

ANNEX 3

Advice To Governments Regarding Travelers Arriving From SARS Affected Areas

As of 2nd April 2003 there has been a cumulative total of 2223 cases of SARS with 78 deaths. Over 80% of these cases have been reported from China and Hong Kong. Singapore, Vietnam, Taiwan and Canada are also affected, with local transmission.

There has been considerable debate on PACNET about the need for more stringent travel advisories – to deter individuals from traveling to affected countries. WHO first advice was issued on 15th March, and stated that individuals are NOT advised not to travel to affected areas still stands. WHO has since updated this travel advice twice. The first amended guidance of 27th March reads as follows:

“WHO recommends that passengers departing for international destinations from an affected area should be interviewed by a health care worker in the port of departure prior to check-in. The interview should assess whether the passenger:

- (1) Currently has or has experienced in the past 48 hours any symptoms of SARS and
- (2) Has had any contact with suspect or probable SARS cases
- (3) Has a fever (body temperature may be checked if appropriate)

Persons meeting the SARS case definitions should be referred to a health care facility. Persons with only fever should be instructed to postpone travel until the fever has subsided and to seek further medical attention if symptoms of SARS develop.”

However these are only recommendations and they are being implemented in a patchy and incomplete fashion in the principal countries and areas affected.

On 2nd April, a second amendment was published by WHO. WHO recommends that persons traveling to Hong Kong Special Administrative Region of China and Guangdong Province, China consider postponing all but essential travel. This updated travel advice comes as a result of new developments in the multi-country outbreak of SARS.

Countries and Territories may find that because of their particular situations (especially their limited capacity to deal with the clinical and public health implications of imported cases), it may be necessary to advise their citizens not to travel to ALL areas with local transmission of SARS. As on 2nd April, these areas are Guangdong, Hong Kong Special Administrative Region of China and Shanxi in China, Taiwan, Toronto in Canada, Singapore and Hanoi in Vietnam.

It is also imperative that Governments of Pacific Island Countries prepare themselves for the importation of cases of SARS.

In response to the exceptional situation that exists, and the vulnerability of many Pacific Island Countries and Territories the PPHSN SARS Task Force recommends that the following action be taken for travelers from these areas reporting active transmission of SARS:

It is recommended that all travelers arriving from, or having been in the last 14 days in, the affected areas (particularly Hong Kong and China) **should be provided with written advice regarding SARS**. All passengers with fever or respiratory symptoms should be medically assessed on their arrival. If any are found to satisfy the suspected or probable SARS case definition, they should be taken care of as described in the PPHSN SARS interim guidelines.

For close contacts¹ of suspect and probable cases and asymptomatic travelers arriving from the worst-affected areas:

¹ All close contacts of the ill passenger should be identified during the flight. For the purposes of air travel a close contact is defined as:

- passengers sitting in the same seat row or 2 rows in front or behind the sick passenger
- all flight attendants on the flight

1. They should provide **contact details for the next 14 days.**
2. They should **avoid public and crowded places** (including all types of gatherings: functions, celebrations, church etc).
For close contacts of suspected and probable cases, "Voluntary quarantine" at home or at a designated facility, with minimum contact with other people including members of their own family and relatives until 14 days has passed since the last contact with the case is recommended IF feasible (it might be difficult to enforce or unrealistic in some places).
"Voluntary quarantine" should also be considered for travelers coming from the areas with active local transmission².
3. They should be provided with a **mask** to use should they develop a cough and while awaiting medical assessment.
4. Their family (and relatives) must receive proper explanations/health education messages about the risk of SARS, and what they should do as soon as they become sick (at least with fever).
5. They should be kept under **surveillance**. The most consistent first symptom that is likely to appear is **fever**. If possible they should record their body temperature twice daily. At **NO** stage should they take any drug to bring the temperature down (eg Paracetamol).

There are 2 options for their surveillance:

- Passive surveillance can be used if resources to carry out active surveillance are not available.
 - If they develop a fever with or without a cough they should contact the designated health worker/medical facility immediately (preferably by phone if possible) for advice and assessment. They will be assessed as for a suspected case of SARS.
 - Active surveillance is the preferred option:
 - In addition to the advice above, a designated health worker contacts them daily or twice daily to interview them about symptoms.
- 6. Ideally Ministries of Health should set up dedicated SARS telephone "hotlines". All individuals under passive or active surveillance should be able to ring for advice 24 hrs a day.**

This advice has been prepared by the PPHSN SARS Taskforce:

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- anyone having intimate contact, providing care or otherwise having contact with respiratory secretions of the sick passenger
 - any one on the flight living in the same household as the ill passenger

If it is a flight attendant who is considered to be a suspect or probable SARS case all the passengers are considered to be contacts.

² See above
PPHSN: SARS Guidelines

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