

Editorial Especial *Special Editorial*

Expedito J. A. Luna

Professor Assistente

**Departamento de
Medicina Social**

**Faculdade de
Ciências Médicas da
Santa Casa de São
Paulo**

Correspondência para/
Correspondence to:
Rua Dr. Cesário Mota Jr.,
61 – 5º andar
01221-020 São Paulo,
SP, Brasil
expedito_luna@uol.com.br

SARS, epidemiology, the media and democracy

The emergence of the HIV/AIDS pandemic, twenty years ago, called into question the optimistic view of a future in which humanity would be free of infectious diseases, a corollary of the epidemiological transition theory.

In addition to pointing out the limits of the epidemiological transition theory and opening the path to a new paradigm—the emergence and re-emergence of infectious diseases—AIDS raised another issue that was unforeseen up to that moment: the participation of the victims of the epidemic, AIDS patients, seropositive individuals and groups affected by the epidemic, not only as political activists defending their rights but also as active subjects producing knowledge and implementing interventions for prevention and control. The most successful experiences in controlling and preventing the HIV/AIDS epidemic, such as in San Francisco (USA), and that of countries such as Australia, the Netherlands and Brazil, owe part of their results to the active involvement of organized civil society.

Over the last twenty years there have been quite a few examples of the emergence and re-emergence of infectious diseases. No effort is needed to remember the Ebola and Lassa viruses in Africa; spongiform encephalitis in Europe; West Nile fever in North America; cholera, dengue fever, the re-emergence of malaria and of yellow fever, among others, in Brazil¹.

Now, the world is turning its attention to yet another disease, severe acute respiratory syndrome, popularly known by its English acronym SARS. As with other pandemics of respiratory viruses, such as the Spanish flu in 1918, the Asiatic flu in 1957-58 and the Hong Kong flu in 1968, SARS apparently had its origin in the overpopulated coastal re-

¹ Luna EJA. A emergência das doenças emergentes e as doenças infecciosas emergentes e reemergentes no Brasil. *Rev Bras Epidemiol* 2002; 5(3): 229-43.

gion of southeast China, where human beings, pigs and birds are thought to live near enough to each other to make it possible for respiratory viruses to “jump” species, generating mutations against which the human species has not developed individual or group immunity.

Two aspects deserve to be pointed out in terms of the emergence of SARS. The first one is the role played by the media, especially television and the Internet. In its eagerness for increasingly shocking and sensational news, the media has potentialized frequently restricted problems, and has generated panic in the population. At the end of 2001 and beginning of 2002, after it was discovered that half a dozen letters intentionally containing an aerosol of the anthrax bacillus had been sent in the United States, the sensationalist coverage of the media helped transform the episode into worldwide panic. In São Paulo alone more than a thousand complaints of letters containing “a white powder” had to be investigated, leading to a substantial waste of resources of firemen, police, epidemiological surveillance and public health laboratory. Now, once more, the panic due to SARS seems to be greater than the disease itself. Even taking into account the pandemic potential of the disease, it is necessary to demand a more responsible coverage from the mass media.

On the other hand, the media has also played a key role in relation to the second major aspect of the emergence of SARS: the political aspect. Thanks to the action of international agencies, particularly the World Health Organization, and the effects of its position through the media, it was possible to unmask the Chinese dictatorship in its attempt to censor the epidemic. Dictatorships have long acted similarly. The reasons do not seem to be very clear; epidemics are possibly perceived as signs of the failure of regimes, or they may simply be viewed as something inadmissible, because they are beyond political control. We Brazilians have had our experience, with the attempt to censor the epidemic of meningococcal disease, from 1970 to 1975, so well described by

Barata²; and the epidemic of yellow fever in Goiás and in the Distrito Federal, in 1972/73, the latter still not duly studied. Turning again to SARS, the response of the Chinese dictatorship could have not been less original: finding scapegoats, with the resignation of its Minister of Health and the mayor of the country's capital.

Some lessons can be learned from these episodes. The first one has to do with the definition and objectives of our discipline. We study the distribution of diseases in human populations and we try to identify their causes in order to intervene and change them; hence our commitment to social change. Still, as the examples of AIDS in developed countries and in Brazil, on one hand, and of SARS in China, on the other hand, have shown, a well informed population can be a fundamental partner in the success of disease prevention and control action, just as an uninformed population will have the opposite effect. That is where our commitment as epidemiologists should derive from, especially those responsible for disease surveillance, with democracy and total transparency of our action and information. Finally, in the era of globalization, there is the need to pursue an effective partnership with the media in a world without censorship, so as to keep both commitments described above.

Sao Paulo, May 2003

² Barata RCB. *Meningite, uma doença sob censura?* São Paulo: Cortez; 1988.