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**EDITORIAL**

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**SAR's SARS**

The medical and health system of the Hong Kong Special Administrative Region (SAR) is facing unprecedented challenges from the recent outbreak of severe acute respiratory syndrome (SARS). Many frontline doctors and nurses have been infected by the virus that causes the disease and there has been no sign that the infection rate is decreasing. Even though the source of infection has been identified as a sick doctor from Guangzhou, China, residing in a hotel in Kowloon, attempts to contain the infection to known contacts of infected patients have failed. There are signs indicating that community dissemination of the virus is happening when teachers, school children, office-workers, passengers within an aircraft, and residents of the same building contract SARS 'en masse'. Even though corticosteroid and ribavirin have been shown to be effective in ameliorating the respiratory distress and fever and speeding up recovery, there is little room for complacency because a significant number of patients are poorly responsive and doctors have to resort to convalescence serum transfusion. In addition, a substantial proportion of patients with SARS require respiratory support at some time during the course of the illness and the mortality rate is approximately 5%. Patients with significant comorbid conditions such as cirrhosis or ischaemic heart disease are at higher risk of dying from SARS. If community dissemination happens on a large scale, the death toll will inevitably escalate to new heights. The situation may worsen if all the intensive care units in Hong Kong reach their full operational capacities.

Meanwhile, there are criticisms among many medical professionals that governmental policies to combat the SARS epidemic are passive, fragmented, uncoordinated, and inadequate. To more effectively constrain the spread of SARS in the community, suspension of schooling for all schools (including universities) is deemed necessary. Quarantine measures limiting activities of known contacts of SARS patients to controlled

environments for a duration no less than the maximum incubation period (7 to 10 days) should also be reinforced before the infection rate multiplies in a geometric manner. Indeed, such regulatory measures have already been carried out by the Singapore government, where the number of patients with SARS is less than 80. Promotion of personal hygiene measures by governmental health authorities in the mass media is too gentle to be really effective. There has been a lack of official support to promote the wearing of face-masks in public. Precautional measures stipulated by special guidelines should be instituted for various professions that require frequent contact with the general population. There is thus plenty of room for the government to exercise its leadership and influence the practice of preventive medicine.

As doctors, we must keep ourselves abreast with the most up-to-date knowledge about SARS so that we can serve the community and ourselves better. For this very purpose, the Journal has decided to publish an expedited article on the radiological appearance of this dreadful disease. Since there has been no past experience or medical literature on this disease, peer review is waived for this special article. I hope that this article will become the first of a series to raise our index of suspicion and sharpen our clinical acumen for the diagnosis of SARS. For further reading, please note that the Prince of Wales Hospital's experience with SARS has recently been published in the *New England Journal of Medicine*.<sup>1</sup>

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**Reference**

1. Lee N, Hui D, Wu A, et al. A major outbreak of severe acute respiratory syndrome in Hong Kong. *New Eng J Med* website. <http://content.nejm.org/cgi/reprint/NEJMoa030685v2.pdf>. Accessed 7 April 2003.