



EID Weekly Updates:

Emerging and Reemerging Infectious Diseases, Region of the Americas

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Update on the SARS Situation

First confirmed case of SARS in Singapore during the post-epidemic period: On 13 September 2003, the Centers for Disease Control and Prevention of the United States (CDC) confirmed a single case of SARS in Singapore. This constitutes the first case since last July, when the World Health Organization (WHO) declared the epidemic as under control. The 27-year-old male subject works as a researcher in a virology laboratory and has no background of travel to areas affected by SARS nor of contact with infected persons. He developed clinical symptoms of fever and a dry cough, with no difficulty in breathing nor radiological signs of atypical pneumonia. The symptoms are lessening and the patient has been discharged from hospital, although he will remain at home in quarantine for another two weeks. To date, it is not known how he acquired the infection, though the possibility of occupational exposure is being considered. An expert team in biosafety has met to study the mechanisms by which this case could have occurred and will prepare recommendations and standards in this regard. In addition, the mild symptoms of this case and the absence of secondary cases among close contacts have provoked scientific curiosity on the spectrum of possible clinical presentations of this disease as well as on how the virus is transmitted. There exist some studies in this area that once again propose unproven research hypotheses. For more information, see the following websites:

[CDC EID page, SARS Co-V Association](#) | [Singapore Ministry of Health](#) | [WHO SARS Update](#).

Eight new cases of SARS ruled out in Hong Kong: A 34-year-old woman was admitted on Monday, 15 September 2003, to Princess Margaret Hospital in Hong Kong for treatment and isolation, because she presented symptoms compatible with SARS. She had no background of travel. By Tuesday, 16 September 2003, any infection via SARS Co-V was ruled out. Seven other cases were isolated on Wednesday, 17 September 2003, in Castle Peak Hospital, subject to serological testing to rule out SARS infection. The end results revealed infection by the influenza virus. According to a statement made to the press on 19 September 2003 by the Hong Kong Health Department, nine more cases have been detected in a home for the elderly. The persons affected were admitted to Tseung Kong O Hospital, in the eastern part of Kowloon district. The nine patients are currently under observation because their symptoms appear to be compatible with SARS. For more information, see the following websites:

[Hong Kong Secretary of Health, Welfare and Food Transcript](#) | [Hong Kong SARS](#)

[page](#) | [WHO SARS page](#).

WHO Guidelines for alert, verification and public-health management of SARS in the post-outbreak period: These guidelines are aimed at rapidly identifying threats to global public health and at providing an early-warning system, since it is foreseeable that this type of situation could recur with some frequency in the future. The guide is available online at the [WHO website](#).

West Nile Virus (WNV) in the United States and Canada

United States, 19 September 2003: To date, 4,416 cases and 84 deaths have been reported to the Centers for Disease Control and Prevention of the United States (CDC), with 38 states reporting human cases. Colorado continues to be the most affected state (with 1,542 cases and 27 deaths), although the number of cases seems to have stabilized compared to previous weeks. For more information, see the [CDC West Nile Virus page](#). (Source: Division of Vector-Borne Infectious Diseases: West Nile Virus, Centers for Diseases Control and Prevention/CDC, USA.)

Canada, 19 September 2003: To date, 546 cases of WNV have been reported, of which 21 are confirmed cases. The provinces with the greatest number of cases are Saskatchewan and Alberta. In Saskatchewan, 9 cases have been confirmed and another 274 cases are still under study. In Alberta, 8 cases have been confirmed and another 167 remain under study. The first two deaths have been reported in the provinces of Saskatchewan and Manitoba. In Ontario, two more patients classified as probable cases have died over the last few weeks, though the relationship with WNV has yet to be verified. For more information, see the [Health Canada West Nile Virus Surveillance page](#). (Source: West Nile Virus Surveillance Information, Health Canada.)