is epidemiologically relevant. Indeed, SARS-CoV evolved during the course of the SARS outbreak in China (12). Similarly, influenza is perpetuated in the human population by the evolution of new antigenic variants every year (Robin Bush, University of California, Irvine) (13). Even if the transmissibility of an emerging disease is initially below the threshold necessary to sustain it in a population, the potential for the organism's evolution to higher levels may exist (14,15). Thus, one should not become complacent about diseases that are repeatedly introduced through zoonosis, but teeter on the edge of sustainability within the human population.

The success with which WHO coordinated the global collaboration in containing SARS galvanized the World Health Assembly to grant WHO greater authority to verify outbreaks, conduct investigations of outbreak severity, and evaluate the adequacy of control measures. The outcome of this new authority will depend on integrating the expertise of public health officials, medical doctors, and epidemiologists worldwide with guidance from disease transmission models. The SARS outbreak demonstrated that an epidemic in one part of the world is not just an individual nation's problem but a global problem.

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References

1. Kuiken T, Fouchier RA, Schutten M, Rimmelzwaan GF, van Amerongen G, van Riel, et al. Newly discovered coronavirus as the primary cause of severe acute respiratory syndrome. Lancet. 2003;362: 263–70.
2. Fouchier RA, Kuiken T, Schutten M, van Amerogen G, van Doornum GJ, van Hoogen BG, et al. Aetiology: Koch's postulates fulfilled for SARS virus. Nature. 2003;423:240.
3. Lloyd-Smith JO, Galvani AP, Getz WM. Curtailing transmission of severe acute respiratory syndrome within a community and its hospital. Proc R Soc Lond B Biol Sci. 2003;270:1979–89.
4. Riley S, Fraser C, Donnelly CA, Ghani AC, Abu-Raddad LJ, Hedley AJ, et al. Transmission dynamics of the etiological agent of severe acute respiratory syndrome (SARS) in Hong Kong: the impact of public health interventions. Science. 2003;300:1961–6.
5. Ferguson NM, Donnelly CA, Anderson RM. Transmission intensity and impact of control policies on the foot and mouth epidemic in Great Britain. Nature. 2001;413:542–8.
6. Keeling MJ, Woolhouse ME, Shaw DJ, Matthews L, Chase-Topping M, Haydon DT, et al. Dynamics of the 2001 UK foot and mouth epidemic: stochastic dispersal in a heterogenous landscape. Science. 2001;294:813–7.
7. May RM. Uses and abuses of mathematics in biology. Science. 2004;303:790–3.
8. Lee N, Hui D, Wu A, Chan P, Cameron P, Joynt GM, et al. A major outbreak of severe acute respiratory syndrome in Hong Kong. N Engl J Med. 2003;348:1986–94.
9. Anderson RM, May RM. Infectious diseases of humans: dynamics and control. Oxford: Oxford University Press; 1990.
10. Tsang KW, Ho PL, Ooi GC, Yee WK, Wang T, Chan-Yeung M, et al. A cluster of cases of severe acute respiratory syndrome in Hong Kong. N Engl J Med. 2003;348:1977–85.
11. Galvani AP, Lei X, Jewell NP. Severe acute respiratory syndrome: temporal stability and geographic variation in case-fatality rates and doubling times. Emerg Infect Dis. 2003;9:991–4.
12. Chinese SARS Molecular Epidemiology Consortium. Molecular evolution of the SARS coronavirus during the course of the SARS epidemic in China. Science. 2004;303:1666–9. Epub 2004 Jan 29.
13. Treanor J. Influenza vaccine—outmaneuvering antigenic shift and drift. N Engl J M. 2004; 350:218–20.
14. Antia R, Regoes RR, Koella JC, Bergstrom CT. The role of evolution in the emergence of infectious diseases. Nature. 2003;426:658–61.
15. May RM, Gupta S, Mclean AR. Infectious disease dynamics: what characterizes a successful invader? Philos Trans R Soc Lond B Biol Sci. 2001;356:901–10.

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Conference Summary

Open Access Publishing

An Open Access Publishing Conference was convened in Atlanta, Georgia, on January 7, 2004, by the libraries of the Centers for Disease Control and Prevention (CDC) and Emory University. Open Access is an emerging publishing model for peer-reviewed scientific research in which authors and their publishers grant free access to their work as long as the authors are acknowledged and the publisher ensures that the work is made freely available in a digital archive (1). The conference brought together key stakeholders including scientists, researchers, publishers, and librarians and included approximately 240 participants with 80 offsite registrants connecting through the simultaneous Web cast.

