

SARS strikes China again

SF-3
31/12

China Daily/ ANN

Wincellan

BEIJING, Dec. 30. — A suspected case of Severe Acute Respiratory Syndrome in southern Guangdong province was confirmed today, a senior provincial health official said.

“The case has been confirmed,” Feng Shaoming, spokesman for the Guangdong Center for Disease Control, said. “Our experts at the Center for Disease Control have made many tests and they are all positive.”

A laboratory expert from the World Health Organisation, Dr Tuckweng Kok, arrived in Beijing yesterday morning to review the test results of the case, a media spokesman of the WHO Beijing office told China Daily.

Luo was reported as a suspected SARS case last Saturday in Guangzhou, capital city of Guangdong Province. A five-member joint expert team of the health ministry and the WHO, including three WHO experts, arrived in Guangzhou yesterday to provide additional support to the investigation that is already under way.

The WHO said it is meeting daily with the ministry and all information about



SARS SCARE: People queue up to a booth in Hangzhou, eastern China, for an immunity-booster herbal broth. — AFP

the suspected SARS case in Guangzhou is being freely shared. The WHO has been strongly assured that all appropriate steps have been taken to ensure that any risk to the public health has been minimised, the office said.

THE STATESMAN 31 DEC 2003
2003
2004

Miscellaneous

STAVING OFF AN IMPENDING CRISIS

AIDS AIDS

ON THE EVE of World AIDS Day, the Union Government announced that it would start supplying antiretroviral drugs free of cost to HIV/AIDS sufferers in the country. For the moment the treatment will be available only in six States where the epidemic is most widespread, but the Government says it intends to extend coverage in course of time to the entire country. It is an important step forward, offering hope of a longer and less illness-racked life for those unfortunate enough to become infected with this modern day scourge. Without hope of treatment, people have little incentive to get themselves tested for HIV infection and the risk of their passing on this virus (if they are infected) is all the greater. But the antiretroviral drugs do not cleanse an infected person of the virus and therefore are not a cure. These medicines only check the virus' growth in the body, thereby protecting the immune system, which the virus targets. So, in the absence of a cure for HIV or a vaccine protecting people against infection, antiretroviral treatment is not by itself going to stem the AIDS epidemic that is steadily spreading its tentacles in the country. There are already four million to five million HIV infected people in India, which is second only to South Africa in this respect. If HIV infection rates are still low in India when compared with many African countries where the epidemic is most rife, it would be as well to remember that those nations had similarly low rates of infection just a decade ago.

Prevention holds the key to curbing HIV/AIDS. World experience, including the experience of developing countries, has shown that comprehensive preventive strategies are effective. Prevention can only work when the principal means by which the virus spreads are blocked. In India, sexual contact is the most

important method of transmission. So breaking the chain is going to require issues such as visits to sex workers, promiscuity, condom usage and men having sex with men being openly discussed and addressed effectively. Similarly, there are the problems relating to injectible drug use, another major route for HIV transmission. These are sensitive matters, but taboos will have to be broken when necessary. Taking steps to increase condom use or providing clean needles to drug users must be not viewed as encouraging promiscuity or drug use. As Nafis Sadik, the U.N. Secretary General's Special Envoy for HIV/AIDS in Asia and the Pacific, remarked recently, India simply has no time for hypocrisy if it is to stave off impending disaster.

The stigma associated with HIV/AIDS stymies efforts to fight the epidemic. There is often the feeling that this disease is the price people must pay for sin and, along with that, the belief that contracting it is something that happens only to someone else. Such smugness creates dangerous complacency and undermines prevention. In addition, fear of discrimination makes people afraid of finding out whether they are infected and discourages them from adopting preventive measures or seeking help. Nearly three-quarters of those living with HIV/AIDS in India say they have faced discrimination, most commonly within families but also when seeking medical help. The case of two orphaned HIV-infected children in Kerala being stopped from attending school is not likely to be an isolated instance. Legislation is required so that those infected with HIV can approach the courts to prevent discrimination and protect their human rights. But there must also be a widespread and sustained campaign to stop such discrimination.

