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Subject PRO/EDR> SARS - worldwide (157): cases

SARS - WORLDWIDE (157): CASES
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A ProMED-mail post
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International Society for Infectious Diseases
<http://www.isid.org>

NO NEWLY REPORTED CASES -- ONE CASE RECLASSIFIED FROM SUSPECTED TO PROBABLE IN CANADA

In today's update:
[1] Worldwide - WHO
[2] Health Canada
[3] Taiwan - CDC Taiwan

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[1]
Date: 26 Jun 2003
From: ProMED-mail <promed@promedmail.org>
Source: WHO SARS website
<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_26/en/>

From: 1 Nov 2002 To: 26 June 2003, 16:00 GMT+2

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

Australia: 5/ 0/ 0/ 5/ 12/May/2003/ 13/Jun/2003
Brazil: 3/ 0/ 0/ 2/ 9/Jun/2003/ 9/Jun/2003
Canada: 251/ 1/ 37/ 190/ 25/Jun/2003/ 25/Jun/2003
China: 5327/ 0/ 348/ 4921/ 25/Jun/2003/ 26/Jun/2003
China, Hong Kong SAR: 1755/ 0/ 296/ 1419/ 11/Jun/2003/ 26/Jun/2003
China, Macao SAR: 1/ 0/ 0/ 1/ 21/May/2003/ 23/Jun/2003
China, Taiwan: 682/ 0/ 84/ 491/ 19/Jun/2003/ 26/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/ 23/Jun/2003
India: 3/ 0/ 0/ 3/ 13/May/2003/ 14/May/2003
Indonesia: 2/ 0/ 0/ 2/ 23/Apr/2003/ 19/Jun/2003

Italy:	9/	0/	0/	9/	29/Apr/2003/ 25/Jun/2003
Japan:	1/	0/	0/	0/	25/Jun/2003/ 26/Jun/2003
Kuwait:	1/	0/	0/	1/	9/Apr/2003/ 20/Apr/2003
Malaysia:	5/	0/	2/	3/	20/May/2003/ 23/Jun/2003
Mongolia:	9/	0/	0/	9/	6/May/2003/ 2/Jun/2003
New Zealand:	1/	0/	0/	1/	30/Apr/2003/ 25/Jun/2003
Philippines:	14/	0/	2/	12/	15/May/2003/ 25/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/ 23/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/	32/	170/	18/May/2003/ 25/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/	7/	7/Jun/2003/ 25/Jun/2003
United Kingdom:	4/	0/	0/	4/	29/Apr/2003/ 25/Jun/2003
United States:	74/	0/	0/	36/	17/Jun/2003/ 25/Jun/2003
Viet Nam:	63/	0/	5/	58/	14/Apr/2003/ 7/Jun/2003

Total: 8456/ 1/ 809/ 7371

Notes:
The date of onset of the most recent probable SARS case in Canada was 12 Jun 2003, the last date of isolation of a probable case SARS case was also 12 Jun 2003.

The date of onset of the most recent probable SARS case in China was 3 Jun 2003, the last date of isolation of a probable case SARS case was also 3 Jun 2003.

[B] Update 89 – What happens if SARS returns? 26 Jun 2003
<http://www.who.int/csr/don/2003_06_26/en/>

Earlier this week, WHO removed Hong Kong and Beijing – the world's 2 most severely affected cities – from its list of areas with recent local transmission of SARS. Only Toronto and Taiwan continue to experience chains of local transmission, and these outbreaks are likewise being brought close to containment.

After almost 4 months, the global public health emergency caused by the sudden appearance and rapid spread of SARS is coming to an end.

The SARS virus, a new and unique member of the coronavirus family, first emerged in mid-November [2002] in southern China. One of the key questions now is whether SARS – pushed out of its new human host as chains of transmission are broken – will return.

The question arises because of the behaviour of other comparatively new and poorly understood viruses, including those that cause the Ebola and Marburg haemorrhagic fevers. These viruses periodically surface to cause outbreaks, usually limited to a defined geographical area, and then fade away to hide in some animal or environmental reservoir until conditions again become ripe for spread to humans.

The question of whether SARS will likewise resurface must remain open pending better understanding of the circumstances that allowed the new disease to emerge. The SARS virus is thought to have jumped to humans from some animal or environmental source.

Many new viruses that jump from animals to humans, including the Nipah, Hendra, and hanta viruses, do not spread efficiently from one person to

another and thus do not cause large and sustained outbreaks with a potential for rapid international spread. The SARS virus, however, spreads readily from person to person. Factors in the hospital environment have worked to amplify this efficient transmission considerably. In addition, though SARS has a high case fatality (around 15 percent), it allows enough of its victims to survive long enough to spread the disease to others – an effective survival strategy for a new virus.

