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**Archive Number** 20030527.1302

**Published Date** 27-MAY-2003

**Subject** PRO/EDR> SARS - worldwide (123): cases

SARS - WORLDWIDE (123): CASES

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A ProMED-mail post

<<http://www.promedmail.org>>

ProMED-mail is a program of the  
International Society for Infectious Diseases  
<<http://www.isid.org>>

In today's update:

- [1] Worldwide - WHO
- [2] Taiwan - CDC Taiwan
- [3] China - WHO/Beijing Government
- [4] Hong Kong - DOH
- [5] Singapore - MOH
- [6] Canada - Health Canada

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[1]

Date: 27 May 2003

From: ProMED-mail <[promed@promedmail.org](mailto:promed@promedmail.org)>

Source: WHO SARS website [edited]

<<http://www.who.int/csr/sars/en/>>

[A] Cumulative Number of Reported Probable Cases of Severe Acute  
Respiratory Syndrome (SARS)

<[http://www.who.int/csr/sars/country/2003\\_05\\_27/en/](http://www.who.int/csr/sars/country/2003_05_27/en/)>

From: 1 Nov 2002 To: 27 May 2003, 18:00 GMT+2

Country: Cumulative no. case(s)/ no. new cases since last WHO update/ no. deaths/ no. recovered/ date last probable case reported/ date cumulative no. cases current

Australia:	6/	0/	0/	6/	12/May/2003/	27/May/2003
Brazil:	2/	0/	0/	2/	10/Apr/2003/	24/Apr/2003
Canada:	148/	0/	26/	111/	25/May/2003/	26/May/2003
China:	5322/	9/	321/	2944/	27/May/2003/	27/May/2003
China, Hong Kong SAR:	1728/	2/	269/	1285/	27/May/2003/	27/May/2003
China, Macao SAR:		2/	0/	0/	0/	21/May/2003/
China, Taiwan:	596/	13/	76/	112/	27/May/2003/	27/May/2003
Colombia:	1/	0/	0/	1/	5/May/2003/	5/May/2003
Finland:	1/	0/	0/	1/	7/May/2003/	20/May/2003
France:	7/	0/	0/	6/	9/May/2003/	22/May/2003
Germany:	9/	0/	0/	9/	9/May/2003/	26/May/2003
India:	3/	0/	0/	3/	13/May/2003/	14/May/2003
Indonesia:	2/	0/	0/	2/	23/Apr/2003/	23/May/2003
Italy:	9/	0/	0/	9/	29/Apr/2003/	27/May/2003
Kuwait:	1/	0/	0/	1/	9/Apr/2003/	20/Apr/2003
Malaysia:	5/	0/	2/	3/	20/May/2003/	26/May/2003
Mongolia:	9/	0/	0/	9/	6/May/2003/	27/May/2003
New Zealand:	1/	0/	0/	1/	30/Apr/2003/	27/May/2003
Philippines:	12/	0/	2/	10/	15/May/2003/	27/May/2003
Republic of Ireland:	1/	0/	0/	1/	21/Mar/2003/	23/May/2003
Republic of Korea:	3/	0/	0/	2/	14/May/2003/	26/May/2003
Romania:	1/	0/	0/	1/	27/Mar/2003/	22/Apr/2003
Singapore:	206/	0/	31/	163/	18/May/2003/	23/May/2003
South Africa:	1	0	1	0	9/Apr/2003	3/May/2003
Spain:	1/	0/	0/	1/	2/Apr/2003/	7/May/2003
Sweden:	3/	0/	0/	3/	18/Apr/2003/	13/May/2003
Switzerland:	1/	0/	0/	1/	17/Mar/2003/	16/May/2003
Thailand:	8/	0/	2/	6/	13/May/2003/	26/May/2003
United Kingdom:	4/	0/	0/	4/	29/Apr/2003/	27/May/2003
United States:	65/	0/	0/	32/	17/May/2003/	24/May/2003
Viet Nam:	63/	0/	5/	58/	14/Apr/2003/	14/May/2003
Total:	8221/	24/	735/	4787		

Notes:

Cumulative number of cases includes number of deaths.