THE HINDU

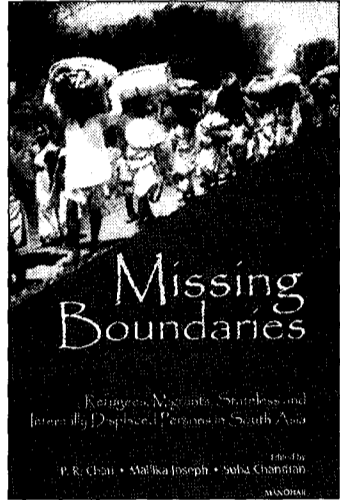
4 DEC 2003

BOOK REVIEW

Elections and coalition politics



- Whispering Shadows:** D. Veeru Reddy; Writers Workshop, 162/92, Lake Gardens, Kolkata-700045. Rs. 120.
- The New India** — Rebuilding the Country for its People, the Middle East, and the World: Joseph Braude; Viva Books Pvt. Ltd., 426/23, Ansari Road, Daryaganj, New Delhi-110002. Rs. 395.
- Moral and Dynamic Spiritual Values** — Guide Book — Standard I: Shree; Mirambika School for New Age, Chairman, Sri Aurobindo Society State Committee, Karnataka, Bangalore-560078. Rs. 70.
- Measure, Probability and Stochastic Processes:** B.M. Singh; South Asian Publishers Pvt. Ltd., 50, Sidharta Enclave, PO Jangpura, New Delhi-110014. Rs. 250.
- Civil Society and Democracy** — A Reader: Carolyn M. Elliott — Editor; Oxford University Press YMCA, Library Building, Jai Singh Road, New Delhi-110001. Rs. 680.
- China — South Asia: Issues, Equations, Policies:** Swaran Singh; Lancer's Books, P.O. Box No. 4236, New Delhi-110048. Rs. 300.
- Missing Boundaries** — Refugees, Migrants, Stateless and Internally Displaced Person in South Asia: P. R. Chari, Malika Joseph, Suba Chandran — Editors; Manohar Publishers & Distributors, 475/3/2, Ansari Road, Daryaganj, New Delhi-110002. Rs. 450.



- Adum Periya Adum:** Kove Swaminathan; Palam, 3, Thiruvalluvar Street, Kamarajapuram, Chennai-600070. Rs. 75.
- Thanjai Vedanayaka Chattriyar Aal-poy:** Penuvai; N. Victor Rajamamickan, M. S. Arivindambal; Sangai S. Nova Chattriyar, Suvedasa Prasanka Salai, 988 Mission Church Road, Tanjore. Rs. 75.
- Badaga Proverbs:** R. K. Haldorai; Nelikulu Publishing House, 109, Elkhill Road, Udhamandalam. Rs. 60.
- Angios Permingalin Vagappadu** — Maruthuva Thavaravai; Part II: S. Somasundaram; Elangovan Pathippagam, 1006-B, Kamaraj Nagar, Opp. High Court, Palayamkottai-627002. Rs. 120.
- Neruppi Anakkum Neruppu:** Abdul Fahman; National Publishers, Chennai-17. Rs. 50.
- Nabigal Nayagam Avargalin Charitra Nigazhchigal:** M. K. E. Moulana, Mullai Muthiah; Mullai Pathippagam, 23/10, Kathiravan Colony, Anna Nagar West, Chennai-40. Rs. 70.
- Pasi Entha Chathi:** Abdul Rahman; National Publishers, Chennai-600017. Rs. 45.
- Periyaril 14 Suyamariyathal:** M. Nannan; Egam Pathippagam, 3, Pillayar Koil Second Street, First Floor, Triplicane, Chennai-60005. Rs. 45.
- Kattu En Manai:** Abdul Rahman; National Publishers, Chennai-600017. Rs. 50.
- Tamil Urainaladi Pogira Pokku:** M. Nannan; Egam Pathippagam, 3, Pillayar Koil Second Street, First Floor, Triplicane, Chennai-60005. Rs. 40.
- Urungum Azhagi:** Abdul Rahman; National Publishers, Chennai-600017. Rs. 50.
- Oppiyal Indiya Ilakkiam** — Or Arimugam; A. Pitchai; Kapilam Pathippagam, 53, ATS Nagar, Gandhigram-624302. Rs. 65.
- Mana Amathikkku Hindu Madha Thiruvalluvar:** Yegannar Chiranjeevi; Nalavai, 56/66, MA Thottam, Pillayar Koil Street, Teynampet, Chennai-600018. Rs. 47.
- Methalgalin Medai Pechu:** Misa Thopu; Thiruvengadam; Theppulam Pathippagam, Dharmalingam Iliam, Palayam Salai, Odakkuthar-632103, Villore. Rs. 60.
- Tiruvellikkku Krishthavam Vanthathu:** David Paekiamuthu; Yadhuvani Pathippagam, 37/17, Ramasamy Koil Sannathy Street, Palayamkottai-627002. Rs. 60.
- Manadhukinilam** — Ayodhi Mudal Sathuvaram — Sri Ramabharani; Arakkattal, 1, Raghaviah Road, T. Nagar, Chennai-600017. Rs. 50.

