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## SARS: Nothing To Fear . . .

**T**HE lead question in the doctor's office this week is what people should do to protect themselves against getting SARS (Severe Acute Respiratory Syndrome). The answer: absolutely nothing.

Here's why: There are just 35 confirmed SARS cases in the United States so far, and no one has died here. Whether that's because we're seeing a weaker strain of the virus or because we're better at preventing spread than in Asia is unknown.

What is known is that the few people with suspected SARS should be isolated. This process will get easier now that serological tests to identify the culprit corona virus, cousin to the common cold, are becoming available.

Since SARS can spread easily via inhalation and (most probably) by touch, it is important that masks be worn and frequent hand-washing be employed by those who may have it and their friends and relatives. But for the rest of us, we need to treat our perception that we could get SARS rather than any real risk of it.

Uncertainty comes from knowing that the virus is new (first seen just last November in China), can kill and can spread. But the death rate is less than 5 percent, SARS is *not* now spreading in the United States, and there are still only a few thousand cases in the world.

We must convert our uncertainty as much as possible to a feel for our real chance of getting this disease, which remains very low for any given individual.



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There is a public-health rationale for clamping down now before this problem gets out of hand the way AIDS did. But this worthy goal should be pursued carefully, without fanfare. We can isolate people we think have SARS, but it isn't reasonable to quarantine the whole planet.



Simple precautions.

How does someone know if they have SARS? The answer is, if you have a fever, muscle aches and difficulty breathing, you most probably *don't* have SARS. If you feel like

you have the flu, you probably have the flu.

Consult your physician. He or she can decide whether any further intervention is necessary beyond tea and rest and chicken soup.

New York's health-care community is gearing up to test and isolate potential SARS patients (which likely won't be necessary on a large-scale basis). In the city's hospitals, respiratory precautions including masks and gloves and careful washing techniques are being followed for all patients with unknown respiratory infections. (This is not a new policy, though it's being more strictly enforced to cover the rare possibility of a SARS occurrence.)

"SARS awareness" may help prevent spread of the infection by leading people to take proper precautions. On the other hand, over-personalization of a minuscule risk spreads panic — and when people panic, they tend to take *fewer* precautions. (Historically, this has been true for all the major scourges — including plague and influenza, which spread fear and disease simultaneously.)

If a person with a disease infects more than one other person, this is the beginning of spread. Right now, this doesn't seem to be happening anywhere in the United States.

Just why that's so isn't knowable: Perhaps it's the limits of the virus itself; perhaps public-health intervention has done the job. One thing is certain: The rapid spread of undue worry and an unrealistic feeling of susceptibility is as much a virus here as SARS is.

Now that the corona virus has been identified and the genome sequenced, a vaccine for SARS may be a year or two away. The vaccine for the fear of SARS is information, seeing this new disease in its proper context and having a healthy respect for its potential — yet knowing that the risks to any one of us remain slight.

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