As SARS is a diagnosis of exclusion, the status of a reported case may change over time. This means that previously reported cases may be discarded after further investigation and follow-up.

A decrease in the number of cumulative cases and discrepancies in the difference between cumulative number of cases of the last and the current WHO update are attributed to the discarding of cases.

[B] Areas with recent local transmission and travel recommendations can be accessed at: <[http://www.who.int/csr/sars/areas/2003\\_05\\_27/en/](http://www.who.int/csr/sars/areas/2003_05_27/en/)> and <[http://www.who.int/csr/sars/travel/travel2003\\_05\\_27/en/](http://www.who.int/csr/sars/travel/travel2003_05_27/en/)> and are unchanged from the last update.

[C] Update 67 - SARS resolution approved, situation in Taiwan 27 May 2003 <[http://www.who.int/csr/don/2003\\_05\\_27a/en/](http://www.who.int/csr/don/2003_05_27a/en/)>

SARS resolution approved, situation in Taiwan

World Health Assembly adopts resolution on SARS

Today in Geneva, more than 190 countries participating in the World Health Assembly -- the supreme governing body of WHO -- unanimously approved a resolution on SARS. The Assembly also considered a report (.pdf) [<http://webitpreview.who.int/entity/csr/sars/WHA56-48.pdf>] on the emergence and spread of SARS and on the international response to date. [note, at the time of preparation of this update, the weblink provided for the SARS report was not available for review. It has been included on the chance that it will become available for viewing after this update is posted. The document that was prepared by WHO for presentation to the World Health Assembly, dated 20 May 2003, is accessible at: <[http://www.who.int/csr/media/sars\\_wha.pdf](http://www.who.int/csr/media/sars_wha.pdf)> and contains much of the material and discussions provided below. - Mod.MPP]

The text of the resolution was based on a draft proposed by a group of Asian countries, and then fine-tuned during more than 7 hours of collaborative work by 37 nations. The group was chaired by Dr Viroj Tangcharoensathien, a senior member of Thailand's Ministry of Public Health.

The resolution, which recognizes SARS as "the first severe infectious disease to emerge in the twenty-first century," calls for the full support of all countries to control SARS and other emerging and re-emerging infectious diseases. It also urges countries "to report cases promptly and transparently and to provide requested information to WHO." Countries are further asked to request WHO support when "control measures employed are

ineffective in halting the spread of disease."

In the resolution and in the debate that preceded its adoption, SARS was clearly recognized as a serious threat to the stability and growth of economies, the livelihood of populations, and the functioning of health systems as well as a cause of great human suffering. Lessons learned in the ongoing response to SARS were considered relevant to improved preparedness for the next new disease, the next influenza pandemic, and a possible act of bioterrorism.

While WHO was asked to continue to update the list of areas with recent local transmission of SARS, the resolution acknowledges the need to do so in a way that minimizes the socioeconomic consequences.

A statement made by the Italian delegation, praising the dedication of all health care workers, including several who have lost their lives to SARS, met with a round of applause.

In a related item, also considered today, delegates approved a resolution setting out procedures and a timetable for revision of the International Health Regulations. The Regulations, which are administered by WHO, provide the legal framework for global surveillance and reporting of infectious diseases. They also provide the only mechanism through which measures to prevent international spread can be enforced.

Basically unchanged since 1969, the Regulations are considered grossly inadequate in protecting nations and the international community against the resurgence of the infectious disease threat, which has resulted in the emergence of around 30 new diseases during the past 2 decades. As many speakers noted, this threat, dramatically illustrated by SARS, is amplified by conditions in a highly mobile, interconnected, and closely interdependent world.

As the revision process will not be completed before 2005, the resolution adopted by consensus today requests WHO, through its Director-General, to take into account information about epidemics from sources other than official government notifications, and to conduct on-the-spot studies within countries to ensure that control measures are adequate to prevent international spread. These newly authorized functions are expected to strengthen WHO's capacity to respond to outbreaks and epidemics quickly and with sufficient force to prevent spread to neighbouring countries and others.

