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Archive Number 20030613.1451

Published Date 13-JUN-2003

Subject PRO/EDR> SARS - worldwide (144): cases

SARS - WORLDWIDE (144): CASES

A ProMED-mail post

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In today's update:

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

[1]

Date: 12 Jun 2003

From: ProMED-mail <promed@promedmail.org>

Source: WHO SARS website [edited]

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

[A] Cumulative Number of Reported Probable Cases of SARS

<http://www.who.int/csr/sars/country/2003_06_12/en/>

From: 1 Nov 2002 To: 12 June 2003, 18:00 GMT+2

Country: Cumulative no. cases/ 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:	3/	0/	0/	2/	9/Jun/2003/	9/Jun/2003
Canada:	238/	8/	32/	141/	11/Jun/2003/	11/Jun/2003
China:	5328/	0/	343/	4457/	11/Jun/2003/	12/Jun/2003
China, Hong Kong						
SAR:	1755/	1/	291/	1377/	11/Jun/2003/	12/Jun/2003
China, Macao SAR:	1/	0/	0/	1/	21/May/2003/	12/Jun/2003
China, Taiwan:	688/	2/	81/	347/	12/Jun/2003/	12/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/	12/Jun/2003
India:	3/	0/	0/	3/	13/May/2003/	14/May/2003
Indonesia:	2/	0/	0/	2/	23/Apr/2003/	11/Jun/2003
Italy:	9/	0/	0/	9/	29/Apr/2003/	10/Jun/2003
Kuwait:	1/	0/	0/	1/	9/Apr/2003/	20/Apr/2003
Malaysia:	5/	0/	2/	3/	20/May/2003/	9/Jun/2003
Mongolia:	9/	0/	0/	9/	6/May/2003/	2/Jun/2003
New Zealand:	1/	0/	0/	1/	30/Apr/2003/	12/Jun/2003
Philippines (1):	14/	2/	2/	10/	15/May/2003/	12/Jun/2003
Republic of Ireland:	1/	0/	0/	1/	21/Mar/2003/	12/Jun/2003
Republic of Korea:	3/	0/	0/	3/	14/May/2003/	12/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/	169/	18/May/2003/	11/Jun/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:	9/	0/	2/	6/	7/Jun/2003/	11/Jun/2003
United Kingdom:	4/	0/	0/	4/	29/Apr/2003/	12/Jun/2003
United States:	70/	0/	0/	36/	10/Jun/2003/	11/Jun/2003
Viet Nam:	63/	0/	5/	58/	14/Apr/2003/	7/Jun/2003
Total:	8445/	13/	790/	6668		

Notes:

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.

(1) These 2 new probable cases, with onsets of illness 25 and 27 Feb 2003,

were identified retrospectively in the United Kingdom. They both most likely acquired their infection in Hong Kong SAR and became ill and recovered while in the Philippines.

[B] Areas with recent local transmission and travel recommendations can be accessed at: <http://www.who.int/csr/sars/areas/2003_06_12/en/> and <http://www.who.int/csr/sars/travel/travel2003_06_12/en/> and is unchanged since the last update.

[C] Update 79 - Situation in China 12 Jun 2003 [edited]
<http://www.who.int/csr/don/2003_06_12/en/>

China's Executive Vice Minister of Health, Mr Gao Qiang, and Dr David Heymann, WHO's Executive Director for Communicable Diseases, briefed the press this morning on the situation of SARS control in China. Also in attendance were Dr Qi Ziaoqiu, Director-General of the Department of Disease Control in the Chinese Ministry of Health, and Dr Henk Bekedam, WHO Representative to China.

The briefing marked the first joint news conference between high-ranking Chinese and WHO officials since the SARS outbreak began. The briefing followed a day of intensive meetings during which WHO officials reviewed data and statistics from selected provinces, voiced their concerns, and received frank and detailed answers.

Dr Heymann praised the openness with which the WHO team was welcomed by the Ministry of Health, and described the measures now in place to control and prevent SARS as "excellent". He cited the high level of commitment and determination at all levels of the health system as largely responsible for the dramatic recent decline in the number of cases seen throughout mainland China.

One purpose of the visit was to determine how China had succeeded in bringing down the number of cases so rapidly, and to encourage officials to share their experiences with the rest of the world. Indications of the effectiveness of control measures, cited by Dr Heymann, include the very short time now occurring between the onset of symptoms and the detection and isolation of cases, and the speed and efficiency of contact tracing. Such measures are important as they limit the amount of time that an infected person is capable of spreading the virus to others and thus bring control efforts closer to the stage when the chain of person-to-person transmission can be broken.

Other effective measures include systems for both passive and active surveillance, such as fever checks at train and bus stations and airports, a nationwide mass media campaign to inform and educate the public, and a very large number of fever clinics to assess those who suspect they may have symptoms. "We've seen that there has been a massive effort to mobilize the population both in urban and rural areas across the country, encouraging people to monitor themselves for fever and to ensure that SARS cases are quickly identified, isolated and treated."