Tamil

Telugu

- Jalandhara Kathalu:** Jalandhara; Visalaandhra Publishing House, 4-1-435, Bank Street, Hyderabad-500001. Rs. 100.
- Communist Patrikalu:** V. R. Bommarreddi; Visweswara Rao, 27-17-55, Governor Pet, Vijayawada-520002. Rs. 45.
- In 5 Years Eradication of Unemployment & Poverty:** B. Lakshmi Bai; Bhavani Publications, H.No. 11/87, Aravind Nagar, Ananthapur-515001. A.P. Rs. 120.
- Mullapudi Venkata Ramana Saathies Sarvaswam:** — 4 Kadamba Ramaswamy; M. S. Prasanna — Editor; Visalaandhra Publishing House, 4-1-435, Bank Street, Hyderabad-500001. Rs. 150.
- Athma Gnanam:** V.R.K. Sarma; Master Yogeshwari, Plot-89, Krishna Enclave (Indira Nagar), Dairy Farm Road, Tirumalagiri, Secunderabad-500015. Rs. 60.
- Pulikanti Katha Vahini:** Pulikanti Krishna Reddy; Visalaandhra Publishing House, 4-1-435, Bank Street, Hyderabad-500001. Rs. 300.
- Banjara Deemed State, Sevagedh:** S. Chentiyana Naik; Hathiram Bavaji Publications, H.No. 11/87, Aravind Nagar, Ananthapur-515001. A.P. Rs. 90.

Kannada

- Bhoomi Ninnaadalla** — A Collection of Poems in Kannada; Prakasana, 64/5/6, 10th B Main, 4th Block, Jayanagar, Bangalore-560001. Rs. 50.
- Nelada Kannu:** K.M. Srinivasa Murthy; CVI Publications, 70, I Main, Jabbar Block, Vyalakaval, Bangalore-560073. Rs. 70.
- Vedanta Samanvaya:** Srimushnam Srinivasa Murthy, 72/1, I Main, 7th Block, BSK II Stage, H Phase, Bangalore-560085. Rs. 200.
- Nanna Jeevana:** HS Madanakesari; Jina Jyothi Prakashana, 23 Ratnamraja, Moali House IV Street, Basavanagudi, Bangalore-560004. Rs. 50.
- Aadhunika Samvahana Madhyamagalu Mattu Kannadada Abhivruddhi:** TC Poornima; Prasaraanga Kannada University, Hampi, Vidyanarya-589276. Rs. 180.
- Malayalam**
 - Ormayude Pushthakam** — Memoirs: M. R. Chandrasekharan; Cosmo Books, Thirissur. Rs. 85.
 - Makkachikkadhakal** — Children's Fables: C. R. Das; Current Books, Round West, Thirissur. Rs. 80.
 - Thulu Nadugum Bhasanyam Nattaravu:** C. Raghav; State Institute of Languages, Thiruvananthapuram-3. Rs. 115.