The keynote address, "The Coming Revolution in the Publication of Scientific Papers," delivered by Harold Varmus, emphasized that 1) in today's Internet era, the traditional Gutenberg print publishing model is outdated; 2) electronic publishing has the advantages of lower costs, global distribution, content that can be linked to datasets, improved archiving, and full-text searching; and 3) rigorous peer review is possible in electronic and Open Access formats. Open Access publishing challenges include engaging professional societies in this approach, building sustainable business plans, and changing academic culture so that published works are evaluated for content rather than for the journal label. Open Access publishing is typically financed by author fees along with a combination of philanthropic and advertising support. Examples are the Public Library of Science, Journal of Clinical Investigation, and BioMed Central

journals. Recent milestones include the Bethesda Open Access Principles meeting (1), the Wellcome Trust endorsement of Open Access, and support from the Howard Hughes Medical Foundation and a number of leading European scientific societies.

A panel of speakers gave stakeholders' perspectives. Sheldon Kotzin reviewed the National Library of Medicine's (NLM) priorities regarding access to, and permanent retention of, the world's biomedical literature. Reflecting growing concerns about high costs of scientific publications, the U.S. Congress recently directed the NLM to report on the impact of rising journal subscription prices relative to access to medical research information and to identify remedies to ensure that taxpayer-funded research remains in the public domain. NLM's Open Access initiative is PubMed Central, a digital archive of freely available life sciences journals. After a slow start, the PubMed Central repository includes 137 journal titles. PubMed Central expects publishers to deposit full contents of each journal issue soon after publication. Supplementary data files are also encouraged. The recent addition of a single article from a journal that is not participating in PubMed Central is broadening the definition of this archive. Another Open Access approach was described by John Nickerson, editor of Emory University's Molecular Vision, which has been freely available on the Internet since its first issue in October 1995. A low-cost operation, Molecular Vision is a refereed open access journal that has achieved scientific recognition in its field.

Publishing trends affecting libraries were discussed by Linda Watson, University of Virginia Health Sciences Library, and included: 1) journal subscription price increases outpacing library budgets, 2) publishers' bundling of journal subscriptions into large contracts often not well matched with institutional research interests, 3) consolidations in the publishing industry, 4) restrictive licensing terms overriding copyright and fair use practices, 5) long-term archival access to electronic content, and 6) selective deletions of published articles from databases and e-publications. Presenting a scientist's perspective, CDC's Marta Gwinn noted that the scientific community's overarching responsibility is to ensure that research is conducted with integrity and quality and that access to it is fair, maximizes value to users, and protects the public investment and interests.

The open access conference generated discussion about the scientific research dissemination process and the need to strengthen the connections between evidence-based research and healthcare action. With high quality, peer-reviewed scientific research becoming freely available on the Internet, possibilities for more rapid advances in scientific knowledge and ultimately improved public health are important. Collaboration between government and academia is necessary to make progress toward open access to scientific research.

This conference was supported in part by the National Networks of Libraries of Medicine, Southeastern Atlantic Region. Conference presentations are available from: http://ada/healthsci.emory.edu/openaccess

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Reference

1. Bethesda Statement on Open Access Publishing [2003 Jun 20]. Available from: http://www.earlham.edu/~peters/fos/bethesda.htm

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Correction Vol. 10, No. 3

In "Legionella Infection Risk from Domestic Hot Water," by Paola Borella et al., errors occurred in the abstract. The seventh sentence should read as follows: "Furthermore, zinc levels of <100 µg/L and copper levels of >50 µg/L appeared to be protective against *Legionella* colonization."

We regret any confusion these errors may have caused.

Correction Vol. 10, No. 3

In the article "Murine Typhus with Renal Involvement in Canary Islands, Spain" by Michele Hernández-Cabrera et al., errors occurred in the 2nd paragraph under The Study on page 740: 68% should be 6.8%. The corrected sentence appears below:

In Spain, two seroepidemiologic surveys, in Salamanca and Madrid (Central/ Western Spain), yielded seroprevalence rates of 12.8% and 6.8%, respectively, in the general population (4,5).

The corrected article appears online at http://www.cdc.gov/ ncidod/EID/vol10no4/03-0532.htm

We regret any confusion this error may have caused.

Correction Vol. 10, No. 3

In the article entitled "Distribution of Bovine Spongiform Encephalopathy in Greater Kudu (*Tragelaphus strepsiceros*)" by Andrew A. Cunningham et al., errors occurred in the title. The corrected title appears below:

Bovine Spongiform Encephalopathy Infectivity in Greater Kudu (*Tragelaphus strepsiceros*)

The corrected article appears online at http://www.cdc.gov/ncidod/EID/ vol10no6/03-0615.htm

We regret any confusion this error may have caused.