

Severe Acute Respiratory Syndrome (SARS)

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Description In early 2003, an unfamiliar virus emerged from China and became known by the acronym SARS (Sudden Acute Respiratory Syndrome). The World Health Organization (WHO), which takes on the responsibility of tracking and containing global health threats in conjunction with national governments, identified the etiology of the disease as a previously unrecognized coronavirus. The spread of infection from this airborne virus was accelerated by international travel, and cases were soon identified in Taiwan, Vietnam, Hong Kong, and Canada. By the end of the year, over 8,000 people around the world had contracted the virus, and approximately 10 percent of those cases were fatal.

The spread of diseases through the transmission of bacteria and biota, whether from animals to humans, or from one human population to another, has been a constant of human development for millennia. Globalization complicates these processes by speeding up the transfer of diseases due to the extensive transcontinental and global travel of millions of people. In no time in history have so many people traveled and crossed large distances so quickly. Moreover this travel is no longer the preserve of a small privileged elite or of the very poor seeking to escape famine or other disasters. It is accessible to large numbers of people, whether as tourists or as visitors of family members who have emigrated to foreign countries.

At a meeting of the WHO on SARS in October of 2003, Dr Anarfi Asamoah-Baah, Assistant Director-General for Communicable Diseases, noted that "SARS had brought to the world's attention some of the frightening aspects of globalization as well as some of the more positive aspects." He was referring not only to the rapid and elusive spread of the virus, but also to the after-effects of an epidemic on the global economy. Increased linkages between countries through their participation in global markets means that an outbreak of a disease difficult to control can affect quickly not only the specific area of the outbreak, but also the financial systems of other parts of the world linked economically to the contaminated area. Again, what is new here is the "extensity" of these links (areas affected can be very far away from the original site of the outbreak) and the "velocity" with which the economic impact takes place. The complex interdependence of markets in the global economy means that the effects of such outbreaks can be felt in a matter of days and months rather than years and decades as might have been the case in the past.

According to the Center for Northeast Asian Policy Studies in Washington

DC, the impact of global communicable diseases lasts long after the health risks have been contained. The "economic shock" experienced by one country necessarily affects others with whom its economy is integrated, and the possibility that a future outbreak may impact upon investments leads to a demand for higher risk protection or insurance.

Ironically, however, as Dr Asamoah-Baah pointed out, global diseases also highlight the positive aspects of global integration: the sharing of information between countries which can lead to early containment, and ease of information transfer via the Internet and global television.

Suggested
Reading:

Lee, Jong-Wha and Warwick J. McKibbin. 2003. Globalization and disease: The case of SARS. Brookings Institution Working Paper, 20 May 2003. (accessed 6 October 2005)

World Health Organization, Department of Communicable Disease and Surveillance and Response. 2004. *WHO Scientific Research Advisory Committee on Severe Acute Respiratory Syndrome (SARS). Report of the first meeting.* Geneva: World Health Organization. (accessed 6 October 2005)