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Global communication allows global cooperation in identifying, controlling and fighting new diseases.

It's Always Something Another four-letter-word disease

The scenario is depressingly familiar. A man becomes ill on an international flight. His condition deteriorates rapidly and, on arrival, he is rushed to the hospital with a high fever from which he may or may not recover.

The incident rates brief mention on the local newscasts, but then it recurs in other places around the world. Soon it attains the status of "mystery disease," and is given a name that, if not terribly informative, at least provides a convenient label. Some officials react well, others shamefully. Public health measures, increasingly draconian, are instituted in an attempt to control the spread of this mystery disease. In time, with science and luck, the disease is brought under some degree of control, and things return to normal, more or less.

This time, the villain of the piece is Severe Acute Respiratory Syndrome, or SARS. Thanks to quick action by the World Health Organization, the Centers for Disease Control and Prevention, and other public-health agencies, we already know a great deal about SARS. It's caused by a coronavirus with many similarities to those that cause influenza. Its symptoms (fever over 100.4 F and respiratory distress) are also flulike, as is the mode of transmission (primarily airborne).

Where SARS parts company from run-of-the-mill flu is in its dramatically higher mortality rate of 5 percent or more in otherwise healthy people. It appears to have originated in Asia, but has gradu-

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ally made its way to many widely separated parts of the world. At the moment, SARS appears serious but not catastrophic (about 6,500 probable cases worldwide at this writing), but beyond question, it's an all-around nasty disease.

The state of the disease and our knowledge of it are changing too rapidly for even the most agile printed journals to keep up. For the moment, your best source of information is via the Internet: the U.S. Centers for Disease Control and Prevention ("www.cdc.gov") and the World Health Organization ("www.who.int/csr") sites are both authoritative and well-organized. Dentists' professional response has four components:

1. Universal infection control precautions—glasses, gloves, gowns, masks and sterilization—are fundamental. Just remember that a mask has to fit in order to be effective, which is why they come in sizes. Don't cut corners; be sure that you and your staff have the correct mask for the job. (If for some special reason you must treat

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a suspected SARS case, the CDC recommends a respirator rather than a simple mask.) And don't forget surfaces: the latest data indicate that the SARS virus may remain alive on surfaces for days.

2. Take a careful health history, and use it. You should always be alert for any potentially relevant medical background, including recent travel to problem regions. If a patient appears to have an active infection, reschedule: a coughing, sneezing, feverish patient really shouldn't keep a dental appointment, regardless of the cause. For our part, we need to make the patient feel virtuous, not guilty, about using good judgment in this matter.

3. Refer quickly and appropriately, and err on the side of caution. If the patient has a family practitioner, fine. Otherwise, you may have to fall back on the emergency department. (By the way, it's not a bad idea to make contact with your nearest emergency department,

ideally at a slack time, so that you will be in a position to help allay your patient's anxiety.) Of course, you should be prepared to deal with acute respiratory distress immediately.

4. Stay out of harm's way.

Be aware of WHO travel advisories, and take them seriously. Crowded, stuffy, unsanitary conditions are a real threat, and not just in other nations.

Health and disease are not static. New diseases emerge, become more prevalent, extend their range and may ultimately decline. It has always been so. Nowadays, we try to hasten the decline by artificial means (immunization, prevention and quarantine) rather than by relying on nature's harsher methods (which tend to involve the devastation of whole populations). Travelers innocently and inevitably import alien diseases into the midst of populations that have no resistance to them. The speed and universality of travel today has quickened the pace and extended the reach of

this ancient process. SARS is just one more of a long series of invaders, and not the last one.

On the other hand, the speed of our response has also increased dramatically. Global communication allows global cooperation in identifying, controlling and fighting new diseases. The technologies for diagnosis, supportive therapy and immunization are vastly superior today than they were just a few years ago. Dr. Anthony Fauci of the National Institutes of Health recently reported that the SARS virus genome had been completely sequenced in a mere 12 days, a truly astounding feat made possible by technological fallout from the Human Genome Project. Knowing the DNA sequence means that reliable diagnostic tests should soon be available, followed in a few years, it is to be hoped, by a vaccine.

So the race continues, medicine versus disease, to the last syllable of recorded time. We may as well get used to it. ■