



Canapress CP

SARS

The SARS coronavirus can be isolated from the nasopharynx of an infected patient and the viral load in the nasopharyngeal sample determined by quantitative polymerase chain reaction. Using this method, Chu and colleagues confirmed their hypothesis that increased viral load in their group of SARS patients in Hong Kong was associated with worse outcome. In addition, they found 2 more factors that were independently associated with worse prognosis: increased age and the presence of another active health condition. They suggest that, in future, viral load should be an integral part of SARS studies and included in the interpretation of outcome data.

During the SARS outbreak in Toronto in 2003, the emergency department of the Hospital for Sick Children re-

mained fully operative but received significantly fewer patients than usual. According to findings by Boutis and colleagues, the number of patient visits and length of stay in the emergency department were much lower during the SARS outbreak than before. Instead, many patients sought alternative strategies of receiving medical advice, including calling Telehealth Ontario, an around-the-clock provincial telephone advice line staffed by registered nurses. The results of this study provide a foundation for emergency department preparedness policies for public health emergencies.

Measures enforced in 4 emergency departments in Toronto during the SARS outbreak were successful in preventing transmission between patients and hospital staff. Borgundvaag and colleagues describe these measures in detail.

See pages 1349, 1353 and 1342

Kappa: the higher, the better

In the third article in our series of tips for learners of evidence-based medicine, McGinn and colleagues explain what the kappa statistic means and why it is helpful. The deftly explained tips and examples strip all mystery from the concept represented by that small Greek letter: we learn how to calculate kappa, how to read it and how to use it. The bottom line? The higher the kappa, the better.

See page 1369

Updated guidelines for body weight classification

The 2003 *Canadian Guidelines for Body Weight Classification in Adults* updates the weight classification system that had been in use since 1988. The Québec Provincial Working Group on Weight Related Issues reviews and analyzes the major changes that have been made to the guidelines, including a lower cut-off point in body mass index to indicate underweight and the subclassification of obesity. The authors emphasize that, although the guidelines are helpful, the absence of concrete answers to relevant clinical scenarios weakens their practical application, and they should be applied with caution.

See page 1361

In Synopsis

In *Clinical Vistas*, Zahrai and colleagues examine a case of an enlarged foot mass (see page 1347). In part 2 of the sports dermatology series, Freiman and colleagues focus on skin problems associated with swimming and other aquatic sports (see page 1339). In *Analysis*,



Arora and colleagues describe the potential for an HIV-1/AIDS epidemic in India (see page 1337). In *Health and Drug Alerts*, Wooltorton reminds us of common sense practices that minimize the risk of serious infection from ultrasound and medical gels (see page 1348). In *Public Health*, Mann and colleagues describe changes being reviewed by the Public Health Agency of Canada in the recommended treatment of gonorrhea in some patients and some areas of Canada based on the increasing rate of fluoroquinolone-resistant strains of *Neisseria gonorrhoeae* (see page 1345).