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**Archive Number** 20030619.1511

**Published Date** 19-JUN-2003

**Subject** PRO/EDR> SARS - worldwide (152): cases

SARS - WORLDWIDE (152): CASES  
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A ProMED-mail post

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In this update:

- [1] Worldwide - WHO
- [2] USA - MMWR

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[1]

Date: 19 Jun 2003

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

Source: World Health Organization (WHO) SARS website [edited]  
<<http://www.who.int/csr/sars/en/>>

[A] Cases

<[http://www.who.int/csr/sars/country/2003\\_06\\_19/en/](http://www.who.int/csr/sars/country/2003_06_19/en/)>

A total of 2 new cases and 3 additional deaths were reported worldwide on the WHO website today, making a total of 8462 cases and 804 deaths. The full table is available at the link above.

[B] Update 84 - Can SARS be eradicated or eliminated?

<[http://www.who.int/csr/don/2003\\_06\\_19/en/](http://www.who.int/csr/don/2003_06_19/en/)>

The first global conference on SARS, held on Tuesday and Wednesday in Kuala Lumpur, Malaysia, was convened by WHO to provide technical guidance for the ongoing and long term response to SARS.

As the number of new cases continues to dwindle, one of the most important questions for the future is whether SARS can be eliminated or eradicated from its new human host. Experience with many other infectious diseases, including smallpox and poliomyelitis, has shown that complete eradication of an infectious disease is possible only when 3 precise requirements can be met.

Firstly, an effective intervention capable of interrupting transmission -- ideally, a vaccine -- must be available. Secondly, easy-to-use diagnostic tools are needed, with sufficient sensitivity and specificity to detect levels of infection that can lead to transmission of the disease. Finally, infection of humans must be essential to the life-cycle of the causative agent -- if the chain of human-to-human transmission is broken, the agent cannot survive. Existence of an animal reservoir greatly complicates eradication, but does not preclude it, provided interventions exist to break the chain of transmission in the animal species as well.

To achieve eradication at the global level, the control intervention must be safe, simple, and affordable. Current control measures for SARS,

including case detection and isolation, tracing and follow up of contacts, and quarantine, are effective but extremely time-intensive, costly, and socially disruptive. Few if any countries can sustain such efforts over time.

As noted during yesterday's conference sessions, an adequate point-of-care diagnostic test is still not available for SARS and remains a top priority. Such a test would likewise need to be sufficiently simple and affordable to be used in countries having a range of different health systems and resources for health care.

Researchers at the conference also confirmed that far too little is understood about the origins of the SARS virus and the possible role -- if any -- that animals play in the transmission cycle. Some studies have suggested that the earliest cases of SARS, in Guangdong Province, China, may have had contact, during slaughter or due to proximity to so-called "wet" markets, with certain wild animal species consumed as delicacies in southern China. In addition, a SARS-like virus has been detected in a few of these wild animal species. Additional studies are urgently needed before any firm conclusions can be reached. Answers to these questions will also greatly assist predictions of the future evolution of SARS.

For the time being, WHO continues to stress the need to break the chain of human-to-human transmission through use of currently available control tools. In many of the most severely affected areas, these measures have already demonstrated their ability to eliminate SARS in a defined geographical area.

However, the long term response to SARS, which includes the prevention of importation or re-importation of cases into SARS-free areas, will clearly require different strategies for surveillance and response, as current measures cannot be sustained over time.

Moreover, scientists cannot, on the basis of the very limited data available, rule out the possibility that SARS will resurface when environmental conditions or seasons again favour transmission among humans. Should this occur, countries will need to be ready with alert surveillance systems and good preparedness strategies.

