



PRESS RELEASE

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Public Health Keeps Eye on SARS Case in China

The World Health Organisation (WHO) is of the view that a single isolated case of SARS in China does not constitute grounds for issuing SARS alert or recommending any travel restrictions; however, Cayman's Public Health Department continues to closely monitoring the situation.

"We will advise the public periodically on the status of the outbreak and will institute any measures that may become necessary," says Director of Public Health Dr. Kiran Kumar.

Results received yesterday from a WHO-designated laboratory confirmed the SARS case affecting a 32-year-old man in southern China, in the Guangdong Province. The patient has been hospitalised in isolation since 20 December. This is the first confirmed SARS case of 2004, and the first case not linked to a laboratory accident that has occurred since the initial outbreak of SARS was declared contained on 5 July 2003.

The source of infection for this newly confirmed case remains unclear. Several lines of investigation last year suggest that SARS may have originated from contact with wild animals sold for human consumption at live markets in southern China. Retrospective analysis of patient records has linked several of the earliest cases, which began occurring in Guangdong in mid-November 2002, to contact with wild animals. However, no animal reservoir of the SARS coronavirus has been conclusively identified to date.

Epidemiological investigations in China have not yet been able to link the patient to exposure to wild animals or any other known or suspected source of the virus. At the request of Chinese authorities, additional WHO teams are being sent this week to assist in research aimed at identifying the source of infection and preventing further cases.

The first cases of SARS occurred in Guangdong in mid-November 2002. The disease began to spread internationally in late February 2003, eventually causing more than 8,000 cases, with 774 deaths, in 27 countries.

Severe acute respiratory syndrome (SARS) is caused by a corona virus, so named because the protein molecules surrounding the virus make it look like a crown (in Latin, *corona* means “crown”). The main symptoms of SARS are high fever (above 38° Celsius or 100.4°Fahrenheit), dry cough, shortness of breath or breathing difficulties. Changes in chest X-rays indicative of pneumonia also occur. SARS may be associated with other symptoms including headache, muscular stiffness, loss of appetite, malaise, confusion, rash and diarrhoea.

Based on available evidence, close contact with an infected person is needed for the infective agent to spread from one person to another. Close contact with airborne droplets and bodily secretions from an infected person appears to be important. The majority of cases have occurred in hospital workers who have cared for SARS patients and the close family members of these patients.

(GIS)