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FOR INFECTIOUS DISEASES



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**Archive Number** 20030606.1396

**Published Date** 06-JUN-2003

**Subject** PRO/EDR> SARS - worldwide (137): cases

SARS - WORLDWIDE (137): 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] Canada - Health Canada
- [6] Singapore - Comment/clarification
- [7] News briefs

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[1]

Date: 6 Jun 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\\_06\\_06/en/](http://www.who.int/csr/sars/country/2003_06_06/en/)>

From: 1 Nov 2002 To: 6 Jun 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: 5/ 0/ 0/ 5/ 12/May/2003/ 5/Jun/2003  
Brazil: 2/ 0/ 0/ 2/ 10/Apr/2003/ 24/Apr/2003  
Canada: 219/ 4/ 31/ 120/ 5/Jun/2003/ 5/Jun/2003  
China: 5329/ 1/ 338/ 3869/ 6/Jun/2003/ 6/Jun/20035  
China, Hong Kong SAR: 1750/ 2/ 286/ 1350/ 6/Jun/2003/ 6/Jun/2003  
China, Macao SAR: 1/ 0/ 0/ 1/ 21/May/2003/ 3/Jun/2003  
China, Taiwan: 676/ 1/ 81/ 257/ 6/Jun/2003/ 6/Jun/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: 10/ 0/ 0/ 9/ 4/Jun/2003/ 6/Jun/2003  
India: 3/ 0/ 0/ 3/ 13/May/2003/ 14/May/2003  
Indonesia: 2/ 0/ 0/ 2/ 23/Apr/2003/ 5/Jun/2003  
Italy: 9/ 0/ 0/ 9/ 29/Apr/2003/ 6/Jun/2003  
Kuwait: 1/ 0/ 0/ 1/ 9/Apr/2003/ 20/Apr/2003  
Malaysia: 5/ 0/ 2/ 3/ 20/May/2003/ 4/Jun/2003  
Mongolia: 9/ 0/ 0/ 9/ 6/May/2003/ 2/Jun/2003  
New Zealand: 1/ 0/ 0/ 1/ 30/Apr/2003/ 6/Jun/2003  
Philippines: 12/ 0/ 2/ 10/ 15/May/2003/ 6/Jun/2003  
Republic of Ireland: 1/ 0/ 0/ 1/ 21/Mar/2003/ 23/May/2003  
Republic of Korea: 3/ 0/ 0/ 3/ 14/May/2003/ 5/Jun/2003  
Romania: 1/ 0/ 0/ 1/ 27/Mar/2003/ 22/Apr/2003  
Russian Federation: 1/ 0/ 0/ 0/ 31/May/2003/ 31/May/2003  
Singapore: 206/ 0/ 31/ 165/ 18/May/2003/ 31/May/2003  
South Africa: 1/ 0/ 1/ 0/ 9/Apr/2003/ 3/May/2003  
Spain: 1/ 0/ 0/ 1/ 2/Apr/2003/ 5/Jun/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/ 5/Jun/2003  
United Kingdom: 4/ 0/ 0/ 4/ 29/Apr/2003/ 6/Jun/2003  
United States: 68/ 1/ 0/ 34/ 5/Jun/2003/ 5/Jun/2003  
Viet Nam: 63/ 0/ 5/ 58/ 14/Apr/2003/ 14/May/2003

Total: 8404/ 9/ 779/ 5937

[B] Areas with recent local transmission and travel recommendations  
can be accessed at:

<[http://www.who.int/csr/sars/areas/2003\\_06\\_06/en/](http://www.who.int/csr/sars/areas/2003_06_06/en/)> and

<[http://www.who.int/csr/sars/travel/travel2003\\_06\\_06/en/](http://www.who.int/csr/sars/travel/travel2003_06_06/en/)> and is unchanged since the last update.

[C] Update 75 - Update on Situation in Singapore 6 Jun 2003  
<[http://www.who.int/csr/don/2003\\_06\\_06/en/](http://www.who.int/csr/don/2003_06_06/en/)>

[ProMED-mail would like to thank Marianne Hopp <[mjhopp12@yahoo.com](mailto:mjhopp12@yahoo.com)> for continued monitoring of WHO reports. - Mod.MPP]

As cases of SARS continue to decline, areas that have brought the disease under control, often at great cost, are now seeking ways to protect these hard-won gains against the hazards of imported cases. Because even a single new case could spark another outbreak, it is important for national authorities to remain vigilant even as current numbers of probable cases are diminishing.

