

most important response is to offer a sound base of support for combating emerging diseases where they start, relying less on the rapid influx of international experts and the long-distance shipping of specimens and more on “home grown” talent, equipped with the tools and training that they need. Achieving these goals will be difficult. Beyond supplying medicine and laboratory equipment, tackling the problem will require addressing such complex issues as low salaries and “brain drain,” civil unrest, corruption, and human rights. Dr. Conteh was exceptional because he persisted in the face of these challenges, but we cannot routinely depend on such heroes. Governments in developing countries, with international support, need to build the base to create stable job and training opportunities, adequate physical infrastructure, and safe working environments to foster the development of local expertise and encourage local physicians and scientists to help fill the role vacated by Dr. Conteh. Ultimately, containing emerging diseases depends on the Aniru Contehs of the world. The more support we provide to people on the front lines, the healthier and safer we all will be.

Aniru Conteh is survived by his wife, Sarah, three sons, and two daughters.

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Correction, vol. 10, no. 9

In “SARS-CoV Antibody Prevalence in All Hong Kong Patient Contacts” by Gabriel M. Leung et al., errors occurred on p. 1654. The seventh sentence read “those who declined testing” but should have been “those who consented to testing.”

The corrected sentence reads as follows: However, those who consented to testing were more likely to report more frequent contact and closer relationships with SARS patients, more febrile or respiratory illness episodes since February, and a travel history to SARS-affected regions, which may have biased our seroprevalence estimate upwards.

The corrected article appears online at <http://www.cdc.gov/ncidod/EID/vol10no9/02-0155.htm>

We regret any confusion these errors may have caused.

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