

SARS

While scientists rush to elucidate the nature of the coronavirus responsible for severe acute respiratory syndrome (SARS), it may be the understanding of the disease's epidemiology that saves lives in the future. Varia and colleagues present fascinating epidemiologic data on the nosocomial transmission of 128 probable and suspect cases of SARS. The chronicle begins with the arrival of the Canadian index case in Toronto from Hong Kong on February 23, 2003, and concludes after at least 6 generations of transmission of the disease. Although a resurgence of SARS is possible, this report provides insight into how we might limit its reach.

See page 285

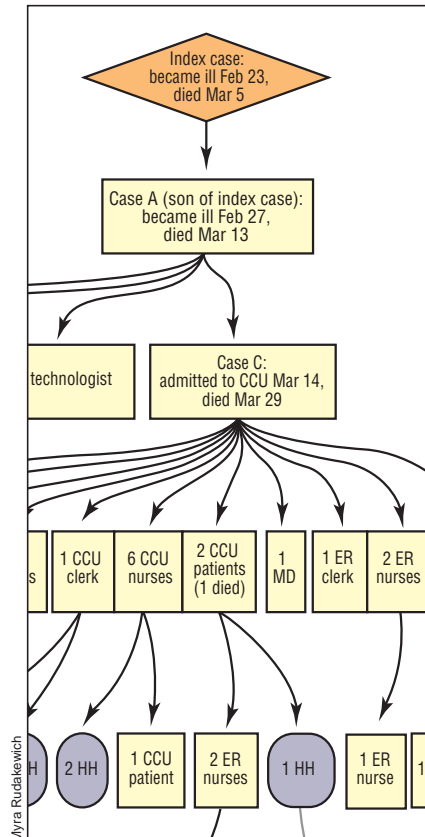
Should paramedics intubate patients with SARS-like symptoms? A physician contracted SARS in Toronto while intubating a patient, despite the use of normal barrier precautions. This alarming transmission mandated the use of a fully enclosed, ventilated suit for this procedure. Paramedics routinely intubate patients before their arrival in hospital, which raises concern for the safety of these health care workers as they perform this life-saving procedure. Verbeek and colleagues answer the question posed in the article's title with a resounding no.

See page 299

Oral anticoagulant management

Optimal use of warfarin sodium is crucial to preventing thromboembolic disease, as well as preventing serious hemorrhage and stroke. Wilson and colleagues present the results of a randomized controlled trial in which they compared the management of anticoagulation by a dedicated anticoagulation clinic with usual management by family physicians. They show modest improvements in the quality of anticoagulation, along with improved patient satisfaction, in the group managed by the specialized clinic.

See page 293



Non-heart-beating organ donation

The demand for organ transplantation in Canada in the past decade has rapidly outpaced the available supply. Knoll and Mahoney bring to our attention a means of combating this problem that is being used in other countries — non-heart-beating organ donation. In Canada, solid organs are currently retrieved only from patients deemed to be brain dead, but cardiovascularly intact; however, donation from non-heart-beating donors does include a limited number of other organs (e.g., eyes, heart valves, bone, skin). The authors endorse a program whereby solid organs could also be included.

See page 302

Diagnosis and management of anaphylaxis

Anaphylaxis remains a potentially catastrophic medical condition. Ellis and Day revisit the diagnosis and management of anaphylaxis and highlight the possible occurrence of a biphasic clinical course in about 20% of cases. Standard treatments for anaphylaxis are outlined, including epinephrine, antihistamines and corticosteroids. The authors remind us that patients who are taking β -blockers may not respond completely to epinephrine and may require glucagon. A helpful information sheet for patients is provided as an appendix, with answers to commonly asked questions.

See page 307

