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REPORT

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SARS Update

On September 3, 2003, China issued a statement; following requests for information from them by the World Health Organization (WHO), denying rumors that another Severe Acute Respiratory Syndrome (SARS) outbreak had surfaced. The health ministry stated there had been no confirmed or suspected cases in Mainland China since the last two SARS patients were discharged from a Beijing hospital on August 16, 2003.ⁱ

China remains the country hardest hit by this new virus since its arrival during the final months of 2002. In a summary table of SARS cases by the Center for Disease Control (CDC), China experienced nearly 92 percent of the total reported cases from November 1, 2002 – August 7, 2003.ⁱⁱ Canada and Singapore were next in number of cases (respectively) with nearly 3 percent of cases for each country. Overall, there were thirty countries affected. The United States had 33 probable cases of SARS during this time period; with the highest concentrations in California (9 cases) and New York (6 cases).ⁱⁱⁱ

SARS Prevention for the Fall Flu Season

One fear by the CDC is that the distinction between seasonal colds and flu illnesses, and that of more serious viruses such as SARS, is becoming more confusing. Some experts believe the SARS virus has been around for some time causing mild disease, until it has mutated to its current form. Although we are closer than ever to better understanding the particular strain of the coronavirus responsible for the latest outbreak (SARS-CoV), it remains an illness with no vaccine, no effective treatment, and no reliable point-of-care diagnostic test.^{iv} Furthermore, the non-specific clinical features of SARS, and the inability to detect SARS-CoV early on, along with the seasonal occurrence of similar respiratory diseases, including influenza, require a higher standard of surveillance than most health care systems worldwide can sustain.^v Considerable uncertainty remains whether SARS will recur in a seasonal pattern.

In response to this concern, the CDC has published guidelines to clarify the symptoms of SARS^{vi}:

- Only patients running a fever of 38 °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
- No alternative diagnosis can fully explain the illness.

The striking feature of the global impact was the large number of health care workers (HCW) affected by the transmission of SARS. Overall, 20 percent of the worldwide cases were health care workers^{vii}. In a statement issued September 2, 2003, WHO officials recommended influenza shots for those susceptible to serious influenza complications^{viii}, including pneumonia, and for health care workers who care for them. WHO recently set goals of vaccinating at least 50 percent of the elderly population by 2006 and 75 percent by 2010. WHO states influenza vaccinations may yield an extra benefit this year: limiting the number of false alarms for SARS.^{ix}

Our Future with SARS

In April, 2003, the CDC and a Canadian laboratory uncovered the genetic sequence for the coronavirus known to cause SARS. Their findings were nearly identical^x providing added significance because the samples were taken from different individuals infected in different countries. This suggests that the virus probably originated from a common source.^{xi} Although this is only the beginning, it is a significant step forward in isolating antiviral drugs, producing vaccines, and developing diagnostic tests, which can lead to early detection.

In the meantime, WHO has developed public health measures to be implemented when a SARS alert^{xii} has been identified^{xiii}.

- Patient(s) should be immediately isolated and transmission-based precautions instituted, if not already in place
- The diagnosis should be expedited. WHO will assist in the investigation of SARS alerts as appropriate, including the facilitation of access to laboratory services.
- Contacts of persons under investigation for SARS should be traced and quarantined until SARS has been ruled out as the cause of the illness.

WHO remains a valuable leader in promoting the global mission among the world's best scientists and clinicians to forego competition and collaborate efforts to abolish this potential worldwide threat.^{xiv}

ⁱ www.heraldsun.news.com.au/; "China says no new SARS cases", September 3, 2003

ⁱⁱ www.cdc.gov/od/oc/media/sars/; China's total number of cases – 7748 out of the worldwide total of 8422 cases.

ⁱⁱⁱ www.cdc.gov/od/oc/media/sars/cases.htm; Overall 19 states in the United States were affected by at least one probable SARS case.

^{iv} www.who.int/csr/disease/influenza/sars/

^v www.who.int/csr/sars/postoutbreak/en/

^{vi} www.who.int/csr/sars/postoutbreak/en/

^{vii} www.cdc.gov/od/oc/media/sars/; total HCW affected was 1725 out of worldwide total of 8422.

^{viii} Individuals at high-risk for severe illness and death related to SARS and other respiratory illnesses include: elderly, immunocompromised, underlying chronic cardiopulmonary, renal or metabolic disease.

^{ix} www.cidrap.umn.edu/cidrap/content/hot/sars/news/sep0303sars.html

^x The sequencing by the CDC has 29,727 nucleotides, which is 15 additional nucleotides than that uncovered by the Canadian laboratory; www.cdc.gov/od/oc/media/pressrel/r030414.htm.

^{xi} www.cdc.gov/od/oc/media/pressrel/r030414.htm

^{xii} SARS Alert: two or more health care workers in the same health care unit fulfilling the clinical case definition of SARS and with onset of illness in the same 10-day period; OR hospital acquired illness in three or more persons (HCW, patients, or visitors) in the same health care unit fulfilling the clinical case definition of SARS and with onset of illness in the same 10-day period; www.who.int/csr/sars/postoutbreak/en/

^{xiii} www.who.int/csr/sars/postoutbreak/en/

^{xiv} World Health Organization, "Severe acute respiratory syndrome (SARS): Status of the outbreak and lessons for the immediate future", Geneva, 20 May 2003.