ARE THE WORLD HEALTH ORGANISATION CASE DEFINITIONS FOR SEVERE ACUTE RESPIRATORY SYNDROME SUFFICIENT AT INITIAL ASSESSMENT?

Dear Sir,

We read with interest the article by Goh et al⁽¹⁾. We would like to commend the authors for explaining the triage strategy in place at the emergency department (ED) of the study hospital. Assuming that all patients who had fulfilled the World Health Organisation (WHO) criteria (which were then being used as a triage tool in the ED for risk assessment and containment) were admitted, we have re-presented the authors' data in the standard two-by-two table and have produced the following:

	SARS -ve	SARS +ve	Total
Fulfills WHO criteria	1,151	235	1,386
Not fulfilling WHO criteria	10,047	28	10,075
Total	11,198	263	11,461
Sensitivity	89.9%	95% C.I. (84.8 - 92.7)	
Specificity	89.7%	95% C.I. (89.1 - 90.2)	
Positive likelihood ratio	8.60		
Negative likelihood ratio	0.12		

It must be borne in mind that the study hospital was a nationally-designated screening centre receiving cases specifically referred for evaluation of possible SARS; hence an expected sensitivity much higher than a general emergency room⁽²⁾ or in a wider screening context⁽³⁾ was demonstrated. In spite of that, as the authors correctly point out, a sensitivity of 88% is probably not acceptable for a deadly infectious disease which caused so much disruption to the healthcare system. The specificity of 89% was also probably achieved at the cost of sensitivity and the reason why the 28 "missed cases" did not result in super-spreading epidemics is probably due to the excellent follow-up by the authors and their team.

In summary, we believe that the lessons of the authors' experience reinforce the point that the WHO criteria were designed for epidemiological purposes and not as a front-line screening tool. Nonetheless, if they are to be used for screening in the absence of any better point-of-care assessment means, then meticulous contact-tracing and follow-up of all ex-ED attendees are paramount. This may be an important lesson for future infectious outbreaks.

Yours sincerely,

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