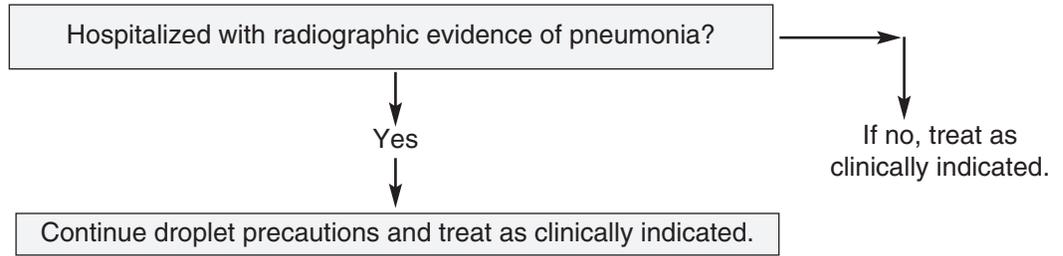


Evaluation and Management of Patients Hospitalized with Radiographic Evidence of Pneumonia, in the Absence of Known SARS Activity Worldwide



The clinician should ask these three questions:

- A. Does the patient have a history of recent travel (within 10 days) to previously SARS-affected areas¹ or have close contact with ill people with a history of travel to such areas?
- B. Is the patient employed as a health care worker with direct patient contact?
- C. Does the patient have close contacts found recently to have radiologic evidence of pneumonia without an alternative diagnosis?

Yes to one of three questions

No to three questions, treat as clinically indicated.

1. Notify the health department.
2. Perform work-up and evaluation for alternative diagnosis, which may include the following:
 - A. CBC with differential
 - B. Pulse oximetry
 - C. Blood cultures
 - D. Sputum Gram's stain and culture
 - E. Testing for viral respiratory pathogens such as influenza A and B, respiratory syncytial virus
 - F. Specimens for legionella and pneumococcal urinary antigen
3. The health department and clinicians should look for evidences of clustering of pneumonias (e.g., while traveling, exposure to other cases of pneumonia, clusters of pneumonia among health care workers).
4. Note: If the health department and clinicians have a high suspicion for SARS, consider SARS isolation precautions (on web site) and immediate initiation of algorithm in Appendix C2 at www.cdc.gov/ncidod/sars/pdf/smp_supplementc.pdf.

After 72 hours, is there an alternative diagnosis?

Yes

No

Treat as clinically indicated.

If part of a cluster of pneumonia (or there are other reasons to consider at higher risk for SARS), consider SARS testing in consultation with health department. Treat pneumonia as clinically indicated.

1. Previously SARS-affected areas defined as (to be completed in the final plan).

Source: Centers for Disease Control and Prevention, Atlanta.