Figure 1. Algorithm for evaluation and management of patients requiring hospitalization for radiographically confirmed pneumonia, in the absence of person-to-person transmission of SARS-CoV in the world

Radiographic evidence of pneumonia requiring hospitalization?

Yes

Continue droplet precautions and treat as clinically indicated for community-acquired pneumonia²

The clinician should ask the patient about the following:
- A. Recent travel (within 10 days) to mainland China, Hong Kong, or Taiwan or close contact with ill persons with a history of travel to such areas.
- B. Employment in an occupation at particular risk for SARS-CoV exposure, including a healthcare worker with direct patient contact or worker in a laboratory which contains live SARS-CoV
- C. Close contact with other who have been told they have pneumonia

Yes to one of three questions

1. Notify the health department.
2. Evaluate for alternative diagnosis as clinically indicated. This work up 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
3. The health department and clinicians should look for evidence of clustering of patients with radiographically-confirmed pneumonia without alternative diagnoses (e.g., while traveling, exposure to other cases of pneumonia, clusters of pneumonia among healthcare workers.)
4. NOTE: If the health department and clinician have a high suspicion of SARS-CoV infection, consider SARS isolation precautions (http://www.cdc.gov/ncidod/sars/lc.htm) and immediate initiation of the algorithm in Figure 2.

After 72 hours, alternative diagnosis:

Yes

Treat as clinically indicated

No

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