SARS Reporting, Case Testing and Follow-Up				
SARS Activity	Clinical Criteria	Epi Criteria	Follow-up*	Lab Testing
No Activity	Severe - hospitalized	 (a) Healthcare worker (b) Travel to China, Hong Kong, Taiwan (c) Cluster of unexplained pneumonia 	 (a) Review facility HCW surveillance (b) At a minimum, Standard Respiratory Precautions after discharge (c) Identify other ill persons, assess for risk factors 	**Initiate SARS testing for reported case and for other epi- linked persons with unexplained pneumonia
SARS Activity Identified Anywhere; No Local Activity	Severe Early, mild-	Same as No Activity – travel is not to an area with current or recent activity (a) Travel to or (b)	Same as No Activity – consider voluntary home isolation	Same as No Activity Initiate SARS
	moderate or severe	 (a) Traverto of (b) contact with an ill person who traveled to an area with current or recent activity (c) Epi-linked to a confirmed case 	days after fever resolution AND Identify and monitor contacts daily	testing
	Early, mild- moderate or severe AND SARS Co-V +	N/A	Isolate case until 10 days after fever resolution AND Identify and monitor contacts daily	N/A
SARS Activity Identified – Locally	Severe	Same as No Activity – travel is not to an area with current or recent activity	Same as No Activity	Same as No Activity
	Early, mild- moderate or severe	 (a) Travel to or contact with an ill person who traveled to an area with current or recent activity (b) HCW at a facility with nosocomial transmission (c) Epi-linked to a confirmed case 	Isolate case until 10 days after fever resolution AND Identify and monitor contacts daily (b) and (c) Possible quarantine of contacts	Initiate SARS testing
	Early, mild- moderate or severe AND SARS Co-V +	N/A	Isolate case until 10 days after fever resolution AND Identify and monitor contacts daily AND Possible quarantine of contacts	N/A

SARS Reporting, Case Testing and Follow-Up

* This is a guide to assist with identifying basic activities. Individual case follow-up may require additional consultation with the medical provider, LHD and NYSDOH.

** Based on lab capacity, the CDC recommendation of testing if no alternative diagnosis in 72 hours may be implemented.

Section 1-Surveillance