## SARS Screening Form When No-SARS Reported Anywhere in the World

### 1. Date:   
Time:   

### 2. Reporter:   

### 3. Medical Contact:  
(If different from reporter)
- Phone:   
- Pager:   
- Hospital or Clinic Location:   
- Phone:   
- Pager:   
- Fax:   
- Other:   

### 4. Patient Information
- Last Name:   
- First Name:   
- Address:   
- City of Residence:   
- State:   
- County of Residence:   
- Date of Birth:   

### 5. Screening Criteria for Adults Only (unless there are special circumstances with a child)

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Hospitalized for with unexplained, x-ray confirmed pneumonia or acute respiratory distress syndrome?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If <strong>NO</strong>, STOP HERE. Tell reporter to treat as clinically indicated and call 1-877-427-7317 if the answer changes to <strong>YES</strong> at a later time.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If <strong>YES</strong>, evaluate for the following risk factors (b-d) occurring within the 10 days prior to onset.</td>
<td></td>
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<tr>
<td>b. Travel to mainland China, Hong Kong, or Taiwan, or close contact with an ill person with a history of recent travel to one of these areas? (If yes, obtain travel itinerary.)</td>
<td></td>
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<tr>
<td>c. Employment in an occupation associated with a risk for SARS exposure (e.g., health care worker with direct patient contact and worker in a laboratory that contains live SARS-CoV)? If yes, obtain details of employment (location, phone, contact name, duties).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Part of a cluster of cases of atypical pneumonia without an alternative diagnosis. If yes, obtain details about other who are/were ill (names, contact info, symptoms, hospital names, providers, diagnoses).</td>
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<td></td>
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</tbody>
</table>

If **NO** to ALL questions b., c. and d., STOP HERE – manage as clinically indicated.

If **YES** to ANY question b., c. or d.:
- Report by phone immediately to 1-877-427-7317 and continue through Steps 6 and 7.

### 6. Symptom Information

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Not measured</th>
<th>Date of symptom onset:</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Temperature (&gt;100.4° F or &gt;38° C)</td>
<td></td>
<td></td>
<td>Date of fever onset:</td>
<td></td>
</tr>
</tbody>
</table>
| b. Respiratory symptoms:  
  If Yes, describe: |   |   | Date of symptom onset: |
| c. Other SARS-like symptoms (i.e., chills, rigors, myalgia, headache, etc.)  
  If Yes, describe: |   |   | |

### 7. After consultation with public health authorities, actions will depend on level of suspicion of SARS.
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☐ HIGH suspicion of SARS:
  ☐ Follow SARS isolation precautions
  ☐ Notify hospital infection control
  ☐ Treat patient for common causes of community-acquired pneumonia
  ☐ Perform a diagnostic work up, including collection of specimens for SARS testing
  ☐ Request signed consent forms for SARS testing
  ☐ Initiate public health report under investigation, including immediate initiation of contact identification, evaluation and monitoring process. (Complete necessary case report forms.)

☐ LOW suspicion for SARS:
  ☐ Initiate a 72-hour evaluation period
  ☐ Advise to use droplet precautions
  ☐ Treat patient for common causes of community-acquired pneumonia
  ☐ Perform a diagnostic work up; hold specimens for SARS testing but do not test for SARS
  ☐ Report household members and other close contacts with similar illness to public health
  ☐ Establish date and time 72 hours after the initial report to discuss findings with public health

Initial diagnostic evaluations (examining for alternative diagnosis) could include:
  ☐ Chest radiograph
  ☐ Pulse oximetry
  ☐ Complete blood count with differential
  ☐ Blood cultures
  ☐ Sputum Gram stain and culture
  ☐ Testing for viral respiratory pathogens, notably influenza A and B and RSV
  ☐ Specimens for Legionella and pneumococcal urinary antigen testing

Disposition for Low-Risk Reports

Date of 72-hour evaluation conference scheduled: _____ / _____ / _____ Time:

Contact person: Phone number(s):

Notes:

Outcome of 72-hour evaluation:
  ☐ Initiate report under investigation and test for SARS Co-V (i.e. additional reasons found for increased suspicion)
  ☐ Alternative diagnosis found: _______________________
  ☐ Low index of suspicion, no SARS testing