS cases and action to be taken for the ill person and to protect other passengers and crew should a passenger or crew member develop symptoms; this should follow WHO guidelines (www.who.int/wer/pdf/2003/wer7814.pdf). Basic protective equipment should be carried on board all aircraft.
- ◆ In the event that a passenger or crew member is discovered to be ill or becomes ill and is suspected to have SARS
 - ◆ the pilot must observe international health regulations and phone ahead before landing
 - ◆ other passengers and crew should complete registration cards so that potential contacts can be traced.

Goods, animals and animal products

- ◆ There is no scientific evidence at this time that imported goods or animals are a source of infection or responsible for spreading the virus. No restrictions on importation are therefore advised.

3. Detect imported cases early

- ◆ Following screening before departure, since the incubation period of SARS can be up to 10 days the probability of falling ill in flight is small. General registration or health screening at ports of arrival in Europe are of little value. On the contrary, they may give the public a false sense of security. However, information for the public should be available at ports of entry from affected areas. The advice to refrain from entry screening extends to other types of international travel (eg by train, car or boat).

Provide information for the public

- ◆ The Network Committee supports the provision of information on SARS to the public through a number of channels (leaflets, brochures, media, web sites, call centres etc), at present with particular attention to Chinese communities in view of the currently affected countries.

Provide information to professional groups - Alerting

- ◆ Information on SARS should be distributed to all primary care doctors, relevant health professionals in hospitals and emergency departments and workers in special settings where potential SARS cases may be first seen

Public health sector – Surveillance and Response

- ◆ A surveillance system should be activated with case definitions and reporting procedures following the recommendations of WHO including daily reporting of probable cases to EC and WHO
www.who.int/wer/pdf/2003/wer7814.pdf
- ◆ Countries detecting cases where the infection has probably been acquired in another country must inform the appropriate authorities in those countries promptly with the relevant information so that local investigation made so as to detect transmission and mount the necessary response.
- ◆ Countries experiencing their first suspected or probable case of SARS should immediately inform the EC and WHO.
- ◆ Countries who suspect that they are experiencing cases of local transmission should inform the EC and WHO promptly. Countries experiencing chains of transmission of SARS or an outbreak should identify this as an emergency and inform the EC and WHO immediately.

4. Public Information to Prevent Spread

General information to the public especially those returning from affected areas

- ◆ Publish information on web sites, at airports and activate call centres ('hot lines') so that the public are aware of the risk factors, signs and symptoms of SARS.
- ◆ Through the same means, inform those members of the public at risk of SARS through travel in affected areas so they can monitor their own health. Then those who develop illness compatible with SARS within 10 days of travel can take appropriate action, namely to stay at home and telephone health care services in the first instance, informing them of their travel history.
- ◆ There is no need for asymptomatic travellers in Europe who have come from affected areas to restrict their activity unless they have known contact with a probable or, when an appropriate diagnosis will be available, confirmed case.

People Exposed to Probable Cases

- ◆ People who have had close contact with a probable case of SARS should limit business or social activities, and stay off school for 10 days after the contact. They should also seek advice from the responsible local health authorities.
- ◆ Persons developing symptoms should take immediate medical advice. If it is decided that they can stay at home they should follow basic hygienic rules and wear a mask when in the presence of others. Member States are

encouraged to carefully evaluate the possibilities presently existing within national legislation for mandatory quarantine.

Information for Professionals

- ◆ Deliver information to professionals:
 - ◆ WHO guidance
 - ◆ Management of patients
 - ◆ Specific guidance based on pre-existing plans for infection control in primary care and hospitals so as to avoid spread in health care settings and to protect staff
 - ◆ If SARS is suspected in a patient in hospital, including in the emergency room, he or she should be isolated in a single room. Negative pressure rooms are preferable but single rooms are adequate if the former are not available. General hygienic precautions and respiratory protection are needed. Positive pressure and nebulisers are to be avoided.

Mass international gatherings

- ◆ Information should be delivered to participants if some have travelled to or from an affected area. No additional restrictions are recommended above the measures already in place regarding travel and travellers. However, those organising the event should give prior notification to medical services around the site of the gathering.
- ◆ Health care students/staff working in hospitals in affected areas coming to Europe to work, study or take exams which involve patient contact, must avoid contact with patients for 10 days after departure from the affected area. This also applies to EU nationals who have been working in health care in an affected area.
- ◆ Medical evacuation of persons ill with SARS from an affected area is generally not advised. In the case that this is essential a plan must be co-ordinated with the transport authority and the proper authorities in the receiving country that includes provision to minimise the risk of transmission to those accompanying the patient and in the receiving country . On arrival, the evacuated person will be put in isolation for a period of 10 days (managed as a probable SARS case). This advice applies to all methods of medical evacuation including commercial air ambulances.

Check List: European Countries and SARS

This is a recommended check list of areas of action for national authorities

- 1. Information for Travellers,**
 - recommend only essential travel to specified countries experiencing transmission outside the hospital setting as defined in 1 above
 - recommend to carefully monitor the WHO~CSR guidance on affected countries
 - information on SARS to those who have to travel to affected areas
 - information on SARS for those returning from affected areas, in flight and at port of arrival

- 2. Information for the public**
 - Frequently asked questions about SARS
 - What to do if you have been in contact with a probable case of SARS
 - Specific information for the Chinese community

- 3. Guidance for the Health Services**
 - build on pre-existing guidance such as infection control plans, influenza pandemic plans

- 3.1 Guidance for primary care**
 - on recognition, response, care and infection control in the community

- 3.2 Guidance for hospitals**
 - on recognition and management of SARS cases, including infection control
 - adequate briefing for front line staff in emergency rooms
 - ITUs
 - Acute medical units
 - Paediatric units
 - provision of isolation or single rooms in emergency rooms
 - adequate infection control supplies (e.g. masks)

- 4. Information for airport staff, airline staff on flights, delegations abroad etc**

- 5. Surveillance and Alerting**

Have in place a national surveillance system for SARS reporting to the EC and WHO

Alert all relevant physicians in primary and hospital care so that they promptly report suspect cases cases

- 6. Laboratory Testing**
 - Identify a single competent national laboratory that can link into the growing global network

7. **Consider arrangements for potential restriction of those with SARS and their contacts (for probable cases only)**
 - Legislation
 - Information on home quarantine
 - Arrangements for compensation (paid home quarantine)

8. **Support the Global Effort**
 - Identify experienced and available specialists in field epidemiology, intensive care and virology who would be willing to go abroad to join EC ~ WHO field teams

9. **Set up a small EU expert working group** to advise on ongoing control measures for SARS in Europe