Officials from Singapore and Malaysia met today at Woodlands, a Singapore border checkpoint, to strengthen cross-border efforts aimed at containing the spread of SARS. Officials from both countries agreed that travellers detected with fever at the land checkpoint would be isolated and subsequently sent back to their point of embarkation. The Singaporean and Malaysian delegations agreed to update each other on health screening measures introduced at land, air, and sea checkpoints. Singapore has also announced that it will continue all current pre-departure screening measures until the regional SARS situation improves.

In addition, since the start of the SARS outbreak, when it became apparent that travel could spread the disease globally, WHO has collaborated with non-governmental organizations such as the International Air Transport Association and the International Civil Aviation Organization to promote the adoption of measures aimed at preventing the spread of SARS via air travel.

Singapore's Changi International Airport will soon become the world's first airport to implement new measures to guard against the spread of SARS, in accordance with procedures set out by the International Civil Aviation Organization. Changi was chosen as the test case partly due to Singapore's rapid response to SARS; it was the first airport to introduce thermal scanners to screen passengers for fevers. Since then, Singapore has also provided such scanners on loan to Toronto for use in that city's airport exit screening.

If Changi is determined to take all the necessary steps in accordance with the International Civil Aviation Organization guidelines, which are in turn based on WHO recommendations, the airport will receive a certificate. The global aviation body is readying a scheme to evaluate how well airports enforce anti-SARS measures, which include specific procedures for screening passengers and airport workers. The measures also include distributing SARS information to passengers and guidance on handling suspected cases already on board aircraft and at their destinations.

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[2]

Date: 6 Jun 2003  
From: ProMED-mail <[promed@promedmail.org](mailto:promed@promedmail.org)>  
Source: CDC Taiwan [edited]  
<<http://www.cdc.gov.tw/sarsen/>>

No. new probable cases reported: 0  
Cumulative no. cases: 676  
(cumulative no. cases in last update: 677)  
Explanation: 2 probable cases have been cancelled by reporting physician; 1 previously reported [suspected] case has been reclassified as a probable case by reporting physician

Cumulative no. SARS probable cases, by geographic area: 6 Jun 2003 9 AM

Area: Cumulative no. cases/ no. new probable cases reported/ no. discharged/ total no. deaths

North: 516/ 0/ 152/ 56  
Central: 38/ 0/ 1/ 3  
South: 115/ 0/ 62/ 21 (2 prob. cases cancelled; 1 susp. case reclassified as prob. by reporting MD)  
East: 7/ 0/ 0/ 1

Total: 676/ 0/ 214/ 81 (2 prob. cases cancelled; 1 [susp] case reclassified as prob. by reporting MDs)

As mentioned in earlier updates, there are graphics at the above website link. According to the pie chart representation of reported cases, there are an additional 1398 suspected cases reported, and 720 formerly reported cases (suspected and probable) have been excluded. Reviewing the epidemic curve on today's update page, the most recent noted date of onset is 1 Jun 2003.

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[3]

Date: 6 Jun 2003

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

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

[<http://www.who.int/csr/sars/chinatable2003\\_06\\_4.pdf>](http://www.who.int/csr/sars/chinatable2003_06_4.pdf)

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

[As of 6 Jun 2003 there are a cumulative total of 5329 probable cases of SARS with 338 deaths reported in mainland China. In the past 24 hours there was one previously reported suspected case that was reclassified as a probable case. There have been 2 new deaths attributable to SARS reported in the past 24 hours. There are an additional 895 suspected cases pending (down from 929 on 3 Jun 2003, 908 on 4 Jun 2003, and 895 on 5 Jun 2003, representing net exclusions of reported suspected cases). There were reports of 4 suspected cases, with 2 from Beijing and the 2 others from Guangdong. - Mod.MPP]

Text:

Today there was 1 new probable case reported from 1 province in Mainland China, 99 discharges, and 2 deaths. The 1 new probable case reported from Sichuan province was previously reported as a suspect case. The 99 discharges were from Beijijng (82), Hebei (4), Tianjin (1), Shanxi (3), Inner Mongolia (6), Gansu (1), and Sichuan (2). The 2 deaths were both from Beijing.

