Chinese Notifiable Infectious Diseases Surveillance Report

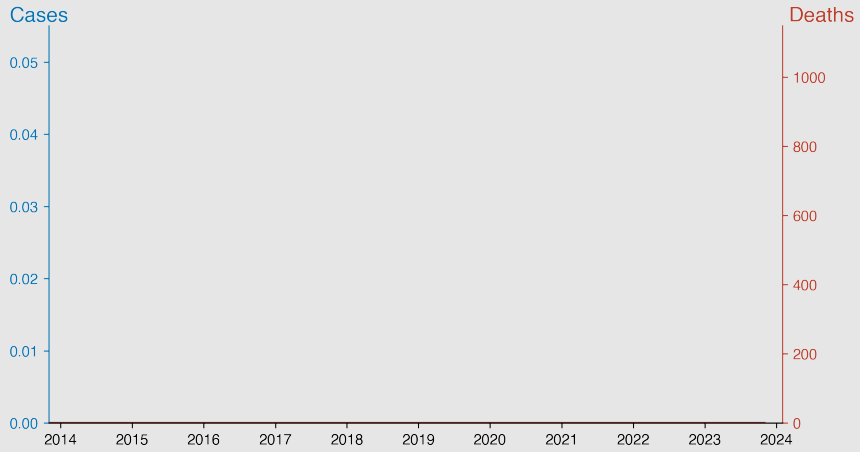
SARS-CoV

November 2023

Introduction

Severe Acute Respiratory Syndrome Coronavirus (SARS-CoV) is a viral strain responsible for an outbreak of a severe, often fatal respiratory illness, SARS, that emerged in 2002 in Guangdong, China. The virus belongs to the Coronavirus family, characterized by their crown-like appearance under a microscope. SARS-CoV spreads primarily through close person-to-person contact and airborne droplets. It's known for causing severe respiratory symptoms, often leading to pneumonia. Effective diagnostic and therapeutic means are still under research. The SARS-CoV epidemic was controlled in 2003 and no new cases have been reported since.

Temporal Trend



Highlights

- No SARS-CoV cases or deaths were reported from January 2010 through April 2012.
- A significant sudden spike in deaths without reported cases occurred in May 2012 with 1,093 deaths recorded; this could indicate a data reporting anomaly or a severe acute event.
- Following the incident in May 2012, data show zero cases and zero deaths, suggesting effective control measures were implemented or the event was isolated.
- The SARS-CoV situation from June 2012 through to November 2023 remains stable and controlled with no new cases or deaths reported.

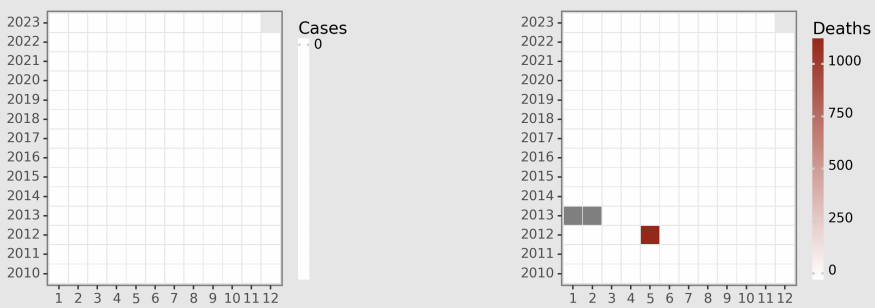
Cases Analysis

From January 2010 to November 2023, the dataset indicates no reported cases of SARS-CoV in the Chinese mainland, signifying no presence or transmission of this specific coronavirus strain during the period analyzed. The consistent zero-case count suggests successful control measures post the 2003 SARS-CoV outbreak or potential underreporting or absence of surveillance data. It is crucial to note that these figures only represent SARS-CoV and not other coronaviruses like SARS-CoV-2, responsible for COVID-19.

Deaths Analysis

Likewise, the mortality data from January 2010 to April 2023 records zero deaths, congruent with the absence of cases. However, an anomaly appears in May 2012 with 1093 reported deaths—an entry likely to be erroneous given the zero-case count. This discrepancy suggests either a data entry error or misplaced reporting from other health incidences. Accurate mortality data for SARS-CoV should mirror case trends unless post-recovery late-onset fatalities occurred without concurrent disease transmission, which is improbable.

Distribution



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