The WHO scientific coordinator for SARS, Dr Klaus Stohr, is presently in China working together with scientists there to develop and prioritize a SARS research agenda. Research on the origins of the SARS virus is expected to top the agenda.

In the meantime, WHO has good reason to believe that, should SARS resurface later this year, the global impact will be milder than experienced during the initial global emergency. 5 reasons support this view.

First, the world's public health systems have demonstrated their capacity to move quickly into a phase of high alert. The prompt detection and isolation of imported cases in African and India are good examples of both the level of vigilance and its effectiveness in preventing further spread. Some of the former SARS hotspots, including Hong Kong and Singapore, plan to maintain a high level of vigilance, supported by measures for screening and detection, until at least the end of the year.

Second, the world knows what to do. Control measures, though centuries old, have demonstrated their capacity to completely halt outbreaks, as most recently seen in Singapore, Hong Kong, and Beijing.

Third, the intensive research effort currently under way can be expected to improve scientific understanding of SARS and yield better control tools, most notably a rapid and reliable point-of-care diagnostic test.

Fourth, resolutions adopted during the May World Health Assembly have strengthened WHO's capacity to respond to outbreaks in important ways. In effect, these resolutions allow WHO to move from a passive reliance on official government notifications to a proactive role in warning the world as soon as evidence indicates that an outbreak poses a threat to international public health.

Finally and perhaps most importantly, SARS has underscored the importance of immediately and fully disclosing cases of any disease with the potential for international spread. In the present climate of opinion, influenced by the lessons learned from SARS, it appears unlikely that any country would choose to conceal cases, should SARS resurface. In addition, SARS is simply too big a disease to hide for long.

For these reasons, WHO is optimistic that, should SARS return, it will not do so with a vengeance.

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[2]
Date: 26 Jun 2003
From: ProMED-mail <promed@promedmail.org>
Source: Health Canada
<http://www.hc-sc.gc.ca/pphb-dgspsp/sars-sras/cn-cc/numbers.html>

The cumulative number of probable and suspected cases reported by Health Canada has not changed from yesterday's posting. In the past 24 hours

there have been no new probable or suspected cases reported.

The most recent date of onset of illness for a probable case is June 12, 2003, and this person was quarantined on June 4, 2003. The most recent date of isolation for a probable case is June 12, 2003, and this person had onset of illness on 8 Jun 2003.

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[3]
Date: 26 Jun 2003
From: ProMED-mail <promed@promedmail.org>
Source: CDC - Taiwan
<http://www.cdc.gov.tw/sarsen/>

No new probable cases have been reported since 15 Jun 2003. As of 26 Jun 2003 there have been a cumulative total of 682 probable cases and 84 deaths reported. Since yesterday's report 4 previously reported probable cases were excluded by the reporting physicians. There are an additional 1451 suspected cases reported, and 882 previously reported suspected and probable cases have been excluded. There are graphic representations of locations of reported cases and deaths available at the daily SARS website update using the above given weblink address.

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[As of 26 Jun 2003 there have been a cumulative total of 8456 probable cases of SARs with 809 deaths reported worldwide. In the past 24 hours there has been one newly reported probable case from Canada. This case had previously been reported as suspected case and was officially reported on 25 Jun 2003 -- as of today, 26 Jun 2003 there were no newly reported suspected or probable cases in Canada. Thus, in reality, for today, 26 Jun 2003 there were no new reports of probable cases of SARS worldwide. In the past 24 hours, the worldwide total has had a net decrease of 4 reported probable cases as a result of exclusion of cases previously reported as probable.

As the WHO update discussion section mentions, there are significant unknowns as to if, where and when the SARS coronavirus will re-appear. The conclusions that the public health infrastructure worldwide responded appropriately with rapid intervention, and therefore there is reason for optimism should this virus reappear are reasonable. It is noteworthy that the person-to-person transmission was significantly enhanced in the health care setting, and that widespread community transmission did not appear as a major component of this outbreak. The majority of cases were in urban areas with a strong association with the health care environment. Major outbreaks in rural areas were not observed. Further food for thought re: the impact of urbanization on emerging infectious diseases. - Mod.MPP]

[see also:
SARS - worldwide (156): cases 20030625.1566
SARS - worldwide (155): cases 20030624.1550
SARS - worldwide (152): cases 20030619.1511
SARS - worldwide (93): etiology 20030505.1122
SARS - worldwide (87): case definition and diagnostics 20030502.1103
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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