

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

1. Date:	Time:	2. Reporter:				
3. Medical Contact: (if different from reporter)		Hospital or Clinic Location:				
Phone: ( ) ( )	Pager: ( ) ( )	Phone: ( ) ( )	Pager: ( ) ( )	Fax: ( ) ( )	Other: ( ) ( )	
4. Patient Information	Last Name:		First Name:		Date of Birth:	
Address:		City of Residence:		State:	County of Residence:	
5. Screening Criteria for Adults Only ( <i>unless there are special circumstances with a child</i> )					YES	NO
a. Hospitalized for with unexplained, x-ray confirmed pneumonia or acute respiratory distress syndrome?  If <b>NO</b> , <b>STOP HERE</b> . Tell reporter to treat as clinically indicated and call 1-877-427-7317 if the answer changes to YES at a later time.  If <b>YES</b> , evaluate for the following risk factors (b-d) occurring within the 10 days prior to onset.					<input type="checkbox"/>	<input type="checkbox"/>
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.)					<input type="checkbox"/>	<input type="checkbox"/>
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).					<input type="checkbox"/>	<input type="checkbox"/>
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).					<input type="checkbox"/>	<input type="checkbox"/>
If <b>NO</b> to ALL questions <b>b.</b> , <b>c.</b> and <b>d.</b> , STOP HERE – manage as clinically indicated.						
If <b>YES</b> to ANY question <b>b.</b> , <b>c.</b> or <b>d.</b> : Report by phone immediately to 1-877-427-7317 and continue through Steps 6 and 7.						
6. Symptom information						
a. Temperature (>100.4° F or >38° C)			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not measured	Date of fever onset:
b. Respiratory symptoms: If Yes, describe:			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know	Date of symptom onset:
c. Other SARS-like symptoms (i.e., chills, rigors, myalgia, headache, ect.) If Yes, describe:			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know	
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