

Pneumonia causes panic in Guangdong province

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The past fortnight has seen the province of Guangdong in southern China become victim to a serious pneumonia epidemic that seized its people with fear and caused major temporary economic damage but that eventually turned out to have relatively slight medical impact. By last week, there had been eight deaths.

However, considerable anxiety was created by an "epidemic of rumours." During the first week of February the public became aware of a mysterious respiratory illness, which apparently had a very high mortality and caused death within hours. Symptoms included cough, fever, and breathing difficulty.

Rumours abounded about the source of the infection: a pneumonic plague spread by rats, an avian acquired respiratory infection from chickens or crows, a new strain of influenza,

or even bioterrorism. The timing coincided with Chinese New Year, and a week long public holiday was under way. People spread their fears and new found information by telephone, mobile phone, text messages, email, and word of mouth. In the absence of public statements and official information the media communicated very little.

The news spread that the condition had no apparent cure but that vaporising white vinegar would help kill the infective agent. The newspapers reported dramatically increased sales of white vinegar, cold and flu preparations, and Chinese herbal tea. Unscrupulous pharmacists were selling preparations that normally cost 4 yuan (£0.30; \$0.50; €0.45) for 60 yuan and shop vendors were selling vinegar at 12 times its original price.

Meanwhile, people wore protective face masks in buses and on the street and avoided restaurants and other crowded areas. Two of the four international schools in Guangzhou announced they would remain closed after the Chinese New Year holiday, and some foreigners made plans to send their children overseas.

The rumour spread that many of the victims of the illness were hospital staff and that a



Women in Guangzhou shop for white vinegar, thought to kill the infective agent

number of them had died. As a result outpatient departments almost emptied.

Another rumour was that a hundred people had been struck with the mystery illness at the World Trade Centre building in the centre of Guangzhou, escalating fears of legionella or even bioterrorism. The centre's managers responded by disinfecting the whole building, and they subsequently vaporised white vinegar through its ventilation system.

It was not until Tuesday 11 February that an official statement was made by the Guangdong

Department of Health. In the interim it had been very difficult for doctors and other health professionals to respond to the barrage of inquiries. The officials announced that the first case had occurred in November 2002, but as it was common for influenza-like infections to afflict the community in the winter months there had been no undue concern.

To date there have been 345 cases in eight cities throughout Guangdong (which has a population of 80 million), but the number of new cases is declining. □

New Yorkers are given details on doctors' volume of work

Janice Hopkins Tanne *New York*

Under the headline "More is better," New York's Center for Medical Consumers posted information on its website (www.medicalconsumers.org) about 44 procedures, mostly surgical: how many each doctor performed, how many were done at each hospital, and which doctors and centres did more than 30 procedures during 2001.

The report covers hundreds of thousands of cases and was based on data from New York state's Department of Health, which requires reporting of certain procedures done in hospitals.

New York state has about 19 million residents and about 260 acute care hospitals. As a result of lawsuits by newspapers, for several years the state health

department has provided outcome data specific to hospital and surgeon for coronary artery bypass surgery and, more recently, for coronary angioplasty. Pennsylvania, Virginia, and California also report some outcome data to the public.

The non-profit centre's latest report does not have outcome data but tells consumers that high volume and good outcomes may be related. It says: "A growing number of published studies do provide evidence that volume and high quality outcomes are related for a number of diverse medical conditions and interventions, such as cardiac surgery, cancer and AIDS treatment.

"However, consumers should be aware that a high volume

of surgical procedures does not guarantee a high quality outcome."

It cautions that procedures such as colonoscopy may be performed in hospitals and in doctors' offices, so a doctor may be doing more procedures than reported, because only hospital data are reported.

The report deliberately does not rank hospitals and doctors by volume of procedures, because that "would suggest that the first hospital or physician listed (and the one with the highest volume) is the best, and the second listed is the second best, and so on."

However, the report says: "Experience shows that hospitals should perform a minimum of 200 cardiac bypass surgeries annually to achieve good outcomes." It tells consumers to ask doctors how many times they performed a particular procedure in the last year, compare that number with the figures in the report, and ask the doctor

to explain a large difference.

Arthur A Levin, director of the centre, said: "If good science says there are minimum thresholds [the number of procedures to achieve good outcomes], how can you ignore the science?"

Mr Levin said hospital committees, which define which procedures a doctor can do in the hospital, should consider whether to allow surgeons who do only one or two of a particular procedure a year to continue doing that procedure.

Purchasers of health care, such as managed care plans, might send subscribers only to hospitals or surgeons with a high volume of procedures. Given the information available, Mr Levin called on the state to act. He said it should issue "certificates of need," which permit hospitals to offer certain services, only to doctors and hospitals that do enough procedures. "It's irresponsible not to do something when something should be done," he said. □