

Title: Medical Evacuation of Americans with Suspected SARS

Activities: Formulate exit strategy; Coordinate efforts with private sector; Coordinate response efforts across sectors; Formulate exit strategy; Negotiate with airlines to keep flights open

Stakeholders: Private sector courier and transportation services; National and subnational health authorities; World Health Organization

Phases: *Intervention; Post-intervention and recovery*

Years: 2003

Countries: China (and other countries in Asia); United States

Agent: SARS

Case study prepared by: Hannah Todd, June 10, 2020

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Severe acute respiratory syndrome (SARS) emerged in southern China in November 2002, spreading rapidly along international air routes in the months that followed. In March 2003, the World Health Organization issued its global SARS alert. The U.S. responded by attempting to limit the spread of SARS into the United States through informing individuals traveling to/from SARS-affected regions and providing appropriate and sufficient treatment to travelers arriving in the U.S. with SARS-like symptoms.

The U.S. State Department was concerned that even the most robust health care systems in China were overwhelmed. High health care need due to SARS¹ could mean that U.S. government officials would not receive treatment that met U.S. standards. With this in mind, the U.S. State Department partnered with private medical evacuation companies to arrange medical evacuations for several U.S. citizens with suspected SARS.

The scope of this evacuation effort was limited by the restrictions on the U.S. State Department's responsibilities for providing medical services to American citizens (largely for certain government employees and their dependents). Despite the small size of the operation, these partnerships were difficult and tenuous. Government authorities in China refused to release individuals from the hospital and/or admitted them into their jurisdiction. The Centers for

¹ Huang Y. THE SARS EPIDEMIC AND ITS AFTERMATH IN CHINA: A POLITICAL PERSPECTIVE. In: Institute of Medicine (US) Forum on Microbial Threats; Knobler S, Mahmoud A, Lemon S, et al., editors. Learning from SARS: Preparing for the Next Disease Outbreak: Workshop Summary. Washington (DC): National Academies Press (US); 2004. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK92479/>.

Disease Control and Prevention did not have guidelines for prevention of transmission during flight, and the companies struggled to find aircraft and crew willing to participate due to the perceived health risks. Even upon developing guidelines, companies still struggled to find eligible aircraft due to the strict guidelines. As well, some medical facilities and a US state refused to accept SARS patients from Asia.^{2,3} Ultimately, the U.S. State Department authorized the departure of all nonessential U.S. government employees at several Asian posts to avoid needing any more medical evacuations during the outbreak.⁴

This event highlighted the need for a clear policy and a set of procedures for medical evacuation during an outbreak in foreign countries. The case report called for the Secretary of State to collaborate with other relevant entities to address details for said policies, including availability of this option and necessary public and private sector resources, possible evacuation points, identification of countries that have agreed to accept cases, and consideration of refueling privileges.⁵ Of note, current protocol acknowledges that some private medical evacuation companies may still refuse to transport infected individuals.⁶

Please include case study summary text below this line.

During the 2003 Severe Acute Respiratory Syndrome outbreak in Asia, the U.S. State Department partnered with private medical evacuation companies to arrange medical evacuations for several U.S. citizens with suspected SARS. It is the U.S. State Department's responsibility to ensure that certain government employees and their dependents receive adequate care. However, the lack of clear policies or procedures on the matter complicated this exit strategy, and underscored the need for a protocol that facilitates and clarifies this process.

² The U.S. State Department. (2004, April). *Emerging Infectious Diseases: Asian SARS Outbreak Challenged International and National Responses* (GAO-04-564). Retrieved from <https://www.govinfo.gov/content/pkg/GAOREPORTS-GAO-04-564/html/GAOREPORTS-GAO-04-564.htm>.

³ Bell DM; World Health Organization Working Group on International and Community Transmission of SARS. Public health interventions and SARS spread, 2003. *Emerg Infect Dis.* 2004;10(11):1900-1906. doi:10.3201/eid1011.040729.

⁴ The U.S. State Department. (2004, April). *Emerging Infectious Diseases: Asian SARS Outbreak Challenged International and National Responses* (GAO-04-564). Retrieved from <https://www.govinfo.gov/content/pkg/GAOREPORTS-GAO-04-564/html/GAOREPORTS-GAO-04-564.htm>.

⁵ The U.S. State Department. (2004, April). *Emerging Infectious Diseases: Asian SARS Outbreak Challenged International and National Responses* (GAO-04-564). Retrieved from <https://www.govinfo.gov/content/pkg/GAOREPORTS-GAO-04-564/html/GAOREPORTS-GAO-04-564.htm>.

⁶ Special Medical Evacuation Issues, 7 FAM The U.S. State Department. 363.2 (2014). https://fam.state.gov/FAM/07FAM/07FAM0360.html#M363_2.