

The effect of microbiologic and clinical factors on procalcitonin levels*

	Rise >0.25 ng/mL	No rise or rise <0.25 ng/mL
Infections [¶]		
Bacterial		
Typical respiratory bacteria	<ul style="list-style-type: none"> Most reported thus far 	
Atypical respiratory bacteria	<ul style="list-style-type: none"> <i>Legionella</i> spp 	<ul style="list-style-type: none"> <i>Chlamydia pneumoniae</i> <i>Mycoplasma pneumoniae</i>
Mycobacteria	<ul style="list-style-type: none"> Mycobacteria spp^Δ 	<ul style="list-style-type: none"> Mycobacteria spp^Δ
Other bacteria	<ul style="list-style-type: none"> <i>Orientia tsutsugamushi</i> (scrub typhus) 	<ul style="list-style-type: none"> European <i>Borrelia</i> spp (Lyme borreliosis)
Viral		
	<ul style="list-style-type: none"> None reported thus far 	<ul style="list-style-type: none"> All reported thus far
Fungal		
	<ul style="list-style-type: none"> <i>Candida</i> spp 	<ul style="list-style-type: none"> Aspergillosis Coccidioidomycosis Mucormycosis
Parasitic		
	<ul style="list-style-type: none"> <i>Plasmodium</i> spp (malaria) 	
Toxin-mediated illnesses	<ul style="list-style-type: none"> Severe <i>Clostridioides difficile</i>-associated disease[◇] Mushroom poisoning 	<ul style="list-style-type: none"> <i>C. difficile</i> colonization
Severe physiologic stress	<ul style="list-style-type: none"> Burns Trauma Surgery Bowel ischemia Pancreatitis Intracerebral hemorrhage Ischemic stroke Shock of any kind (septic, anaphylactic, hemorrhagic, or cardiogenic) 	

Immune disorders and rheumatologic conditions	<ul style="list-style-type: none"> ▪ Kawasaki disease 	<ul style="list-style-type: none"> ▪ Gout and pseudogout ▪ Inflammatory bowel disease ▪ Systemic lupus erythematosus ▪ Rheumatoid arthritis ▪ Granulomatosis with polyangiitis ▪ Still's disease ▪ Temporal arteritis ▪ Behçet syndrome ▪ Polyarteritis nodosa
Malignancies	<ul style="list-style-type: none"> ▪ Medullary thyroid cancer ▪ Lung cancers with neuroendocrine components 	<ul style="list-style-type: none"> ▪ Lymphoma ▪ Sarcoma ▪ Pancreatic cancer ▪ Renal cell carcinoma
Other comorbidities	<ul style="list-style-type: none"> ▪ Renal insufficiency 	
Drugs	<ul style="list-style-type: none"> ▪ Alemtuzumab (CD52 antibody) ▪ Granulocyte transfusions ▪ Interleukin 2 ▪ Rituximab (anti-CD20 antibody) ▪ T-cell antibodies 	<ul style="list-style-type: none"> ▪ Glucocorticoids

* Conditions listed in this table are derived from case series and reports in the medical literature.

¶ Contained infections such as abscesses or empyema may not cause procalcitonin to rise.

Δ Both rise and lack of rise of procalcitonin have been reported with mycobacterial infections.

◇ Effect of *C. difficile* infection on procalcitonin levels not fully defined.