INDIA'S 1999 ELECTIONS AND 20TH CENTURY POLITICS: Paul Wallace and Ramashray Roy — Editors, Sage Publications India Pvt. Ltd., B-42, Fanchsheel Enclave, New Delhi-110017. Rs. 850.

THIS VOLUME is a successor to the editors' 1999 collection *Indian Politics and the 1998 Elections — Regionalism, Hinduva and State Politics*. This book also follows the same format of breaking down the national electoral story into state level sub-plots.

As in the earlier one, the editors, both veterans and highly respected scholars of Indian political parties, allow the individual contributors to follow their fancies. The result is an inevitable disjointedness, though that in no way takes away from it the richness of details or rigor of analysis.

In the 1998 election study, Paul Wallace had identified "three major strands" that defined the vote for the 12th Lok Sabha: a new respectability for the Hinduva, the emergence of regional parties as the new balancing force in the national coalition politics, and the weaponisation of the nuclear capacity, circa Pokhran II.

A year later the electorate found itself having to vote once again in a national election. In this study, of the 1999 elections, the first and third themes pretty much fade away, while the entire focus gets narrowed down to regional parties

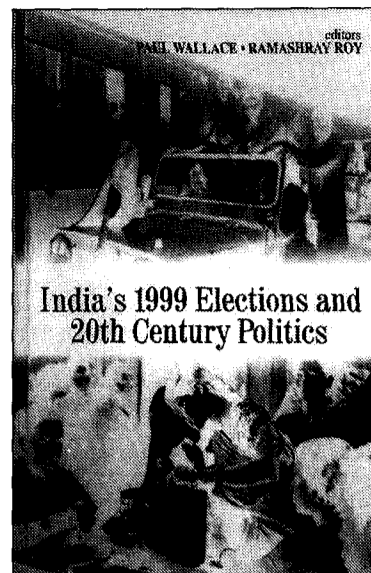
at the national stage. In his competent introductory essay, Wallace rightly notes that the National Democratic Alliance (NDA) has emerged as the functional equivalent of the old "catch all" Congress. "Ironically, the Congress Party in major respects is the political model, which its arch foe the BJP followed in its NDA strategy," he writes.

However, it is perhaps too early to judge whether the NDA leadership would be able to replicate the kind of wisdom and political habits, as Harold Gould points out in a later contribution, that enabled "the Congress leaders to harness(ed) this structure to their Party's and nation's advantage for an entire generation." The jury still remains out whether the NDA dispensation has sufficiently fulfilled the requisite policy-generating functions that any ruling arrangement must perform.

Wallace deciphers six defining features of the new spread of regional and national parties. First, the most obvious one is the decline of the Congress as the dominant party, no longer at the centre of the party system.

This has been in the making for a while, and as a matter of fact the Congress has not won a parliamentary majority on its own since 1984.

Second, the two national parties, the Congress and the BJP, contest



for the alliance leadership. The Congress did not opt for an extensive alliance in 1999, but as Wallace predicted, "it is probable that it will do so in the future;" the Congress did precisely that at its last major party conclave in Shimla in April 2003.

Third, according to Wallace, a third front functionally equivalent to a third major party no longer exists. Here the judgment, again, has to be reserved as we approach the next Lok Sabha poll.

The non-BJP, non-Congress political space remains spacious enough to allow a number of

leaders — like Sharad Pawar, Mulayam Singh Yadav, Jayalalitha, Deve Gowda — to want to play out their prime ministerial ambitions. Fourth, the regional parties hold the balance of power. The manner in which the NDA has functioned, it has been so designed as to reward regional parties on the national stage.

