

**MERS = SARS?**

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*To the Editor*—In 2003, the World Health Organization coined the word “SARS” for severe acute respiratory syndrome in patients with a relevant travel/contact history and severe acute respiratory symptoms.<sup>1-3</sup> In 2012, the definition of SARS was not used when monitoring another outbreak of illness with the same symptoms and viral aetiology.<sup>3-5</sup> Instead, the virus was termed the Middle East respiratory syndrome coronavirus (MERS-CoV) and “MERS” has since become the official nomenclature for the epidemic.<sup>3</sup> In May 2015, a South Korean man travelled to Huizhou after first arriving in Hong Kong. His father had recently returned from Bahrain and was confirmed to have been infected with MERS. The case aroused panic about an outbreak of MERS beyond the Middle East in Korea, and possible outbreaks in Hong Kong and Mainland China. Meanwhile, the Hong Kong media colloquially referred to the MERS outbreak as the “new SARS”, despite the new official nomenclature.

**MERS = SARS?**

MERS and SARS are the same syndrome in that both are caused by coronavirus, and are associated with fever, respiratory symptoms, and a relevant travel history (Table).<sup>5</sup> In other words, the severity, acuteness, and respiratory syndrome in MERS is no less severe than SARS. There is no need to create a new name and abbreviation each time a coronavirus emerges.

**MERS ≠ SARS?**

Some experts opine that MERS carries a higher

mortality, and there is a travel or contact history linked with the Middle East.<sup>4</sup> In 2012, the initial patients with MERS had non-respiratory (renal) involvement and the MERS-CoV differed to the SARS-CoV. On this basis, MERS and SARS are not the same.

Health organisations should provide consistent definitions for index surveillance and epidemiological and prognostication studies. They should resist the temptation to introduce unnecessary new terminology each time an outbreak of the same severe respiratory infection occurs.<sup>2</sup> Diagnosis of emerging infections should be laboratory-based and not clinical or ‘syndrome’-based.

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TABLE. Comparison of SARS with MERS (initially termed SARI associated with coronavirus infection)

	<b>SARS coronavirus (SAR-CoV)</b>	<b>MERS, SARI (London1_novel CoV 2012)</b>
Origin	Fu Shan city, China	Qatar
Source	Initially erroneously thought to be civet cat; wild animals, bats	Wild animals, especially bats and camels
Paediatric cases	Yes, generally milder disease	Yes, milder disease
Spread	Animal to human, then human to human	Animal to human, then human to human
Principal symptoms	Fever, respiratory	Fever, respiratory, renal
Travel history	Yes	Yes
Morbidity and mortality	8000 infected, 700 deaths	1100+ infected, 400+ deaths
Mortality	Relatively low	High (40% to 50%)
Antivirals and treatment	Supportive, ribavirin and corticosteroid	Nil, supportive

Abbreviations: CoV = coronavirus; MERS = Middle East respiratory syndrome; SARI = severe acute respiratory infections; SARS = severe acute respiratory syndrome