



Emerging and Reemerging Infectious Diseases, Region of the Americas

Vol. 2, No. 1—8 January 2004

SARS Case in Guangdong Confirmed, Second SARS Case Suspected

On 5 January 2003, laboratory results confirmed SARS-CoV infection in a 32-year-old male from Guangdong province in Southern China. The patient is currently being treated and remained in isolation at a hospital in the provincial capital of Guangzhou, from 20 December 2003 until his discharge on 8 January 2004.

Since the declaration on 5 July 2003 that the initial outbreak of SARS had been contained, this is the first confirmed case of SARS that is not linked to a laboratory accident. Epidemiological investigations in China have not yet been able to link the patient to exposure to wild animals or to any other known or suspected source of the virus. All the persons who came into close contact with the patient, including health care workers, have remained in good health throughout the observation period, which has now ended.

On 8 January 2004, health authorities in China announced a new suspected case of SARS in Guangdong province, with symptoms starting last 25 December 2003. The patient, who has been undergoing treatment in isolation since 31 December 2003, is a 20-year-old woman from Henan Province who works at a restaurant in Guangzhou.

The diagnosis and classification of this case was carried out following a review by a panel of Chinese SARS experts. Epidemiological investigation and laboratory tests are underway. The patient has been afebrile and stable for the past seven days, and as yet no epidemiological evidence has linked the confirmed case with this suspected case or any other source. The subject's contacts have been traced and placed under medical observation. At present, neither signs nor symptoms suggestive of SARS have developed in any of these contacts.

Chinese authorities have implemented various preventive and control measures, and a joint team of World Health Organization (WHO) and Chinese experts is investigating possible sources of infection. The components of this investigation are presented online via the WHO Regional Office for the Western Pacific ([WHO/WPRO](http://www.who.int/wpro)).

SARS symptoms mimic those of several other respiratory diseases, including those frequently seen during the winter months. Thus, it is likely that numerous other suspected cases will be reported over the weeks to come.

The WHO document entitled [*Alert, Verification and Public-Health Management of SARS in the Post-Outbreak Period*](#) describes the mechanisms for 'SARS alert' in the post-epidemic period, providing guidance ranging from laboratory confirmation to the quarantine of persons being investigated as possible SARS cases. This document indicates that, during this post-outbreak period, all countries need to remain vigilant for any recurrence of SARS and maintain their capacity to detect and respond to any reemergence of the disease, should it occur. SARS management during this period should be set up by each country after determining the necessary intensity of its surveillance activities by analyzing data taken from a risk assessment. WHO has defined three major possible affected areas, taking into account the experience of the last SARS outbreak and any potential for resurgence. Latin American and Caribbean countries are considered low-risk areas.

Sources

- [Laboratory Confirmation of a SARS Case in Southern China—Update 2](#). Geneva: World Health Organization (WHO).
- [China and WHO Confirm SARS Case in Guangdong Province](#). Online press Release, 5 January 2004. Manila: World Health Organization, Regional Office for the Western Pacific Region (WHO/WPRO).
- [Update 3: Announcement of Suspected SARS Case in Southern China; Investigation of Source of Infection for Confirmed Case Begins Tomorrow](#). Geneva: World Health Organization (WHO).