

Opinion A15

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# Hysteria spreads faster than SARS

ONE OF MY CALMEST patients returned from Hong Kong last week, and of course he was worrying that his mild cough was from severe acute respiratory syndrome, or SARS. He nervously stammered out the word SARS, but after I examined him he accepted my reassurance and returned to his quiet ways. He either had a common cold or was just worn down from travel, and two days later he was fine.

For SARS, fear is the central pathogen, where the risks of acquiring the new mutated cold virus are far secondary to the fear of being infected. Uncertainty about what the risk really is promotes the panic — seeing SARS in the news causes us to personalize it, especially at a time when everyone is already feeling vulnerable from the war.

In reality, this is a garden variety respiratory cold virus, nothing sexy, nothing sinister. The flu kills 20,000-30,000 people in the United States alone every year; this bug appears to have killed fewer than 100 in six months.

Yet in Asia, where almost 1,000 cases have occurred and the disease is still spreading at an unknown rate, people are afraid to go out of their houses. Though the risk to the individual is still exceedingly low, people in Asia are wearing masks on the streets — which probably doesn't offer them much more than psychological protection.

It's unsettling to consider that all this attention to SARS may take attention away from influenza and other proven killers. Many flu deaths occur because elderly people don't have the fear of flu that they should. Many refuse the flu shots that offer them significant protection.

Panic from SARS has replaced panic from bioterror, which replaced panic from West Nile virus. All this represents resources being taken away from the yearly epidemics in order to fight the latest scare.

At the same time, there are some troublesome aspects of this virus. Like its cousin the common cold, SARS is significantly infectious and may be transmitted by touching as well as by inhaling. The cold doesn't usually kill because of established immunity.

SARS does cause serious viral pneumonia and does kill (approximately one in 30) and can be compared to West Nile virus in terms of public perception. But whereas West Nile requires a vector (mosquito), SARS can be transmitted more easily. If touching contaminated objects can spread this, then masks, gowns, and gloves will be inadequate to fully prevent its spread.

Further, until this bug has been around for awhile, we have zero immunity or immune memory to it. With the flu, many of us carry one or both of the flu antigens already, which protects us somewhat unless we are elderly or infirm. With SARS, the combination of a high infectivity rate and little immunity to it in the world population makes it a candidate for spread and serious infection to people of all ages. This underlines the need for strong public health measures, including quarantine and tracking.

It is difficult to prevent the spread of fear while quarantining, however.

SARS virus appears to come from a bird, perhaps a chicken, and previous avian viral epidemics have been worrisome, though they have died down. There doesn't appear to be an effective treatment, though it may well be containable through public health measures alone. These protective procedures should not divert attention from flu or pneumonia, which rob us of many thousands of our elderly every year, and which we can fight with vaccines.

Of course, we do need to track SARS before the bug starts to spread like the hysteria it is causing. SARS is a serious health matter but may galvanize fear because of the sudden attention. Publicizing preventative measures beyond the proper context may make SARS seem worse than it is.

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