



## From emerging viruses to cardiovascular disease: Preventive measures matter

What do emerging infectious diseases have in common with coronary artery disease?

On page 413 of this issue of the *Journal*, Dr. Forrest W. Smith, of the Ohio Department of Health, using information from the Centers for Disease Control and Prevention and World Health Organization, provides a short update on severe acute respiratory syndrome (SARS), which recently appeared in the Far East and a few travelers from that area.

On page 449, Drs. Steven M. Gordon and Carlos M. Isada from The Cleveland Clinic summarize what happened when the West Nile virus hit Cleveland last year, and how we can use their experience to diagnose and treat cases this year.

And on page 431, Dr. Gregg Fonarow describes what his team at the University of California-Los Angeles is doing to improve outcomes in patients with coronary artery disease.

The common thread in these three articles? Preventive measures.

The best advice so far with SARS is to put patients with suspected cases in respiratory isolation to avoid spreading it. We now have blood tests for West Nile and a better appreciation of what it can do to the central nervous system, but still no effective therapy. Perhaps the most important advice is for people to use mosquito repellent and to drain any standing water on their property.

As for coronary disease, proven, cost-effective medications are woefully underused, even in patients hospitalized with acute coronary events. Dr. Fonarow's team has improved outcomes basically by setting up checklists so that every coronary patient leaves the hospital with drugs such as statins, beta-blockers, ACE inhibitors, and aspirin, as appropriate.

Outbreaks of new emerging diseases can be frightening and sometimes deadly, but statistically speaking, we in the United States are far more likely to be felled by coronary artery disease. In either case, simple things, done ahead of time, can head off trouble later.

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