Situation in Taiwan

A WHO official in Taiwan has today reported important strides forward in strengthening hospital infection control and contact tracing. Health officials have launched a widespread information campaign, set up a major screening programme, and established fever clinics to keep persons suspected of having SARS out of contact with others. In the assessment of WHO, these efforts are beginning to bear fruit. The situation in Taiwan is expected to improve gradually in the coming days and weeks.

13 new probable cases and 4 new deaths were reported today from Taiwan.

Update on cases and countries

As of today, a cumulative total of 8221 probable SARS cases with 735 deaths has been reported from 28 countries. This represents an increase of 24 new cases and 10 deaths compared with yesterday. The new deaths occurred in China (4), Hong Kong SAR (2), and Taiwan (4).

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[2]

Date: 27 May 2003

From: ProMED-mail [<promed@promedmail.org>](mailto:promed@promedmail.org)

Source: Taiwan - CDC Taiwan [edited]

[<http://www.cdc.gov.tw/sars/en/Daily%20Update/SARS%20Cases%20in%20Taiwan.htm>](http://www.cdc.gov.tw/sars/en/Daily%20Update/SARS%20Cases%20in%20Taiwan.htm)

Cumulative no. SARS probable cases, by geographic area: 27 May 2003

Area: Cumulative no. cases/ no. new probable cases reported/ reclassified from suspected to probable (increase)/ reclassified from probable to suspected or ruled out (decrease)/ adjusted cumulative total/no. discharged/ total no. deaths

North: 456/ 4/ 0/ 0/ 456/ 90/ 52

Central: 35/ 0/ 0/ 2/ 33/ 16/ 2

South: 94/ 3/ 6/ 0/ 100/ 5/ 19

East: 7/ 0/ 0/ 0/ 7/ 1/ 3

Total: 592/ 7/ 6/ 2/ 596/ 112/ 76

There are graphics at the above website link. The first is a pie chart

with a breakdown of the number of suspected cases reported, the number of probable cases reported (using the adjusted total in above table after reclassifications done today), and the number of excluded cases. The second is an epidemic curve by date of onset for probable cases. The third is a bar graph representation of the age distribution of cases. These are followed by maps showing the number of reported probable cases by county, the number of newly reported probable SARS cases by county and a third map showing the number of deaths attributable to SARS by county. Cases have been reported from all counties, with the heaviest concentration of cases in the Taipei and Kaohsiung city areas.

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[3]

Date: 27 May 2003

From: ProMED-mail <[promed@promedmail.org](mailto:promed@promedmail.org)>

Source: WHO SARS website/Beijing Government SARS website [edited]

<[http://www.who.int/csr/sars/chinatable2003\\_05\\_27.pdf](http://www.who.int/csr/sars/chinatable2003_05_27.pdf)>

<<http://www.beijing.gov.cn/english/englishsars/beijingen/detail.asp?ResourceID=63257>>

[The Beijing Government SARS website link is changed daily, but the WHO website maintains each daily report in archives. - Mod.MPP]

Data on the daily reports of cases by province, probable cases, suspected cases, health care worker cases, number of deaths, number of cases discharged from the hospital, and dates of last reported cases (probable and suspected) can be accessed at the above WHO and Beijing Government links.

There have been a total of 5322 probable cases reported to date, of which 9 are newly reported in past 24 hours. In the 24-hour period covered by this update, all new probable cases were reported from Beijing (9). An additional 1393 suspected cases have been reported from the affected provinces. No cases (probable or suspected) have been reported from Guizhou, Hainan, Qinghai, Tibet, or Yunnan.

There are a total of 321 deaths reported due to SARS, of which 4 were newly reported in the past 24 hours.

Of the 9 probable cases reported in the past 24 hours, 7 had been

previously reported as suspect cases. In Beijing, 7 of the 9 newly reported probable cases had previously been reported as suspected cases. In Guangdong, the 1 previously reported probable case was excluded. In Inner Mongolia, the 1 previously reported probable case was excluded.

Case reports were received from 31 provinces/autonomous regions/municipalities.

