Time is money. But that is not all: Time is health and a question of life and death as well, concerning contagions like SARS. The outbreak of dangerous infections in Southeastern-Asia also means a threat of Europe. Distance does not matter any more in our “global village”, Time, on the contrary does. Within few flight-hours, the epidemic can start raging in Frankfurt, Milan or Brussels. “Therefore we have to do anything, to avoid any loss of time concerning epidemics. Otherwise the smallest outbreak can easily lead to a dangerous epidemic”, stressed Dr. Georgios Gouvras at the 6th European Health Forum Gastein. The expert of the European Commission is responsible for the defeat of health-menaces such as epidemics and biological terror. At the Forum, Dr. Gouvras presented Europe’s plans of action for the defeat of highly infectious diseases as SARS.

Momentary victory over SARS
Temperature, lassitude, headache and muscle-pain.....First signals of a flue? Or has the traveller, stewardess or doctor been infected with SARS? The unspecified symptoms lead to SARS’s hazardousness: the disease can easily escape notice or be mixed up with a flue or cold. That was the reason for the quick outspread of the Severe acute respiratory syndrome all over the globe. The first cases appeared in November 2002 in Southchina, in March 2003 there were infected people worldwide. In China, Hongkong, Taiwan, Canada and Singapore the situation was worst. But neither Europe spared: Of 31 reported infections, one ended lethal. More than 8.000 people in over 30 countries have been infected, over 900 did not survive the disease. Despite the momentary victory over the epidemic – on 5th July, the WHO declared the world as SARS-free- it is not yet the time for carelessness, as the latest infection in Singapure in September proves. This case seems to affirm the doctor’s fears, that the disease’s new edition will break out during winter.

The lesson learned by biological terror
“It is hard to say, whether SARS comes back to Europe, but have to be prepared for the worst case.”, explained Gouvras. “The return of SARS would mean an additional charge for our health-care-system. “All cases with flue-symptoms would have to be
checked, whether it might be SARS. The establishment of higher monitoring and additional steps for the defence of the public health would be necessary.” If there was a new SARS-patient in Europe today, the reaction would probably be the same as in the past: strict monitoring, diagnosis of infections, isolation of patients, control of infection and check of social contacts the patient has had. Without being sardonic, Gouvras admits to profit from the battle against biological terror, especially from BICHAT (program on preparedness and response to biological and chemical agent attacks). Also in the domain of laborious-analysis we got ahead, as well as in the plans for responsive measures to prevent the public from being infected.

Taiwain's experiences: private-hospitals as holdback
The preventions against biological terror proved as useful. Europe can profit from the experience of the most infected countries: Hong-Jen Chang, President of the Bureau of National Health Insurance and one of the key-persons of the SARS Task Force, portrays three main reasons, why the disease spread out from Taiwan that quickly: On the one hand side, especially right after the outbreak, SARS can easily be mixed up with a flue, later with a pneumonia. This causes a waste of time until the infected person gets quarantined. On the other hand side, that the major part of hospitals have huge outpatients’ departments, with a high fluctuation of patients and visitors. Beside, the majority of hospitals and hospital-beds is privat, therefore, the economic interest and not the public interest (to guarantee the health-care), is the major concern of most hospitals. Especially in the past, this fact caused a crucial holdback in the battle against epidemics.

House-arrest and taking the temperature
Taiwans’ probably most famous measures to control the epidemic is the order to take customer’s temperature before entering a public building, especially the health-departments. That should prevent the spread of the SARS-Virus. Travel-constraints were issued for exposed personalities, quarantine was ordered and the public was informed. Hospitals had to establish isolation- and fever-departments. Latter were used for monitoring people with temperature according to the plans of SARS Task Force. During the last ten days of June, the whole population was asked to take their temperature twice a day. This step was supported by private institutions. A free of charge fever-hotline was established in order to unburden the special fever-departments of the hospitals. Thanks to the quick realisation of these steps and the successful mobilization of the population for the support against SARS, the disease could be in hand quicker than expected. Taiwan is on the third to last position, before China and Hongkong, it had nevertheless the highest percentage of deaths per infection: Of 655 infected people, 180 patients died.

Flu-season: test stand for international cooperations
“When some SARS-infections were detected in Europe, it was the competence of the single countries to react.”, Gouvras annotated the circumstances, that seemed incomplete to many experts. Since 1991 an EU-network concerning infectious diseases has been existing. It is administered by the European Commission on a basis of cooperation in isolated cases of the member states. This seems not enough for the civils. “The EU wants to boost the international cooperation between the countries bit by bit in order to guarantee a more efficient reaction in case of a new epidemic outbreak and for a better supervision of already known diseases. The beginning flu-season might be a first test stand for our reactivity. “During the last Health Council on 2nd June a coherent
action program for the EU and the Eu-candidate-countries was prepared and is already in action. Thus the Eu has a well elaborated system that permits that the reactions on epidemics can be coordinated at least Europe-wide.

**European Communicable disease network**
But that is not all: In order to be able to react faster to dangers of communicable diseases like SARS, the European Commission wants to establish a European Centre for prevention and fighting of communicable diseases by 2005, the ECDN (European communicable disease network). “The new centre will lead to synergies between the existing national centres for disease control and make them more effective. Also, the core group of a small team of experts will have access to a wide network of contacts in the health institutions and research facilities of the member states. Gouvras explained that through the bundling of the experts’ know how in all of Europe this team would be able to give scientific advice on serious health threats, take crucial steps to fight the disease and mobilise intervention teams. The major tasks of this centre would be the epidemiological survey, to arrange networking of laboratories, to give early warning and to give scientific advice. Apart from that the concerned countries could be provided with support in technical regards as well as with personnel if needed.

**Wake-up Call SARS**
As The EU Commissioner for Health and Consumer Protection, David Byrne, summarized, “communicable diseases do not stop at national borders. Therefore the same must be true for the measures to prevent and fight those diseases.” He justified the establishment of the ECDN as follows: “SARS has been a wake-up call to Europe and caused us to get better prepared.”

So far there is only monitoring systems, in order to track the spreading of the SARS viruses. What is still missing however, is a system for scientific consultation and for decision-making. “In Europe, where today millions of people are crossing national borders every day, we need quick measures to protect our people.”, Byrne said, “Through the bundling of scientific know-how in Europe and the enhancement of our early-warning system, the centre will contribute to a better preparedness of the EU and its member states for epidemics and bioterror attacks.”

**Forecast: Worldwide Cooperation**
The Health Commissar is well-aware that the fight against SARS and similar diseases cannot be restricted to Europe. David Byrne and the European Commission therefore fully support the plans of the WHO to renew by 2005 the International Health Regulations (IHR), which have been founded in 1969 and renewed and extended in 1973 and 1980. The IHR regulate the reaction to a breakout of a communicable disease, but it currently only contains three diseases: The Plague, Cholera and Yellow Fever. With the introduction of the ECDN Europe will be especially capable to support the international efforts to cooperate in the health field, so Byrne recently. An important step has been taken, so epidemics in the “global village” can in the future be fought globally.