However, this arrangement can continue only if the BJP voluntarily undertakes to restrict its growth potential and chooses instead to play the younger brother in States like Andhra Pradesh, Punjab, Maharashtra, Haryana, West Bengal or Orissa.

Fifth, consecration of the "niche parties". This is not new though and has manifested itself even before the NDA began flirting with them. Smaller/niche parties like the Majlis Itehadul Muslimeen or the Indian Muslim League, or Forward Block and Asom Gana Parishad were always there.

What has changed is that the NDA experience has provided those in (event those out) not to be in a hurry to merge/amalgamate themselves with a larger outfit.

And, the sixth feature Wallace highlights is leadership. He points out that the role of individuals either as party leaders or coalition managers appears to be becoming crucial, and this strengthening of the leadership factor seems to be taking place at the expense of

much needed/desirable institutionalisation of parties. The most prominent practitioner of this syndrome is the BJP, which once prided itself on the primacy of its organisation; the same party's fortunes now hinge on one or two individuals (Vajpayee and Advani), with the party's traditional *apparatchiks* taking the back seat.

The individual contributions, understandably, are uneven. However, most state level analysts fail to take note of the Kargil factor, how the "war" with Pakistan in June/July 1999 was used to manufacture a whole paraphernalia of martyrdom, Vijay, the elaborately ceremonial funerals of the "shaheed"; and, this war rhetoric, in turn, was used to create a new nationalistic mood in which Sonia Gandhi-the-foreigner as the prime ministerial candidate became the anti-hero to the "victor" Vajpayee.

Nor has sufficient attention been paid to the growing integration of the national electorate and how this "connectedness" — emotional, symbolic, and cultural — influences even the regional idiom.

To the extent Vajpayee has been marketed as the national salesman of this new togetherness, the regional parties and politicians have to be seen as national players in order to be effective back home.

HARISH KHARE

Insight into Carnatic music

RAGA SUDHA — Understanding Carnatic Music; B.R.C. Iyengar; copies available from the author, 54, Isha Colony, Secunderabad-560015. Rs. 125.

THE BOOK, in the main, is addressed to the general lover of Carnatic music who may not be well versed with any nuance insight into the complexities of this system of music. This is made clear in the introduction where he has stated that "people simply do not know what to look for. They have lost the critical faculty".

Towards educating them, the first part of the book gives in a nutshell the salient features like *varnam*, *kritis*, *talam*, the embellishments like *gamakas*, *alapanas* and *swara singing* and *tani avaranam*. *Bani* or specific styles is dealt with in a separate chapter.

The second part is mainly devoted to the great composer Thyagaraja with a brief life-sketch and special commentary on select kritis, more than 100 in number. He justifies this special attention to the *vaggeyakara* in the preface. "In this book I confess that I have been biased towards Thyagaraja, for my question is where would be the whole of our concert life today if Thyagaraja had not written his kritis!"

Each song, selected with apt illustration by S. Rajan and K.V. Bhima Rao, highlights the special beauties. The technical aspects of music and Thyagaraja's contribution serve to comprehend Carnatic music both in theory and practice. A book informative to listeners and practitioners of music.

SVK

From the pages of history

CHENNAI — Annals and Antiquities: Sir Charles Lawson; Shubhi Publications, 15, A.K.D. Towers, Section 14, Gurgaon. Rs. 950.

WHILE WELCOMING this reprint of a hard-to-find historical classic, I cannot for the life of me figure out a couple of curious decisions of the publishers, of the book under review.

I mention one right at the outset and will get to the others in time. Apart from the ethics of changing the title of a book, surely transforming *Memoirs of Madras into Chennai: Annals and Antiquities* is unwarranted when Chennai neither figures anywhere in its pages (Madras being retained throughout the text) nor was used with reference to Madras throughout the period—Sir Charles Lawson wrote about To state that the change has been in order "to make it in line with the present" makes it even less warranted, for the book's theme is about the past and certainly not the present, when few will even have heard about those mentioned in it.