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[4]

Date: 27 May 2003

From: ProMED-mail <[promed@promedmail.org](mailto:promed@promedmail.org)>

Source: Hong Kong - Department of Health [edited]

<<http://www.info.gov.hk/dh/new/2003/03-05-27e.htm>>

Situation report on Severe Acute Respiratory Syndrome 27 May 2003

There are 2 new confirmed cases of Severe Acute Respiratory Syndrome (SARS) today (27 May 2003). However, there is no SARS case involving healthcare worker today.

The number of patients recovered and discharged from hospitals continues to rise to 1285. Of them, 9 were discharged today. The number of SARS patients in intensive care unit continues to drop to a new low of 32 from 127 in mid-April 2003. These 32 cases are part of the 105 cases under treatment in hospitals. 69 are recovering patients in convalescence and in preparation for discharge.

2 patients died bringing the total deaths attributable to SARS to 269. The deceased include an 80-year-old male and an otherwise healthy 47-year-old female.

The cumulative figures for patients who have been admitted to public hospitals with SARS since 12 Mar 2003 are as follows:

Cumulative no. cases/ total no. discharged patients/ total no. deaths  
(change in past 24 hours presented in parentheses with minus sign for decrease)

Health care workers of Hospitals/Clinics and medical students: 381 (0)/ 347

(3)/ ?

Patients, family members & visitors: 1347 (2)/ 938 (6)/ ?

Total: 1728 (2)/ 1285 (9)/ 269 (2)

Total patients in hospital: 174 (-9)

Recovering patients in convalescence: 69

Cases under treatment: 105 (-4) (including 32 patients in Intensive Care Unit)

Suspected cases: 12

[In the 27 May 2003 SARS bulletin accessible at:

<<http://www.info.gov.hk/dh/ap.htm>> there is a table with the age distribution of cases and a table showing occupations of cases. Of the 1576 patients for whom information is available (91.3 percent of total cases), the largest occupational group affected are health care workers, representing 23.9 percent of cases. - Mod.MPP]

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[5]

Date: 27 May 2003

From: ProMED-mail <[promed@promedmail.org](mailto:promed@promedmail.org)>

Source: Singapore - Ministry of Health [edited]

<[http://appl0.internet.gov.sg/Scripts/moh/sars/news/update\\_details.asp?id=1&mid=7400](http://appl0.internet.gov.sg/Scripts/moh/sars/news/update_details.asp?id=1&mid=7400)>

SARS update 27 May 2003

There were no new probable SARS cases, discharges or deaths reported today.

The total number of patients who have recovered from SARS still stands at 165. 9 patients remained hospitalised, including 5 who are in intensive care.

A previously unlinked SARS case now linked to the [Singapore General Hospital] SGH cluster

We have established the source of infection of a case that was previously unlinked. This case is a 68-year-old lady who was earlier reported on 23 Apr 2003. Investigations have revealed that she had come into contact with

a 63-year-old female porter belonging to the SGH Ward 57/58 cluster of infections, who subsequently was diagnosed to have probable SARS on 14 Apr 2003. It is believed that the porter was unwell at the time when she met the 67-year-old lady. The 68-year-old lady had not previously been identified as a contact of the porter.

#### Suspect Cases

There were no new suspect cases admitted to [Tan Tock Seng Hospital] TTSH today.

#### Observation Cases

There are 3 observation cases today. They are a 70-year-old male who was transferred from SGH, a 20-year-old male, and a 35-year-old female. They do not have a definite contact history at this point in time.

#### Quarantine Figures\*

\*\*Discharged patients under home quarantine = 397

Contacts under home quarantine = 59

Total under home quarantine orders = 456

\*Quarantine cases refer to those who are required to stay at home for precautionary reasons as they may have had contact with a SARS patient. These are healthy individuals.

\*\* This is an added precautionary measure for discharged SARS patients as well as those with co-morbidities.