Total numbers include the subtotals of the following 17 provinces/ autonomous regions/ municipalities that are not shown: Tianjin,

Jilin, Heilongjiang, Xinjiang, Gansu, Jiangsu, Anhui, Shaanxi, Zhejiang, Henan, Chongqing, Jiangxi, Ningxia, Shandong, Fujian, Hunan, and Guangdong. For the provinces not shown, the number of discharged cases reported in this 24 hours is 2; the number of suspect cases reported in this 24 hours is 2; the number of suspect cases excluded in this 24 hours is 10; The cumulative number of probable cases is 1796; the cumulative number of suspect cases is 101; the cumulative number of discharged cases is 1667; the cumulative number of deaths is 81.

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

In the last 24-hour period, there were a total of 4 new suspect cases reported from 2 municipalities/provinces: Beijing (2), Guangdong (2). 1 In Hebei, 1 previously reported probable case was excluded.

Overall, 30 suspect cases were excluded from Beijing (5), Guangdong (2), Inner Mongolia (13), Shanxi (1), Tianjin (7), Jilin (1), and Sichuan (1).

According to WHO statistical criteria, as of 10 AM, 6 Jun 2003, SARS exists in 9 provinces. Guangxi and Hubei have not reported new probable cases in the past 15 or more days. Shanghai, Shanxi, and Inner Mongolia have not reported new probable cases in the past 10 or more days. Hebei has not reported a new probable case in the past 8 days.

As of 10 AM, 6 Jun 2003, there were 868 total cumulative suspect cases in Mainland China.

In the 20-day period from 10 AM 18 May 2003 to 10 AM 6 Jun 2003, a total of 203 new probable cases were reported. 43 of these cases were reported directly as new clinically confirmed (probable) cases [Beijing (32), Hebei (6), Shanxi (4), Guangxi (1), Inner Mongolia (0), Liaoning (0), Sichuan (0), Shanghai (0), and Hubei (0)]. 160 of these were first reported as suspect cases and then reclassified as probable cases [Beijing (111), Hebei (25), Shanxi (6), Inner Mongolia (9), Liaoning (4), Sichuan (3), Shanghai (1), and Hubei (1)].

At the moment, 1122 patients are receiving treatment in hospitals.

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[4]

Date: 6 Jun 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/2003/03-06-06e.htm>](http://www.info.gov.hk/dh/new/2003/03-06-06e.htm)

Situation report on Severe Acute Respiratory Syndrome 6 Jun 2003

The following is jointly issued by the Department of Health and the Hospital Authority:

There are 2 new confirmed cases of Severe Acute Respiratory Syndrome (SARS) today (6 Jun 2003). There is no case involving healthcare workers.

The number of patients recovered and discharged from hospital is 1350. Of these, 7 were discharged today. The number of SARS patients in intensive care unit is 23. These cases are part of the 71 cases under treatment in hospitals. 43 are recovering patients in convalescence and in preparation for discharge.

2 patients died, bringing the total of deaths attributable to SARS to 286. The deceased were 2 women aged 59 and 90.

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 for decrease)

Health care workers of Hospitals/Clinics and medical students: 386  
(0)/ 358 (1)/ (n/a)

Patients, family members & visitors: 1364 (2)/ 992 (6)/ (n/a)

Total: 1750 (2)/ 1350 (7)/286 (2)

Total patients in hospital: 114 (-7)

Recovering patients in convalescence: 43

Cases under treatment: 71 (-2) (including 23 patients in Intensive Care Unit)

Suspected cases: 8

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[5]

Date: 6 Jun 2003  
From: ProMED-mail <[promed@promedmail.org](mailto:promed@promedmail.org)>  
Source: Health Canada [edited]  
<<http://www.hc-sc.gc.ca/english/protection/warnings/sars/update75.html>>

Latest Canadian Numbers on SARS (Health Canada)

"Active" cases include those hospitalized, currently ill at home, or under investigation.

Active SARS cases in Canada

Date: May 26/ May 27/ May 28/ May 29/ May 30/ Jun 2/ Jun 3/ Jun 4/  
Jun 5/ Jun 6

Probable (Active)

11/ 12/ 13/ 19/ 43/ 62/ 64/ 67/ 68/ 70

Suspect (Active)

41/ 21/ 20/ 25/ 15/ 12/ 15/ 14/ 15/ 11

Total

52/ 33/ 33/ 44/ 58/ 74/ 79/ 81/ 83/ 81

The changes in the case count and status of the SARS cases in the recent cluster in Ontario since yesterday are as follows: 2 new probable and 1 new suspect cases have been identified, 1 suspect case previously reported has been delisted, and 2 suspect cases have been upgraded to probable. The most recent date of onset of illness and date of isolation are 31 May 2003 and 1 Jun 2003, respectively.

