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DISASTER MENTAL HEALTH

A literature review is used to describe the evolving field of disaster mental health. Mass disasters are extremely complex and require sophisticated levels of strategic planning, including the mental health response. The authors describe the goals of early psychological intervention that include 1) stabilizing psychological functions; 2) mitigation of psychological dysfunction/distress; 3) return of acute adaptive psychological functioning; and/or 4) facilitation of access to the next level of care.

The methods used to achieve the goals should include an integrated multi-component psychological crisis intervention system, such as Critical Incident Stress Management (CISM). The authors emphasize that crisis intervention should proceed along a continuum of care and not be considered a one time intervention.

CISM involves pre-incident preparation and training, demobilization, crisis management briefing, defusing, critical incident stress debriefing, family and individual crisis intervention, pastoral crisis intervention, organizational consultation and development and follow-up and referral. Appropriate training is needed to adequately address the mental health needs of victims of disasters.

(Everly GS, Langlieb A. The evolving nature of disaster mental health services. IJEMH 2003;5:113-119.)

HIV MASKING AS THE FLU

Acute human immunodeficiency virus (HIV) infections can present initially as a flu-like illness. Patients with HIV may present to a primary care setting with flu-like symptoms and their diagnosis missed if not specifically suspected. To determine the prevalence of acute HIV infection among patients with viral illness symptoms, a prospective study was conducted from March 30, 2000 to March 30, 2001 at an urgent care center at an urban teaching hospital in Boston. Patients who presented with viral symptoms and ≥ 1 risk factor for HIV infection were enrolled in the study. Each patient was interviewed for demographic data, symptoms of current illness, history related to HIV risks and history of alcohol use during the previous two months. A standardized physical assessment was done and blood samples were obtained for HIV antibody ELISA, Western blot and an HIV-1 RNA assay. Patients were instructed to return to the clinic in one week to receive test results and posttest counseling.

A total of 1366 patients presented to urgent care that met the study criteria. Only 535 were screened and found eligible and 499 actually enrolled in the study. The study participants were primarily women (53%) and Haitian (10%). Of the 499 patients who enrolled, 5 were found to have acute HIV infection and 6 had chronic infection. This accounted for a prevalence of HIV infection of 2.2%. The authors noted that a viral syndrome is a common but nonspecific diagnosis found in urgent care patients. In this study population, 1% of the patients were found to have acute HIV infection and all were linked to care to start antiretroviral therapy. The authors recommend that identifying patients with an acute HIV infection may reduce transmission and provide a major public health benefit.

(Pincus JM, Crosy SS, Losina E, King ER, Labelle C, Freedberg KA. Acute human immunodeficiency virus infection in patients presenting to an urban urgent care center. Clinical Infectious Diseases 2003;37:1699-1704.)

SARS TRANSMISSION ON AN AIRCRAFT

A study was conducted of passengers and crew members of three flights that had carried one or more persons known to have severe acute respiratory syndrome (SARS). The purpose of the study was to attempt to quantify the risk of transmission during various phases of illness.

Passenger rosters and seat assignments were obtained from three flights that were found to have laboratory-confirmed cases of SARS. Passengers and crew members were interviewed using a standardized questionnaire and if SARS was suspected in a contact, that person was sent to a hospital for a chest radiograph and reverse-transcriptase polymerase-chain-reaction (RT-PCR) assays. A total of 304 of 681 passengers were interviewed. Of that total, 16 had laboratory-confirmed SARS; 6 patients had illness that met the World Health Organization’s definition of probable SARS and 1 patient had a case of suspected SARS. The authors believe the passengers and crew could have been infected while on board the aircraft as the infected passengers tended to be clustered in the few rows directly in front of or behind the ill passenger. The authors note that there are other possible explanations for the patients to contract SARS besides sharing the same aircraft and conclude that the risk of transmission of SARS on an aircraft is low.

(Olsen SJ, Chang H-L, Yung-Yan Cheung T, Fai-Yu Tang A, Fisk TL, Peng-Lim Ooi S, et al. Transmission of the Severe Acute Respiratory Syndrome on aircraft. New England Journal of Medicine 2003;25:2416-22.)

NOVEL APPROACH TO EDUCATE CLINICIANS

Educators are always challenged to find and use new approaches to educate hospital-based clinicians. Educational offerings are often considered as a secondary goal after patient care and other demands. Education regarding