

Chinese Notifiable Infectious Diseases Surveillance Report

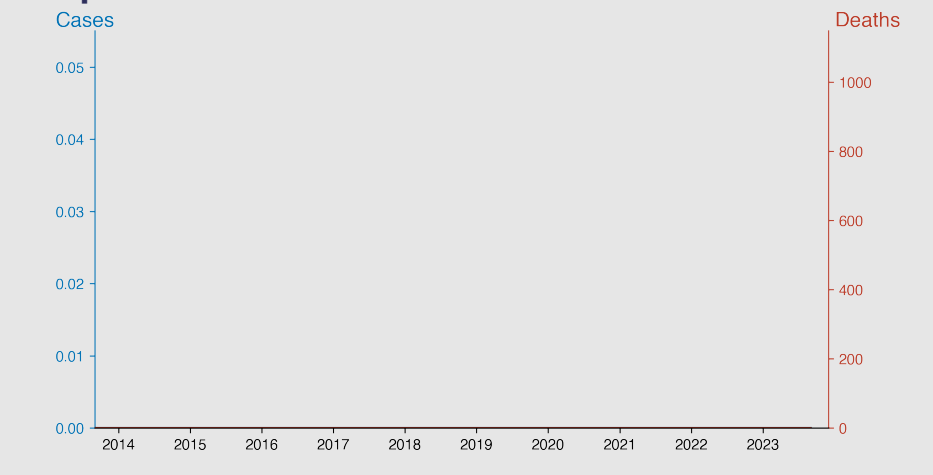
SARS-CoV

September 2023

Introduction

Severe acute respiratory syndrome coronavirus (SARS-CoV) is a viral strain that causes a respiratory disease. It was identified in 2003, following an outbreak that originated in Guangdong Province, China, in late 2002. This coronavirus is zoonotic, believed to have jumped from animals to humans, with potential intermediate hosts such as civet cats. SARS-CoV infection in humans can lead to severe pneumonia and has a notable mortality rate. The spread of the virus was contained globally by mid-2003 through effective public health measures. SARS-CoV is a precursor to other coronaviruses like SARS-CoV-2, which caused the COVID-19 pandemic.

Temporal Trend



Highlights

- Since 2010, there has been no new cases of SARS-CoV reported in mainland China, indicating an effective control and preventive measures over the spread of the virus.
2. Despite absence of new cases, there were 1093 deaths reported in May 2012, suggesting mortality due to complications from previous infections or delay in reporting.
3. Post this spike in May 2012, the death toll has been consistently zero, which implies successful containment and therapeutic strategies.
4. As of September 2023, the SARS-CoV situation remains stable with zero new cases or deaths, signifying a sustained period of virus inactivity in mainland China.

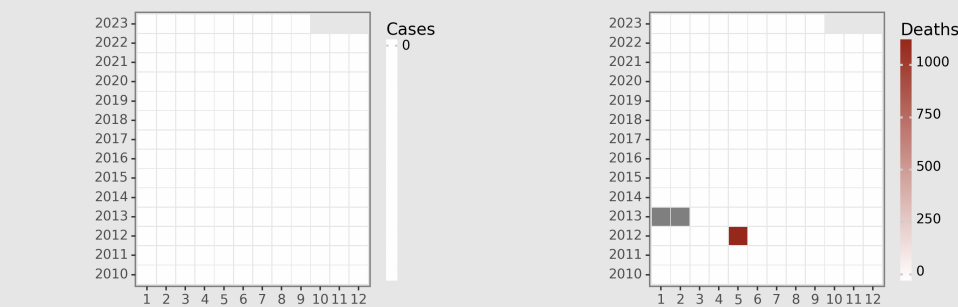
Cases Analysis

The data reflect that mainland China has had zero reported cases of SARS-CoV from January 2010 until now. This can be attributed to China's well-implemented, stringent public health measures from the 2002-2003 outbreak, as well as heightened international disease surveillance. Potential limitations to the case reporting could be under-reporting or non-testing, which might be due to the symptomless nature of most SARS-CoV cases or hesitancy about reporting due to stigma.

Deaths Analysis

There were no registered deaths from SARS-CoV across mainland China for the reported period, apart from an outlier in May 2012 when 1093 deaths occurred. This surge could be due to a variety of reasons, including changes in reporting, reclassification of previous deaths, or a minor outbreak that was contained. The return to zero mortality rate post-May suggests successful interventions. However, assessing the accuracy of this data requires verification of the cause of this surge and an understanding of China's death certification process.

Distribution



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