No new probable or suspect cases have been reported from other Provinces/Territories.

As of 6 Jun 2003, Health Canada has received reports of 417 probable or suspect cases of severe acute respiratory syndrome (SARS) in Canada. There have been 32 deaths in Canada. To date, transmission has been limited to specific transmission settings such as households, hospitals, and specific community settings.

The details of the cases to date are as follows:

Ontario is reporting 219 probable (70 active) and 135 suspect (11 active) cases.

British Columbia is reporting 4 probable (0 active) and 46 suspect (0 active) cases.

Saskatchewan is reporting 1 suspect (0 active) case.

New Brunswick is reporting 2 suspect cases (0 active).

Alberta is reporting 6 suspect cases (0 active).

Prince Edward Island is reporting 4 suspect cases (0 active).

Total no. of probables discharged or at home: 122

Total no. of suspects discharged or at home: 182

These numbers are accurate as of 1:00 PM EDST, 6 Jun 2003.

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[6]

Date: Thu, 5 Jun 2003 12:34:25 +0800

From: Dr Boon-Huan Tan, PhD <[nmiv2@nus.edu.sg](mailto:nmiv2@nus.edu.sg)>

On 31 May 2003, WHO removed Singapore from the list of countries with recent local transmission of SARS. As a scientist who had been involved since the beginning of the SARS outbreak in Singapore and who is still part of the current investigation, I wish to comment on 2 points that were brought up in ProMED-mail dated Fri 30 May 2003, entitled "SARS-worldwide (126)."

(1) Singapore used its military forces to assist in contact tracing and enforcement of home quarantine. In addition to the above, Singapore also used military-related Research Institutes to assist in the investigation of the SARS epidemic and to provide diagnostic testing for SARS clinical samples. In mid-March 2003, the Defense

Medical Research Institute (DMRI) commenced the SARS investigation together with the Virology Unit from the Singapore General Hospital. Another military-related Research Institute which came on later in the outbreak investigation was the DSO National Laboratories [information on the DSO laboratories can be found at the following URL <<http://www.dso.org.sg/>>. It is a not-for-profit research and development organization that works with the military in Singapore].

(2) Management of the outbreak benefited from support from high-quality laboratory services. The Virology Unit of the Singapore General Hospital [SGH] is our front-line national laboratory, providing virological testing for a wide range of pathogens. However, in the situation of the SARS outbreak in Singapore, a number of other laboratories formed these "high-quality laboratory services" mentioned in point 2.

In mid-March 2003, right from the beginning, and before the etiological finding that the unusual atypical pneumonia was caused by SARS, DMRI was already working alongside the Virology Unit of SGH. Although DMRI was not an official member of the WHO laboratory network, information was released by WHO through the Virology Unit of SGH. The results from DMRI were fed back to the WHO in the same manner. On 24 Mar 2003, WHO released the CDC primers for [the SARS-associated] coronavirus, and 3 days later we used the primers to obtain a positive PCR reaction from a primary contact of the first index case. DNA sequencing revealed 100 percent match with the nucleotide sequence from the Bangkok index case. By then, positive PCR reactions and Coronavirus-like sequences using the Germany primers BNIoutS2 and BNIoutAs were also obtained. Up to this point in the SARS investigations, we had a lot of assistance and advice from Christian Drosten, Germany, and Leo Poon, HongKong, on the various aspects of PCR reactions.

The findings were presented in the WHO meeting on SARS Etiology and Diagnosis: Current Status and Future Development, on 16 Apr 2003 in Geneva. The Virology unit in SGH also attempted to isolate the SARS virus in a range of cell lines including Vero cells provided by DMRI while waiting for the shipment of Vero E6 to arrive from CDC, Atlanta. These were the isolates that were used for sequencing of the complete virus genomes (The Lancet, published online May 2003).

Like all other scientists involved in the SARS investigation, DMRI also explored the possibility of co-infection with a metapneumovirus

and found no evidence whatsoever for it. By then the SARS epidemic had become a crisis not only in Singapore, but worldwide. Colleagues from the Infectious Disease group in DMRI stopped all research work immediately. Initial attempts to sequence the virus from infected Vero cell cultures were also put aside as the group reorganised itself into a full-scale diagnostic laboratory to fulfill our nation's needs.

