

Algorithm for evaluating, reporting, and managing patients hospitalized with radiographic evidence of pneumonia, in the absence of known person-to-person SARS transmission.

Patient hospitalized with radiographic evidence of pneumonia?

Yes

Continue droplet precautions and treat as clinically indicated

If no, treat as clinically indicated

The clinician should ask the following three questions

1. Does the patient have a history of recent travel (within 10 days) to previously SARS-affected areas (China, Hong Kong, or Taiwan) or close contact with ill persons with a history of travel to such areas?
2. Is the patient employed in an occupation with high risk for SARS exposure including working as a health care worker¹ with direct patient contact or in a laboratory which contains live SARS-CoV?
3. Does the patient have close contacts² recently found to have radiographic evidence of pneumonia without an alternative diagnosis?

If no to all three questions, treat as clinically indicated

Yes to **any** of three questions

1. **Health Care Provider Notifies Local Health Department**
2. If health department and clinician have a high suspicion of SARS, consider SARS isolation precautions including placement in an airborne infection isolation room and immediately initiate Algorithm 2
3. Work up and evaluate for alternative diagnosis, which may include the following
 - CBC with differential
 - Chemistry panel
 - Pulse oximetry
 - Blood cultures
 - Sputum Gram's stain and culture
 - Testing for viral respiratory pathogens such as, but not limited to, influenza A and B, respiratory syncytial virus
 - Specimens for Legionella and pneumococcal urinary antigen
4. Health department and clinicians should look for evidence of clustering of pneumonias in travel groups, among health care workers, or in others at higher risk for exposure

After 72 hours of hospitalization, is there an alternative diagnosis (e.g., influenza, RSV)?

Yes

Treat as clinically indicated

No (i.e. case has unexplained pneumonia)

1. **Local Health Department notify IDB/CDHS**
2. If case is part of a cluster of pneumonia (or there are other reasons to consider patient at higher risk for SARS), consult with LHD or CDHS and consider SARS testing
3. Treat pneumonia as clinically indicated

Pediatric Surveillance Note:
In the absence of SARS anywhere in the world, evaluation and management for possible SARS should be considered only for **adults**, unless there are special circumstances that make the clinician and health department consider a child to be special risk

1. Health care worker is defined as a person who has close contact to patients, patient care areas (e.g., rooms) or patient care items (e.g., linens, patient specimens)

2. A close contact is defined as having a high likelihood of direct contact with another person's respiratory secretions and/or bodily fluids