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[2]

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

Source: CDC. Morb Mortal Wkly Rep 2003; 52(24):570, 20 Jun [edited]  
<<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5224a4.htm>>

Update: Severe Acute Respiratory Syndrome -- United States, June 18, 2003  
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The Centers for Disease Control and Prevention (CDC) continue to work with state and local health departments, the World Health Organization (WHO), and other partners to investigate cases of severe acute respiratory syndrome (SARS). This report updates reported SARS cases worldwide and in the United States and summarizes changes in travel recommendations for provinces in China with the exclusion of Beijing, where a travel advisory [notice] remains.

From 1 November 2002 to 18 June 2003, a total of 8465 probable SARS cases were reported to WHO from 29 countries, including 75 from the US; 801 deaths (case fatality rate 9.5 per cent) have been reported, with no SARS-related deaths reported from the US (1). In the US, a total of 409 SARS cases have been reported from 42 states and Puerto Rico, with 334 (82 per cent) cases classified as suspect SARS and 75 (18 per cent) classified as probable SARS (more severe illnesses characterized by the presence of pneumonia or acute respiratory distress syndrome) (2). Serologic testing for antibody to SARS-associated coronavirus (SARS-CoV) infection has been completed for 136 suspect and 45 probable cases. None of the suspect cases

and 8 (18 per cent) of the probable cases have demonstrated antibodies to SARS-CoV, all of which have been described previously (3,4). Of the 8 laboratory-confirmed SARS patients in the US, 7 had traveled to areas with documented or suspected community transmission of SARS within the 10 days before illness onset. Of these, 4 reported travel to Hong Kong Special Administrative Region, China; 2 to Toronto, Canada; and one to both Singapore and Taiwan. The remaining laboratory-confirmed SARS patient is the spouse of a laboratory-confirmed SARS patient who had traveled to Hong Kong.

On 17 June, CDC downgraded its travel advisory [notice] for Mainland China to alert status for all provinces except Beijing, where the travel advisory remains in effect (5). These changes reflect data reported to WHO by the Chinese Ministry of Health which indicate that SARS transmission in Mainland China (other than in Beijing) is limited to a small number of specific settings through direct person to person spread; no evidence exists of ongoing community transmission, and monitoring by the Ministry of Health indicates that no new outbreaks of illness in these provinces.

Reported by: State and local health departments. SARS Investigative Team, CDC.

References

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2. CDC. Updated interim US case definition of severe acute respiratory syndrome (SARS). Available at <http://www.cdc.gov/ncidod/sars/casedefinition.htm>.
3. CDC. Update: severe acute respiratory syndrome -- United States, 2003. MMWR 2003; 52: 525-6.
4. CDC. Update: severe acute respiratory syndrome -- United States, 2003. MMWR 2003; 52: 550-1.
5. CDC. Interim travel alert: Mainland China (excluding Beijing). Available at <http://www.cdc.gov/travel/other/sarschina2.htm>

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[The US has remained remarkably unscathed by the SARS epidemic with only 8 laboratory-confirmed cases (though many remain to be tested) and no deaths.  
- Mod.LM]

[see also:

SARS - worldwide (151): cases	<a href="#">20030618.1505</a>
SARS - worldwide (150): USA (NC): RFI	<a href="#">20030617.1495</a>
SARS - worldwide (149): cases	<a href="#">20030617.1492</a>
SARS - worldwide (148): cases	<a href="#">20030615.1485</a>
SARS - worldwide (146): cases	<a href="#">20030614.1469</a>
SARS - worldwide (145): cases	<a href="#">20030613.1453</a>
SARS - worldwide (144): cases	<a href="#">20030613.1451</a>
SARS - worldwide (143): cases	<a href="#">20030611.1441</a>
SARS - worldwide (142): cases	<a href="#">20030610.1434</a>
SARS - worldwide (141): cases	<a href="#">20030609.1423</a>
SARS - worldwide (140): cases	<a href="#">20030608.1419</a>
SARS - worldwide (139): cases	<a href="#">20030607.1409</a>
SARS - worldwide (93): etiology	<a href="#">20030505.1122</a>
SARS - worldwide (87): case definition and diagnostics	<a href="#">20030502.1103</a> ]

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