A summary of SARS cases is as follows:

Discharged: 165

Hospitalised: 9(including 5 in ICU)

Deaths: 31

Probable cases: 206\*

Suspect cases: 1

Observation cases: 5

\*Includes 1 case who died from non-SARS causes

Update on foreign media stories of possible SARS cases, which are reported to be connected with Singapore [New Strait Times] NST and The Star (5 May 2003) reported that a 35-year-old lorry driver who delivered computer parts to Woodlands in Singapore was a SARS suspect. Despite falling ill on 28 Apr 2003, he had returned to Malaysia on 1 May 2003, and was admitted to the

isolation ward in a Kuala Lumpur Hospital.

Our investigations showed that he travelled frequently to Singapore on delivery rounds. We understand that he has been diagnosed as having Klebsiella septicemia, and not SARS, and was discharged from the hospital on 6 May 2003.

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[6]

Date: 27 May 2003

From: ProMED-mail <[promed@promedmail.org](mailto:promed@promedmail.org)>

Source: Health Canada 26 May 2003 accessed at 7:30 PM 27 May 2003 [edited]  
<[http://www.hc-sc.gc.ca/pphb-dgspsp/sars-sras/eu-ae/sars20030526\\_e.html](http://www.hc-sc.gc.ca/pphb-dgspsp/sars-sras/eu-ae/sars20030526_e.html)>

Summary of Severe Acute Respiratory Syndrome (SARS) Cases: 26 May 2003

As a result of the new hospital-based cluster of SARS cases currently being investigated in Toronto, 8 new probable and 25 new suspect cases of SARS, including 3 deaths (2 associated with the new cluster of cases and 1 associated with a previously known SARS case) have been reported in Ontario. This is in addition to the 136 probable and 121 suspect cases of SARS previously reported in Ontario. The Ontario Ministry of Health and Long-Term Care has confirmed that an individual from the new cluster in North York General Hospital has been linked to the original cluster of SARS cases in the [Greater Toronto Area] GTA.

The total number of probable cases reported in Canada as of 26 May 2003, by reported symptom onset date and type of exposure (where known), is provided [in Figure 1 at the above given weblink] [the most recent date of onset according to the epidemic curve is 20 May 2003, and the probable link case had date of onset of 3 May 2003, or 14 days after the formerly described last case on 19 Apr 2003. - Mod.MPP]

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[7]

Date: 27 May 2003

From: ProMED-mail <[promed@promedmail.org](mailto:promed@promedmail.org)>

Source: News briefs [edited]

[A] Canada from the Globe and Mail 27 May 2003

<<http://www.globeandmail.ca/servlet/story/RTGAM.20030526.usars0526/BNStory/National>>

The return of severe acute respiratory syndrome to a city that thought it had wrestled the virus into submission has sent 2200 more people into quarantine, closed 3 hospitals, and caused the deaths of 2 aged patients.

Another 6 people are considered probable cases, and 30 others are suspected. Toronto is now back on the World Health Organization's list of affected places. Colin D'Cunha, Ontario's chief medical officer, conceded that investigators still do not know how the 96-year-old man, whom they assume to have been the first case in the new cluster, contracted SARS while at North York General Hospital for pelvic surgery.

What is clear is that the man and the chain of infections that can be traced back to him escaped the attention of health officials, who had implemented rigorous new controls at Ontario hospitals to prevent the spread of the deadly virus. Once those controls were relaxed in early May 2003 to permit health-care workers who were not dealing directly with SARS to take off their masks, the disease took full advantage of its freedom.

16 of the 38 cases in the new cluster are health-care workers, according to a draft document put together by medical officials yesterday.

A more plausible explanation is that a patient with SARS was moved within the North York hospital, causing the initial infection. "There is a certain amount of movement on [the part of] one of the patients that may lead us in that direction," he said. The 96-year-old pelvic surgery patient, called the index case, died on 1 May 2003 of what was then assumed to be postoperative pneumonia, a common affliction of people in his condition. 6 other patients on that ward contracted the disease from 22 Apr 2003 to 23 May 2003 and passed it along to 11 family members and 10 health-care workers.

