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SARS - WORLDWIDE (147): CLINICAL ASPECTS  
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A ProMED-mail post

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[1]

Date: 15 Jun 2003

From: ProMED-mail <[promed@promedmail.org](mailto:promed@promedmail.org)>

Source: Toronto Star Sat. Jun. 14, 2003 [edited]

<<http://www.thestar.com/NASApp/cs/ContentServer?>

pagename=thestar/Layout/Article\_Type1&c=Article&cid=1052251834438&call\_pageid=968332188854&col=968350060724>

Experts expand criteria for diagnosing SARS  
Fever not always present in older patients  
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HONG KONG - About one in 4 elderly people suffering from SARS show no signs of fever during their illness, making diagnosis more difficult, researchers here reported yesterday.

And the incubation period for typical patients can range well beyond the standard of 10 days to as much as 16 days, according to studies of Hong Kong patients, said Dr. Tim Rainer of the Prince of Wales Hospital here.

His and other researchers' findings were presented yesterday to a conference organized jointly by the World Health Organization and the Hong Kong government to compare notes on diagnosis and treatment methods for severe acute respiratory syndrome.

Medical experts at the conference noted that the WHO's original guidelines -- cough, fever, shortness of breath and lung x-rays -- were not always helpful in predicting who had the disease. Other symptoms, such as loss of appetite, chills and fever could be more accurate, said Rainer. He noted the disparities in incubation periods and wide variations in body temperatures among patients. Among people over age 65, only 76 percent showed signs of fever above 38C, according to Dr. S.Y. Au of Tuen Mun Hospital. By comparison, 90 per cent of patients below age 65 showed fever.

The absence of fever in some elderly patients could complicate efforts by public health authorities to curb the spread of SARS by installing thermal detection devices at airports and border points in Hong Kong and around the world. If body temperature is subject to individual variations, potential SARS carriers could slip through the net.

Au suggested that the absence of high temperature readings could be due to certain medications being taken by elderly patients that mask fevers, and said doctors should search carefully for atypical symptoms and whether the

person had recently been hospitalized. Indeed, one of the best ways for elderly people to avoid a SARS infection is to "avoid hospitalization," he suggested, drawing a few chuckles from his fellow physicians.

The meeting of more than 100 researchers and doctors was a sombre affair, however, with the group observing a one-minute silence for their colleagues and patients who died from the virus. Only a handful of the delegates wore surgical masks, however, with most people removing them when they entered the conference centre.

Researchers quickly agreed yesterday that the original WHO guidelines for diagnosing SARS were outdated and said they'd had to incorporate the latest findings early on in Hong Kong's outbreak last March [2003]. Symptoms shown by patients can also vary widely. Indeed, methods of diagnosis may even have to change depending on whether physicians are dealing with widespread outbreaks or seeing only a trickle of cases, said Dr. Mike Ryan, the WHO's co-ordinator for global alerts and response. "In 6 months, the same set of clinical symptoms may not be useful," Ryan observed, after hearing Hong Kong doctors describe the need for updated diagnostic guidelines in times of crisis.

Another researcher, Professor Joseph Sung from the University of Hong Kong, added that about 50 percent of the cases seen in Hong Kong were not typical. These patients often had diarrhea and liver problems.

The 2-day meeting is laying the groundwork for a consensus document to be presented next week at a larger WHO conference in Malaysia with representatives from around the world. However, the document is not scheduled to be publicly released until Tuesday.

Hong Kong has accumulated significant experience because it has suffered the 2nd-largest number of cases after mainland China. To date, 1755 people have been diagnosed with SARS in Hong Kong, of whom 293 have died.

[Byline: Martin Regg Cohn]

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[Several factors are at work here. First, as experience with a new entity accumulates, the full spectrum of disease becomes clearer. At first, only classic or 'textbook' presentations are recognized and then the less classical presentations, often more common, become apparent. Second, as laboratory diagnostic techniques improve, more subtle or subclinical forms of the illness are noted. Finally, variations in the manifestations of infections among different age groups are the norm for infectious diseases. Often, the very young and the elderly fail to mount a fever in response to infection. - Mod.LM]

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[2]

Date: Fri, 6 Jun 2003 16:37:47 +0200  
From: Michael Koch <[michael.koch@k3.mil.se](mailto:michael.koch@k3.mil.se)>

The following paper is available to ProMED readers on request to \*the author\* [do NOT hit your REPLY button!]:

SARS - epidemiological considerations about  
(a) the statistical 'background noise' of atypical pneumonias,  
(b) the implications of a symptomatic disease definition in the presence of highly functional global networks for speedy communication and  
(c) the possible role of co-infections for the natural course of the disease and its highly variable CFR.

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(A longer version of 5-6 pages in English and/or a more comprehensive article on SARS in German are available by request to my e-mail address:

<[michael.koch@k3.mil.se](mailto:michael.koch@k3.mil.se)>)

[This is an interesting analysis. The reader should bear in mind that this paper was written on 6 June 2003, & that the situation is changing rapidly as more information about all aspects of the disease becomes available. - Mod.JW]

[see also:

SARS - worldwide (146): cases [20030614.1469](#)

SARS - worldwide (145): cases [20030613.1453](#)

SARS - worldwide (144): cases [20030613.1451](#)

SARS - worldwide (143): cases [20030611.1441](#)

SARS - worldwide (142): cases [20030610.1434](#)

SARS - worldwide (141): cases [20030609.1423](#)

SARS - worldwide (140): cases [20030608.1419](#)

SARS - worldwide (139): cases [20030607.1409](#)

SARS - worldwide (93): etiology [20030505.1122](#)

SARS - worldwide (87): case definition and diagnostics [20030502.1103](#)

SARS - worldwide (85): clinical aspects [20030501.1094](#)]

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