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Worsening health situation in Basra

Children in the war-torn city of Basra face increasing health risks now that a cholera outbreak has been confirmed, reports a WHO health brief (May 7). Cause for concern came after “a significant increase in the number of diarrhoeal diseases, gastroenteritis, and dehydration” was notified at two of Basra’s hospitals, mainly among very young children (13 months–4 years).

Admissions for the disease—which now stand at around 30 per day—are usually rehydrated and sent home. However, Basra hospitals are at present poorly equipped to deal with such an outbreak. Medical tests cannot be done because the central laboratory is not functioning, and hospitals are vastly deficient in some vital reagents, which may have been stolen in the looting that followed the war. Depleted surveillance-control activities for communicable diseases have exacerbated the situation.

A WHO team has taken up permanent residence in Basra and joined forces with local health experts to visit the Al Tahrir Teaching Hospital and the Basra Children’s Hospital, which reported the suspected cholera cases. However, because Basra has experienced cholera in recent history, its effects may not be so severe. Denis Coulombier, a WHO communicable diseases specialist in Basra, says: “The number of cholera cases peaks every year during the warm months. If the 18 cases do indicate a transmission, this may not result in an explosive outbreak as those seen in populations first exposed to the disease”.

Attention has turned to the likely source of infection, the polluted water supply. Children play in the polluted Chatt Al Arab river, one of the sources of drinking water, which have often been contaminated by raw sewage, uncollected waste, and illegal tapping of supplies. A WHO working group has defined a strategy for emergency surveillance of epidemic-prone diseases and will liaise with water and sanitation agencies to restore quality control of water.

Rachael Paterson

WHO is SARS?

The World Health Organization (WHO) lifted its severe acute respiratory syndrome (SARS) travel advisory for Toronto following talks and stiff criticism from the Canadian government at WHO headquarters in Geneva on April 30. The Canadian government had criticised the WHO strongly for not having sent doctors to the city to assess the health threat directly.

It was only the second time in WHO’s history that a global travel advisory was issued. The first was in 1994, advising against travel to parts of India because of the plague. However, according to Rebecca Harding, a WHO Communications Officer, “WHO lifted the Toronto advisory not because of pressure from the Canadian government but because the number of probable SARS cases has decreased. 20 days had passed since the last cases of community transmission and no new confirmed cases have occurred. However, as there is still continued transmission in hospitals, Toronto is still recognised by the WHO as being a SARS-affected area”.

When a new disease or disease outbreak occurs, the senior medical experts at WHO often turn to the non-medical press officers for advice on how to communicate with the press. It is not always a straightforward process. According to Dick Thompson, Communications Officer for Communicable Diseases at WHO, “there are a range of criteria that we use for issuing travel advisories. We have to weigh these up for each disease”.

“These criteria include a city’s health system not isolating cases quickly enough, a growing number of cases occurring in hospitals, or perhaps simply because a disease cannot be monitored sufficiently in a certain area. Depending on the disease, we weigh up these factors and determine the risk”, he said.

Currently, the WHO and partners are developing a set of criteria called a “risk matrix”, which will be used to manage SARS and perhaps also be used for future disease outbreaks.

“However, it may be disease-specific. For instance, for SARS, 60 new cases in one city over a week may not be a risk while for a disease like Ebola, 60 would be way too many”, said Thompson.

But, according to one senior infectious diseases medical expert at WHO in Geneva, who wishes to remain anonymous, SARS is an insignificant global disease threat compared with the leading infectious diseases: “The fact remains that thousands of people around the world contract malaria and tuberculosis every day, but who is panicking about those diseases, while the whole of the UK and US press seems to be panicking about SARS? The WHO is getting a lot of good publicity because of SARS. SARS is a potential threat to middle-class westerners. The public wants to know about it and the WHO wants to talk about it. But in terms of numbers, is it really a public-health threat, compared with so many other far more contagious diseases? There is no way, however, that the WHO would let me publicly speak out about SARS being a very minor threat compared with the three major infectious diseases of AIDS, tuberculosis, and malaria, which still pose a grave global health threat”.

Georgina Kenyon