

WHO issues global alert on respiratory syndrome

Jane Parry *Hong Kong*

The World Health Organization has issued a global alert as reports of over 150 cases of severe acute respiratory syndrome, an atypical pneumonia of unknown cause, came in from Vietnam and Hong Kong, as well as Canada, Taiwan, Thailand, and Singapore.

By 17 March nine deaths had been reported, seven in Asia and two in Canada. Doctors were also treating two people in Frankfurt, Germany, who had flown in from Singapore and a patient in Manchester, who had recently flown in from Hong Kong (see article below).

WHO is working with authorities in China, Hong Kong, and Vietnam to establish whether or not recent outbreaks in the three countries are related.

An outbreak in Guangdong province, China, in February this year killed five and hospitalised 305 people (22 February, p 416). Two of the people who died were found to have had chlamydia infection. No further cases have been reported from China since 11 February.

The outbreak in Vietnam was

traced to a US Chinese man who was admitted to hospital on 26 February with a high fever, dry cough, myalgia, and mild sore throat. His condition deteriorated, and he died on 13 March after being transferred to Hong Kong.

Healthcare workers in Hanoi who had been in contact with the man became ill—and by 17 March 43 cases had been confirmed with an additional five unconfirmed cases. “There is still reason to be concerned about Vietnam,” said Peter Cordingley, WHO’s spokesman in Manila. Five patients are in critical condition, and two have died.

In all but one of the Hanoi cases (the son of a healthcare worker) the patients had had direct contact with the hospital where the index case was first treated. Singapore has reported 20 cases, Canada nine, and Taiwan three. Thailand has reported one case, directly connected with the Hanoi index case. Cases in Singapore and Canada have been linked to Hong Kong. Earlier reports of single cases in the Philippines and Indonesia were false alarms.



Women wearing face masks in Guangzhou, Guangdong province, China, where an outbreak of atypical pneumonia killed five people

The biggest concentration of cases is in Hong Kong, where by 1 pm on 18 March a total of 123 patients suspected of having the disease had been admitted to hospital, of whom 111 had symptoms of the syndrome. The Prince of Wales Hospital is at the centre of the outbreak, where the index case was identified on 16 March. A total of 44 healthcare workers

at the hospital have now been admitted to hospital, of whom 36 have atypical pneumonia.

“The numbers are large because we were unable to identify the index case. This is a very unusual phenomenon—it’s not run of the mill atypical pneumonia,” said Dr Yeoh Eng-kiong, Hong Kong’s secretary for health, welfare, and food. □

UK travellers warned after first suspected case of new syndrome

Anna Ellis *BMJ*

The Public Health Laboratory Service (PHLS) and the Department of Health this week warned travellers returning to the United Kingdom to be aware of the possible threat of severe acute respiratory syndrome, an atypical pneumonia that is puzzling specialists at the World Health Organization.

The organisations recommended that travellers seek medical advice if they develop a sudden high fever and one or

more respiratory symptoms (cough, sore throat, or shortness of breath) within seven days of returning from any of the infected Asian countries.

As the *BMJ* went to press, a man who had recently returned to England from Hong Kong was admitted to the North Manchester General Hospital with the first suspected case of the syndrome in the United Kingdom.

An urgent cascade notice was circulated asking doctors to be

alert to cases of acute respiratory illness in people who have recently travelled to Hanoi in Vietnam, Hong Kong, or mainland China. People who have cared for, lived with, or had face to face contact with (or had contact with the respiratory secretions of) a person with a probable diagnosis of the syndrome are also said to be at risk.

The cause remains unknown but is thought unlikely to be an influenza virus or the Hong Kong avian flu. Recommended treatment includes antimicrobial agents active against typical and atypical organisms.

Doctors have been advised to admit patients to hospital if their clinical condition warrants

admission, treating them in isolation and using barrier nursing techniques. As with typical cases of pneumonia, the patient should stay at home if they do not need hospital attention. Relatives and carers should be told what to do if their condition deteriorates.

Doctors’ guidance asks patients to consider wearing surgical masks while at or on the way to a GP surgery or hospital. Patients suspected of having the syndrome and who are treated at home should have limited contact with people until the cause is better understood.

A spokesperson for the PHLS said that it was too early to judge the scale of the problem. □