

## WHO confirms SARS in Chinese journalist

Jane Parry *Hong Kong*

China has confirmed a new case of severe acute respiratory syndrome (SARS). It is the country's first new case since the outbreak last year, which came under control in July only after it infected more than 8000 people and caused 774 deaths in 27 countries. This is the first case that cannot be linked to a source. Two isolated cases—in Singapore in September and Taipei in December last year—were caused by contamination in a laboratory.

The latest patient, a 32 year old journalist from Panyu, near the Guangdong provincial capital of Guangzhou, became ill on 16 December, developed a fever and pneumonia, and was admitted to hospital in isolation on 20 December. He has since recovered and was due to be discharged on 8 January.

None of the 81 people who had been in contact with him have developed any symptoms of SARS.

Initial diagnostic tests to determine whether the man had SARS were inconclusive, and the World Health Organization commissioned further testing by

two laboratories in Hong Kong that are members of its Multi-centre Collaborative Network for SARS Diagnosis. "This is now a confirmed SARS case. This is not a reactivation of anything he had before, it's a brand new infection," said Peter Cordingley, WHO's spokesman in Manila.

The case emerged at the same time as scientists in Hong Kong and China announced findings of research into the presence of a SARS coronavirus in wild animals sold for food in Guangdong province. A collaborative project between the Centers for Disease Control and Prevention of Guangdong, Shenzhen, and Guangzhou and the Faculty of Medicine at the University of Hong Kong found that civet cats have the highest frequency of the virus—16 out of 21 civet cats sampled carried the SARS virus.

The results of genetic sequencing of samples from the latest patient with SARS show that the virus that infected him is similar to that carried by the civet cats. This strain is different from that detected in humans and animals last year, indicating that a

new sublineage of the SARS coronavirus has jumped the species barrier in the past month.

The Chinese government responded swiftly to this announcement by ordering the immediate culling of civet cats in Guangdong province and the permanent closure of all wild animal markets there. The authorities announced on 6 January that all the estimated 10 000 civet cats would be slaughtered by 10 January. How-

ever, WHO said that no animal reservoir of the SARS coronavirus has been conclusively identified and urged caution in the slaughter. "If it is done in a slapdash way the people doing the work could get infected," said Mr Cordingley.

The latest patient has not been in contact with civet cats or other wild animals, and the source of his infection remains a mystery. There is also a suspected case in the Philippines. □



Officials close a civet cat stall in Guangzhou market, south China

## UK authority sets limit on number of embryos transferred

Susan Mayor *London*

A maximum of two eggs or embryos may be transferred during a single cycle of infertility treatment in women aged under 40 years, with no exceptions, and no more than three in women over this age, rules the latest code of practice from the government's regulatory body on embryo research and treatment.

Published by the Human Fertilisation and Embryology Authority this week, the sixth edition of the *Code of Practice*

aims to reduce the risk of multiple births in women undergoing infertility treatment, while maximising women's chances of having a healthy baby.

The new code was based on data from the United States showing that it was better to transfer two embryos rather than three for women in their 20s and 30s to achieve a healthy singleton birth. As the success of infertility treatment falls with age, the new code permits the transfer of a maxi-

mum of three eggs or embryos in women aged 40 or over.

The latest figures show that half the babies born after infertility treatment in the United Kingdom come from multiple births, contributing to a major rise in the number of twins and triplets being born. Suzi Leather, chairwoman of the authority, said: "Multiple births are the greatest single risk associated with infertility treatment. The aim is to prevent triplet gestations and to reduce the number of twin gestations associated with infertility treatment, which impose an unnecessary burden on the babies, the parents, and on the NHS."

The previous code of practice had allowed three embryos

but only in exceptional circumstances. This ambiguous advice meant that some treatment centres generally transferred only two eggs or embryos while others continued to transfer three in many women.

In Belgium and Sweden state funding of in vitro fertilisation is dependent on single embryo transfer. However, in other countries, including the United States, many infertility treatment centres routinely transfer higher numbers of eggs or embryos and allow the total number of babies in each pregnancy to be reduced through loss of fetuses. □

The *Code of Practice* is accessible at [www.hfea.gov.uk](http://www.hfea.gov.uk)