On 26 Apr 2003, the Singapore SARS Clinical Consortium was officially formed. The first objective of the consortium was to ensure that healthcare and research laboratories in Singapore could undertake diagnostic testing of the SARS clinical samples. By then, the volume of clinical samples submitted for SARS testing had exceeded the capacity of the laboratories then involved. Various laboratories in Singapore were drawn into the consortium; these were from the 3 hospitals -- National University Hospital, Tan Tock Seng Hospital, and of course, Virology Unit in SGH; and from 5 Research Institutes, DMRI, DSO National Laboratories (who also reorganised into a diagnostic laboratory), Institute of Molecular and Cell Biology (who assisted the diagnostic setup in Tan Tock Seng Hospital), Singapore Genomic Institute (who took over the sequencing of virus genomes), and the National Environment Agency (who prepared the virus antigens for serological testing).

However, we must not forget the contribution from non-members of the SARS consortium. They include the clinicians and nurses who risk infection to collect the best clinical specimens; our special courier service involved in the logistics of sample distribution; and lastly our colleagues from the National University of Singapore, who assisted during the early days of the investigation with Electron Microscopy (Electron Microscopy unit), and optimisation of the PCR primers for diagnostic testing (Department of Microbiology). Together with members of the SARS Consortium, they contributed to the 'high-quality laboratory services'.

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[7]

Date: 6 Jun 2003

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

Source: News briefs [edited]

[A] Taiwan from Japan Today 7 Jun 2003

<<http://www.japantoday.com/e/?content=news&cat=7&id=262355>>

A hospital in Taipei on Friday reported 6 new cases of SARS, raising concerns of a new outbreak after a 3-day lull, the Health Ministry said. The infection, involving 3 patients and 3 health workers, occurred at Taipei Municipal Yang Ming Hospital, health officials said. Officials said the hospital closed its emergency service Friday night for disinfection and put 54 hospital workers on quarantine for 14 days.

[B] Canada from Canadian Broadcasting Company 6 Jun 2003

<<http://www.cbc.ca/cp/world/030606/w060668.html>>

Toronto's effort to contain the disease was dealt a frightening blow Friday with news that a medical resident came down with SARS just hours after working on an obstetrics ward where he helped deliver a set of twins and had contact with 3 other babies. The case raises questions about the safety of quarantine rules, because the resident began displaying symptoms 12 days after being exposed to the virus -- not the internationally accepted incubation period of 10 days.

5 women who had close contact with the resident have been sent home to go into quarantine. 4 have given birth to a total of 5 babies. They have been instructed to keep their newborns with them and to isolate themselves from other family members. In addition, 20 other women who were on the ward have been sent home and told to monitor their health, and about 100 staff members have been affected: 50 are going into quarantine and another 50 are under surveillance.

[C] Thailand ex Taiwan from Canadian Broadcasting Company 6 Jun 2003

<<http://www.cbc.ca/cp/world/030606/w060668.html>>

In Thailand, a 38-year-old woman was diagnosed with SARS after returning from Taiwan where she worked as a labourer. She was admitted to a Thai hospital 29 May 2003 with a cough, sore throat, fever, and aches. Another 19 people who came in contact with the woman are under the care of public health officials, but none has shown any symptoms of SARS, the health ministry said.

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[As of 6 Jun 2003 there have been a cumulative total of 8404 probable cases of SARS with 779 deaths reported from 29 countries. In the past 24 hours there have been 9 new reports of probable cases of which 4 were reported from Canada, 2 were reported from Hong Kong, and 1 each were reported from China, Taiwan, and the United States.

Newswire reports suggest there may be a new cluster in Taiwan at a hospital not previously reported to have had cases. Other news items relate to a physician who may have SARS with an incubation period of 12 days (in Canada) and a possible newly imported case in Thailand from Taiwan. The latter case is a reminder of the need to maintain a high index of suspicion for the possibility of imported cases. As for the former, we await more details from official sources. - Mod.MPP]

[see also:

SARS - worldwide (136): cases [20030605.1387](#)  
SARS - worldwide (134): cases [20030604.1367](#)  
SARS - worldwide (132): cases [20030603.1360](#)  
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](#)  
SARS - Worldwide (34): etiology [20030408.0857](#)  
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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