

Is it flu or SARS? MDs gear up for a difficult winter

Differentiating between SARS and influenza is a tricky business, and as Canada heads into its winter months health officials are concerned about the possibility of widespread false alarms. This means that important decisions will have to be made about how to handle patients with flu-like symptoms.

"We have a great number of problematic questions to answer," says Dr. Frank Plummer, scientific director of Health Canada's National Microbiology Laboratory in Winnipeg. "When do we test for SARS? And when do we isolate people?"

The World Health Organization (WHO) says this problem requires immediate preventive measures. "Because this disease starts the same as influenza and transmits to health care workers, people will have to be isolated," says Dr. David Heymann, the executive director of communicable diseases. "I'm sure you can see the implications."

He says the potential confusion surrounding the SARS/flu diagnosis is the reason WHO is recommending that elderly and immunocompromised people or those who have underlying chronic cardiopulmonary, renal or metabolic disease be vaccinated against influenza this fall. Influenza typically infects 10% to 20% of the population during seasonal epidemics. Each year, 3 to 5 million cases of severe flu-related illness occur worldwide, and at least 250 000 to 500 000 people die.

Klaus Stöhr, head of WHO's influenza program, says physicians must remain alert. "The earlier we intervene, the less likely the disease will spread."

Several respiratory illnesses occur less frequently when temperature and humidity are high, and the number of cases increases with the return of cooler weather. There is some speculation that SARS might follow this seasonal pattern.

WHO's case definition for SARS (September 2003) includes these signs:

- fever $\geq 38^{\circ}\text{C}$ AND
- one or more symptoms of lower respiratory tract illness (cough, difficulty breathing, shortness of breath) AND
- radiographic evidence of lung infiltrates consistent with pneumonia or respiratory distress syndrome (RDS) OR autopsy findings consistent with the pathology of pneumonia or RDS without an identifiable cause AND
- there is no alternative diagnosis.

Under a microscope, the novel coronavirus believed to cause SARS (SCoV) appears as an irregular sphere, engulfed by peplomers that look like a crown (*corona*).

SARS was first recognized in China's Guangdong Province in November 2002. It spread to Hong Kong in February, and eventually to more than 30 other countries. More than 8400 people worldwide contracted SARS and over

For £29, step to the front of ER queue

A private company is opening an emergency room in west London where patients willing to pay about \$64 (£29) for an initial consultation can avoid the long waits at accident and emergency departments run by the National Health Service (NHS).

Casualty Plus says it expects to treat patients with minor illnesses and injuries, and they will be seen "in minutes, not hours." Additional treatment and tests will cost between \$110 (£50) and \$220 (£100), and the clinic will also offer health screenings, minor outpatient surgery and radiology, blood-testing and vaccination services. A spokesperson says the unit will not deal with critical or life-threatening conditions.

The NHS's accident and emergency departments treat about 15 million people annually, 80% of whom have "less serious" ailments. The government has promised to cut waiting times in these departments to 4 hours or less, but the British Medical Association is worried that such official pressure may cause physicians to rush and commit errors.

Casualty Plus says its clinic will relieve pressure within the NHS. The Can\$11-million facility will be open from 7 am to 11 pm, and more clinics are expected to open by year's end. — *Mary Helen Spooner, West Sussex, UK*

New SARS recommendations	822
Media want drug ads	822
Medical marijuana distribution	823
Reinvent public health: SARS report	824
Med students seek charter of rights	824
Police affect drug injection site use?	825
Largest AIDS group turns 20	825
News @ a glance	826



Canapress

Who should be isolated?

900 of them died, including 43 in Canada. Currently, there is no reliable point-of-care diagnostic test for SARS, no effective treatment and no vaccine.

Dr. David Patrick, director of epidemiology at the British Columbia Centre for Disease Control, is concerned about SARS diagnostics. Although testing for infection with the SARS virus proved effective during this year's outbreak, Patrick questions the overall efficacy of these tests and notes that false-positive results cannot be tolerated.

Plummer says physicians must understand that not everyone who presents with a coronavirus develops SARS, and that most people who have SARS do not transmit it to large numbers of people because infection appears to require close and sustained contact.

Patrick says it is time to return to the old standbys to combat SARS: wash hands frequently, stay home when sick and avoid hand shakes and other similar physical contacts during flu season. "You've heard of the 'new normal'?" Patrick asks. "Well, that's a bit of a misnomer. It's actually the old normal." — *Allison Gandey, CMAJ*