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**SEVERE ACUTE RESPIRATORY SYNDROME (SARS) PREPAREDNESS
AND RESPONSE IN THE WHO AFRICAN REGION**

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Background

1. Severe Acute Respiratory Syndrome (SARS) is an atypical pneumonia caused by a *coronavirus*. It is a new disease in humans, first detected in Hanoi, Vietnam, in late February 2003. The earliest cases are now known to have occurred in Guangdong Province, China, in mid-November 2002. Researchers from the Microbiology Department, University of Hong Kong, have succeeded in isolating the disease's causal agent, a *coronavirus*, from the lung tissues of a SARS patient. Thanks to the remarkable work done by a WHO-coordinated network of scientists from 11 laboratories in 10 countries, it has been possible to develop a test to identify the virus which is transmitted by droplets of the cough or sneeze of infected persons. The incubation period is 2-10 days.
2. Around 21 February 2003, SARS started spreading to countries from the Metropole Hotel in Hong Kong where a SARS patient from Guangdong Province stayed. By April 2003, the disease had already spread to 17 countries. Between 1 November 2002 and 10 July 2003, thirty-two countries were affected with 8437 cumulative cases and 812 deaths. The most affected countries were China with 1268 confirmed cases and Hong Kong with 883 cases.

Response of the Regional Office to the SARS epidemic

3. In the WHO African Region, three probable cases were reported: in South Africa in April 2003, in Nigeria where a retrospective diagnosis of a probable SARS case reportedly died on 28 February, and in Zambia where a suspected case was reported in May. All patients were of Asian origin and had had epidemiological contact with affected countries. No local transmission of the disease was reported in those three African countries.
4. Following the global alert issued by WHO on 12 March 2003 on reports of atypical pneumonia in Vietnam and China, the WHO Regional Office for Africa issued a warning to all Member States on the SARS outbreak on 19 March 2003 and disseminated orientations for strengthening national surveillance systems and guidelines on hospital infection control and SARS management.
5. At the same time, the WHO Regional Director for Africa set up a regional working group on SARS within the Division for Prevention and Control of Communicable Diseases at the Regional Office. This team, composed of epidemiologists and laboratory specialists from the Communicable Disease Surveillance Unit, coordinated preparedness and response activities in the African Region and monitored trends of the outbreak through the WHO Global Task Force based in WHO Headquarters.

Achievements

6. Achievements in the WHO African Region since the SARS outbreak are as follows:
 - (a) A rumour verification system which was established at regional level helped in tracking suspected cases reported anywhere in the African Region;

- (b) Four reference laboratories (Institut Pasteur, Antananarivo; Institut Pasteur, Dakar; Noguchi Memorial Institute for Medical Research, Accra; Kenyan Medical Research Institute, Nairobi) have been identified to support SARS diagnosis in the Region. A training programme has been developed for laboratory experts from these institutions and epidemiologists in the Region and the training is scheduled to take place by the end of September 2003.
- (c) Member States have strengthened their surveillance system with early warning networks. As a result, in South Africa, Nigeria and Zambia, preventive measures have been taken, enabling the isolation of suspected cases and tracing of contacts, thus preventing local transmission of the disease. Thanks to mobilization at country level, this new disease capable of spreading rapidly within health facilities, families and larger communities has been contained.
- (d) In a number of countries, SARS epidemic preparedness and response plans have been developed and implemented. These plans include identification and briefing of rapid response teams, setting up or revitalization of national epidemic management committees and development of hospital emergency plans taking into account guidelines for SARS management and provision of emergency stocks including supply of protective materials. Programmes of information and education of health personnel, airline crew and the general public have been implemented.
- (e) SARS was identified as a major public health problem with great potential to spread beyond borders. Within the framework of cooperation between countries of southern Africa and the island states of the Indian Ocean signed in July 2000, conference calls were made between the countries concerned and WHO on a strategic plan for SARS prevention and control within that epidemiological bloc. This plan focused on strengthening SARS surveillance within the context of the regional strategy for integrated disease surveillance, standardizing SARS case management, increasing public awareness and harmonizing travel restriction measures. At the end of June 2003, ministers of health of countries of the Great Lakes Region met in Kampala to review their protocol of cooperation signed in 1997. In the new protocol the ministers included SARS as a public health threat and endorsed key actions for prevention and control of the disease.

Conclusion

7. With globalization in the 21st century, there is an even greater opportunity for the spread of diseases such as SARS anywhere in the world, including Africa, where health care systems are relatively weak.

8. Within the framework of the WHO's Global Outbreak Alert and Response Network, the WHO Regional Office has maintained a very high state of alert in the Region following the emergence of SARS. Thanks to the awareness created within this short period, a high level of SARS preparedness and response has been reached. Although the outbreak was controlled worldwide by July 2003, SARS, an emerging disease of unknown origin, remains a public health threat until the chain of

transmission is broken. WHO's efforts will therefore focus on a research agenda aimed at shedding more light on the chain of transmission. Experts from the African Region are participating in ongoing research at global level. Meanwhile, to be able to contain an outbreak, if it occurs, Member States should continue to strengthen their communicable disease surveillance system in order to promptly detect and isolate cases, quarantine contacts and adhere to travel restrictions.