Specific concerns expressed by the WHO team include the lack of a sustainable surveillance system that can be relied on to detect the first hints of a resurgence of cases, some delays in meeting WHO requests for further information, and wide variations in application of the national case definitions, which can lead to under-reporting of cases. Some problems related to prompt sharing and analysis of data are considered to arise from institutional and administrative problems, particularly concerning the information flow from provinces to the central level.

Another major concern is the large number of cases that have no known source of exposure, thus making it extremely difficult to trace patterns of transmission. In Beijing, the number of cases with no known contact with a SARS patient has recently increased from 50 percent to more than 70 percent.

In the interest of protecting against a further resurgence of cases, WHO officials singled out strengthening of surveillance capacity as the top priority. Experience to date has shown that a single case, especially if highly infectious, can rapidly ignite an explosive outbreak.

"With SARS seemingly on the decline for now, there is a great need to strengthen the SARS control and surveillance system in China," said Dr Bekedam. "The system now in place grew out of an emergency response and has to be strengthened for the long run." He expressed doubt that the present system would be strong enough "to hold back the tide" when confronted with a resurgence of the disease.

In his assessment of the long-term SARS situation in China, Dr Heymann also stressed the need for systematic studies of the origins of SARS. "We still don't know exactly where SARS came from, or how it was transferred to the human population. We don't know if this disease is seasonal and will decrease this year but come back next year." Until proper research into the origins of SARS has been conducted, it will be impossible to predict when the conditions that first allowed the virus to jump to humans from a suspected animal reservoir might be repeated in the near or distant future.

WHO initial assessments of the SARS situation in China, issued in late April [2003] following a visit to Guangdong Province, expressed serious concern over the lack of urgency in reporting cases of SARS in China, and criticized the government for not immediately treating the outbreak as a public health emergency requiring extraordinary measures for its control. Dr Heymann and other members of the WHO team are now satisfied that these measures are in place, at least for the immediate response to SARS. Recent visits to selected provinces, jointly conducted by the Chinese Ministry of Health and WHO, found a high level of public awareness of SARS, its symptoms and mode of transmission, and the need for twice-daily fever checks.

China is regarded as the epicentre of the SARS outbreak. The country was home to the first cases, detected in mid-November of last year [2002], and presently accounts for almost two thirds of all reported cases worldwide. The WHO visit was arranged to secure reassurance that control measures in this vast country are adequate to continue the downward trends in cases and, equally important, to ensure that a sustainable system is in place to detect and contain a resurgence of cases. WHO is also anxious to ensure that the considerable knowledge and experience acquired in managing the largest SARS outbreak on record is shared for the benefit of all countries.

The SARS outbreak has revealed substantial weaknesses in the disease surveillance system in China. When investment in health infrastructure is neglected, conditions are ripe for the unchecked spread of any epidemic-prone disease, often at tremendous cost to a nation's economy. In the view of WHO, the surveillance system in China needs to be made more flexible and capable of a much more rapid and consistent response to any new infectious disease threat.

During the visit, Chinese officials expressed deep concern about the country's capacity to deal with the next influenza season against a background of possible SARS cases. The presence of influenza could greatly complicate the detection and accurate diagnosis of SARS cases, while also increasing the caseload of suspect cases considerably.

The containment of SARS remains the overriding objective of WHO. If SARS is not contained, the world will face a situation in which every case of atypical pneumonia, and every hospital-based cluster of febrile patients with respiratory systems will have the potential to rouse suspicions of SARS and spark widespread panic.

In an earlier report, a WHO assessment team reached the following conclusion: "If SARS is not brought under control in China, there will be no chance of controlling the global threat of SARS. Achieving control of SARS is a major challenge especially in a country as large and diverse as China. Effective disease control and reporting are the cornerstone of any strategy to do this."

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ProMED-mail
<promed@promedmail.org>

[2]
Date: 12 Jun 2003
From: ProMED-mail <promed@promedmail.org>
Source: CDC Taiwan [edited]
<<http://www.cdc.gov.tw/sarsen/>>

No. new probable cases reported: 2
Cumulative no. cases: 688
(cumulative no. cases in last update: 687)
Explanation: 1 previously reported prob. case excluded by reporting MD.

Cumulative no. SARS probable cases, by geographic area: 12 Jun 2003 9 AM

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

North: 531/ 1/ 118/ 56
Central: 38/ 0/ 0/ 3
South: 113/ 1/ 55/ 21 (1 previously reported prob. case excluded by reporting MD)
East: 6/ 0/ 0/ 1

Total: 688/ 2/ 173/ 81 (1 previously reported prob. case excluded by reporting MD)

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 1455 suspected cases reported, and 759 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 9 Jun 2003.

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ProMED-mail
<promed@promedmail.org>

[3]

Date: 12 Jun 2003
From: ProMED-mail <promed@promedmail.org>
Source: WHO SARS website/ Beijing Government SARS website
<http://www.who.int/csr/sars/china2003_06_12.pdf>
<<http://www.beijing.gov.cn/english/englishsars/beijingen/detail.asp?ResourceID=63257>>

** Noteworthy, no new probable cases were reported in the past 24 hours

As of 12 Jun 2003 a cumulative total of 5328 probable cases with 343 deaths have been reported. In the past 24 hours, one previously reported probable case in Inner Mongolia who died was discarded as due to SARS. There were no new probable cases reported. One new suspected case was reported from one of the provinces not identified on the daily table, suggesting it occurred in one of the provinces not having reported a probable case in more than 20 days. At present there are a total of 220 suspected cases still pending in China.