A woman who was in the same ward was transferred on 28 Apr 2003 to St. John's Rehabilitation Hospital and developed symptoms on 1 May 2003 but, because she had no known link to SARS, the disease was not suspected. A health-care worker who cared for her became ill on 7 May 2003, but still the disease went undiagnosed. That health-care worker cared for 2 other

patients who developed symptoms. Then the wife of one of those patients was infected, as were 2 of their roommates.

On 15 May 2003, one of the infected patients from St. John's was transferred to the neurosurgery unit at St. Michael's Hospital "and sat there unprotected, if I can use that phrase, right up to the night of the 23rd of May when this was diagnosed as SARS," Dr. D'Cunha said. A similar transfer of a patient suspected to have SARS was made from St. John's to Scarborough General Hospital. Neither of those patients was suspected to have had SARS until the links to the new cluster were discovered late last week.

Scarborough General has now been closed to new patients, as have St. John's and North York General. Anyone who visited those hospitals during the times of potential infection has been asked to go into quarantine for 10 days from the time of their most recent visit, as has anyone who visited the neurosurgery or cardiac-care units of St. Michael's.

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[As of 27 May 2003 there have been a cumulative total of 8221 probable cases of SARS with 735 deaths reported to WHO from 28 countries. In the past 24 hours since the last update, there have been 24 new probable cases reported, of which 13 were from Taiwan, 9 were from China, and 2 were from Hong Kong.

The newswire brief detailing the probable spread of SARS in the ongoing cluster recently identified in Canada is an interesting description. It serves as a reminder of the non-specific nature of the symptoms associated with SARS, and how several cases had "escaped" detection because of the non-specific nature of the symptoms combined with failure to meet overt epidemiologic criteria for the case definition, as the contact with other cases of SARS was not apparent without further detailed investigation. As the new cluster went undetected during a period extending over 2 incubation periods, it does raise concerns on disease surveillance in the "post SARS outbreak" period once transmission is felt to have been interrupted -- new questions that arise as we learn more about SARS.

Noteworthy in today's WHO update is the discussion on the resolution passed at the World Health Assembly today that requests WHO, through its Director-General, to take into account information about epidemics from

sources other than official government notifications, and to conduct on-the-spot studies within countries to ensure that control measures are adequate to prevent international spread. This resolution is the interim measure that will precede the final revision of the international health regulations expected in 2005. This suggests that there will be greater access for WHO collaboration in investigations of outbreaks within countries. Now that a resolution has been passed by member nations, this should facilitate implementation of these actions. - Mod.MPP]

[see also:

SARS - worldwide (122): cases [20030526.1295](#)  
SARS - worldwide (121): cases [20030526.1292](#)  
SARS - worldwide (119) cases [20030524.1281](#)  
SARS - worldwide (118) cases [20030523.1270](#)  
SARS - worldwide (93): etiology [20030505.1122](#)  
SARS - worldwide (87): case definition and diagnostics [20030502.1103](#)  
SARS - worldwide (85): clinical aspects [20030501.1094](#)  
SARS - worldwide (69): diagnostic testing [20030425.1015](#)  
SARS - worldwide (58): diagnostic testing [20030419.0958](#)  
SARS - worldwide (51): etiology [20030416.0925](#)  
SARS - worldwide (42): WHO historical overview [20030411.0878](#)  
SARS - worldwide (38): etiology [20030410.0869](#)  
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SARS - worldwide (13): etiology [20030327.0758](#)  
SARS - worldwide (04): etiology [20030325.0737](#)  
Severe acute respiratory syndrome - worldwide (17) [20030322.0713](#)  
Severe acute respiratory syndrome - Worldwide: alert (03) [20030316.0660](#)  
Severe Acute Respiratory Syndrome - Worldwide [20030315.0637](#)  
Acute respiratory syndrome - Canada (Ontario) [20030314.0631](#)  
Acute respiratory syndrome - East Asia [20030314.0630](#)  
Acute respiratory syndrome - China (HK), VietNam (03) [20030313.0624](#)  
Undiagnosed illness - Vietnam (Hanoi): RFI [20030311.0595](#)  
Pneumonia - China (Guangdong) (07) [20030221.0452](#)  
Pneumonia - China (Guangdong): RFI [20030210.0357](#)

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