



CHAIRMAN'S MEMORANDUM

NO. 11-2003

June 2, 2003

TO: SHERIFFS, JAIL ADMINISTRATORS, COMMISSIONERS OF CORRECTION, STATE COMMISSIONER OF CORRECTIONAL SERVICES, NYC DEPARTMENT OF CORRECTION WARDENS, CHIEFS OF POLICE, LOCAL CORRECTIONAL FACILITY MEDICAL DIRECTORS

RE: Severe Acute Respiratory Syndrome (SARS) - Update

This memo serves as an update to Chairman's Memo #9-2003 regarding Severe Acute Respiratory Syndrome (SARS) and the management of inmates and detainees suspected of being either infected with or exposed to this communicable disease. For reference, the Centers for Disease Control and Prevention's (CDC) suspect case definition of SARS is a respiratory illness of unknown etiology with onset since February 1, 2003, meeting the following criteria:

- Measured temperature greater than 100.4 degrees Fahrenheit (greater than 38 degrees Celsius) **and**
- One or more clinical findings of respiratory illness (e.g., cough, shortness of breath, difficulty breathing, or hypoxia) **and**
- Travel (including transit in an airport) within 10 days of onset of symptoms to an area with current or recently documented community transmission of SARS*, **or**
- Close contact within 10 days of onset of symptoms with a person known to be a suspect SARS case.

For inmates or detainees who may be SARS cases, the following steps should be taken:

1. Correctional facility staff who are or may come into contact with the suspect SARS case should immediately put on gloves, eye protection, and either a fit-tested N95 respirator, or if not available, a surgical mask.
2. The inmate should be immediately excluded from activities and located in an airborne isolation room by him/herself. If an airborne isolation room is not available, the inmate should be placed in a closed room as far away from others as possible. He/she should wear a face mask.

*Affected areas are listed on the following CDC website: <http://www.cdc.gov/ncidod/sars/>.

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3. Health care personnel should be alerted that an individual from an area with SARS requires evaluation, so that advance preparation can be made to implement infection control procedures to prevent transmission to others during transport and in the health care setting.
4. The local health department (LHD), which will provide continuing guidance, should be notified immediately.
5. If after medical evaluation and public health consultation it is determined that the inmate is a suspect case of SARS and requires continued isolation, appropriate arrangements should be made. Ideally, inmates should be placed in an airborne isolation room. Facilities should ensure that their airborne isolation rooms are functioning properly. If an appropriate room is not available on site, the inmate may require hospitalization during his/her isolation period.

At this time, the CDC is **not** recommending quarantine for persons who have been exposed to SARS but are not exhibiting symptoms of the illness (i.e., fever or respiratory symptoms).

Detainees or inmates who have traveled within the past 10 days to a SARS-affected area but are not exhibiting fever or respiratory symptoms do not need to be quarantined. The correctional facility should monitor the inmate's temperature twice a day and solicit respiratory symptoms for 10 days following his return from an affected area. If symptoms develop, notify your LHD and follow the above outlined steps.

Detainees or inmates who have been exposed within the past 10 days to a known or suspected SARS case but are not exhibiting fever or respiratory symptoms do not need to be quarantined. However, such persons should be reported to the LHD.

The LHD will work with the correctional facility to monitor the exposed person for the development of SARS symptoms for the 10 days following exposure. Monitoring includes measuring the person's oral temperature twice daily and watching for the development of respiratory symptoms including cough, shortness of breath or difficulty breathing. If neither fever nor respiratory symptoms develop during the 10-day period following exposure, the person is no longer considered to be at risk of developing SARS infection.

Comprehensive information regarding SARS is available at the CDC's website at <http://www.cdc.gov/ncidod/sars/>.

If you have any further questions with which the Commission may offer assistance, please feel free to contact either Peggy Loffredo of the Forensic Medical Unit at (518) 485-2475, or Brian Callahan of the Office of Counsel at (518) 485-2463.

Alan J. Croce, Chairman/Commissioner

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