Shanghai, Hubei, Guangxi, Guangdong, Tianjin, Jilin, Gansu, Jiangsu, Anhui, Shaanxi, Zhejiang, Henan, Chongqing, Jiangxi, Ningxia, Shandong, Fujian, Hunan, Heilongjiang and Xinjiang have not reported any new probable cases in more than 20 days.

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ProMED-mail
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[4]

Date: 12 Jun 2003
From: ProMED-mail <promed@promedmail.org>
Source: Hong Kong Department of Health
<<http://www.info.gov.hk/dh/new/2003/03-06-12e.htm>>

** Noteworthy - no new probable cases reported in the past 24 hours **

Situation report on Severe Acute Respiratory Syndrome 12 Jun 2003

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

There is no new confirmed case of Severe Acute Respiratory Syndrome (SARS) today (12 Jun 2003). This is the 4th time that Hong Kong recorded zero infection (the last 3 times were on 24 May 2003, 8 and 8 Jun 2003). It is also the 28th consecutive day on which the number of cases has fallen below 5 since 16 May 2003.

The number of patients recovered and discharged from hospital is 1377. Of them, 3 were discharged today. The number of SARS patients in intensive care unit is 17. These cases are part of the 58 cases under treatment in hospitals. 29 are recovering patients in convalescence and in preparation for discharge. No fatality was reported. The cumulative total of deaths relating to SARS remains at 291.

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

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

Health care workers of Hospitals/Clinics and medical students: 386 (0)/ 362
(1)/ (n/a)

Patients, family members & visitors: 1369 (0)/ 1015 (2) / (n/a)

Total: 1755 (0)/ 1377 (3)/ 291 (0)

Total no. in hospital: 87 (-3)

Recovering patients in convalescence: 29

Cases under treatment: 58 (-2) (including 17 patients in Intensive Care Unit)

Suspected cases: 1

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ProMED-mail

<promed@promedmail.org>

[5]

Date: 12 Jun 2003

From: ProMED-mail <promed@promedmail.org>

Source: Health Canada [edited]

Health Canada

<<http://www.hc-sc.gc.ca/english/protection/warnings/sars/update79.html>>

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

Active SARS cases in Canada

Date: May 30/ Jun 2/ Jun 3/ Jun 4/ Jun 5/ Jun 6/ Jun 9/ Jun 10/ Jun 11/ Jun 12

Probable (Active) 43/ 62/ 64/ 67/ 68/ 70/ 66/ 64/ 65/ 60

Suspect (Active) 15/ 12/ 15/ 14/ 15/ 11/ 9/ 9/ 7/ 4

Total: 58/ 74/ 79/ 81/ 83/ 81/ 75/73/ 72/ 64

The changes in the case count and status of the SARS cases in the recent cluster in Ontario since yesterday are as follows: 3 new probable and 1 new suspect case have been identified, 1 suspect case has been upgraded to probable. The most recent date of onset of illness is 6 Jun 2003.

No new probable or suspect cases have been reported from other provinces and territories.

As of 12 Jun 2003, Health Canada has received reports of 434 probable or suspect cases of severe acute respiratory syndrome (SARS) in Canada. There have been 34 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 238 probable (60 active) and 133 suspect (4 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: 150

Total no. of suspects discharged or at home: 186

These numbers are accurate as of 1:00 PM EDST 12 Jun 2003.

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ProMED-mail

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[As of 12 Jun 2003 there have been a cumulative total of 8445 probable cases with 790 deaths reported from 29 countries. In the past 24 hours there have been 13 new probable cases reported of which 8 were reported from Canada, 2 each were reported from Taiwan and the Philippines (the cases in the Philippines occurred in Feb but were recently confirmed through laboratory testing conducted in the UK) and 1 was reported from China. There were no new cases reported from Hong Kong.

The report on the ongoing outbreak of SARS in Toronto is a sobering reminder of the difficulties in detection of cases in the absence of an immediately apparent epidemiologic link to other cases. It begs the question at what point in time following presumed/apparent interruption of transmission in an area that had had local transmission (greater than or equal to 20 days, using the standard "2 incubation periods" for the definition) an area can presume that atypical pneumonias are most probably not due to SARS and therefore SARS level infection control procedures can be dropped. Not an easy question to answer given the observed recurrence of active transmission in Ontario. - Mod.MPP]

[see also:

SARS - worldwide (143): cases [20030611.1441](#)
SARS - worldwide (142): cases [20030610.1434](#)
SARS - worldwide (141): cases [20030609.1423](#)
SARS - worldwide (140): cases [20030608.1419](#)
SARS - worldwide (139): cases [20030607.1409](#)
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](#)

.....mpp/jw

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