The book was first published by Swan Sonnenschein of London in 1905. It was a compilation of essays which Sir Charles Lawson, a civilian in South India and a Fellow of the University of Madras, had first written for *The Madras Mail* and which he revised and enlarged for the book.

In his preface, he quotes a few lines that had appeared in *The Times*, London, which read, "there is little that is new in this world, except what has grown old, and very often we discover what has already been known and

forgotten." Nothing really changes; much of my writing, in the columns of this paper and elsewhere, reflect that thought, as do the contents of Sir Charles' book which he acknowledges owes much to "the archives of the British Museum and the India Office."

In a dozen or so chapters Lawson briefly tells the stories of men and women who spent some time in Madras between the city's founding in 1639 A.D. and the early 19th Century. His selection of people to take note of is eclectic, ranging from Francis Day and Andrew Cogan, Wellesley and Wellington to such little-remembered figures as Col. John Wood who was court-martialled for his conduct during the campaign against Hyderabad and Captain Donald Campbell, whose first stint in India was as a Commandant of a regiment of the Nawab of the Carnatic's cavalry but whose second was a sequel to travelling over land from England to India and thence to China in the late 18th Century.

The stories of Thomas Pitt's "Diamond", Andrew Bell's "Madras System of Education" and the Arbuthnots of Madras bear re-reading for those aware of them, while those of Governor Lord McCartney's duel and Alexander Dalrymple's voyages to the eastern seas (Far East) provide new glimpses into that period to most.

Another little-known story is probably the most fascinating of the lot and is titled intriguingly "The Anglo-Indian Crossing-Sweeper" Thomas Snodgrass, an East India Company employee, who made a fortune in the

18th Century Madras went on to found the Oriental Club in London, an institution that survives and which still has a few members from Madras. He was Dickens' inspiration for the Snodgrass of the Pickwick Club. Snodgrass was so well-known in the Presidency for his corrupt ways that the Company perforce had to do something about it when he retired to England. It stopped his pension. Whereupon Snodgrass clad himself in shabby and torn clothes, bought himself a broom, and daily swept a road-crossing near the Leadenhall Street headquarters of the Company. His message to the directors was clear: "He'd do it every day till he got his pension." And pension he did get. Whereupon he stopped the practice and wrote to the Directors: "You have now made up my income to £5000 a year."

A pity Lawson did not spend more time on characters like that — and they were numerous. Nor did he spend time on such major events as the imprisonment of Governor Lord Pigot and the trial of Elihu Yale. Nevertheless, there is a fascinating cast featured in the book, each with a story to tell, a contribution to history to make. A pity that at its price, the reprint will only sit on a library shelf, instead of being available to a wider readership.

The price and those curious decisions I mentioned earlier need note. One, why was a straight reprint from an original copy not thought of? Deciding to typeset the book again only leaves room for numerous typos and achieves only an increase in costs.

Two, this increase in cost is com-

pounded by several design decisions, which have done nothing to improve the book's classicism.

To make the book a third bigger in format and leave that third blank, to add a second colour to the production by adding a blue underlay of diffused photographs of the East India Company headquarters, the Madras Art Gallery, Marappalamur sculpture, and Sir Thomas Munroe's statue to include four diffused colour plates of which only one has relevance to the book, and to use plastic for the hard cover binding that neither does anything to improve the finish nor wears well, have all only made the book's price about three times what it would have been if it had been produced as a straightforward reprint with hard cover and softback options. Three, since when have "classics" sported tourism folder-dust jackets featuring temples, the dancing Nataraja etc.?

Sadly, with all the trouble and cost taken in design, the book looks anything but classical. Not only does the blue background prove distracting to the reader but it also has an air of shabbiness about it — as though something has gone wrong in the printing.

Worse, the original illustrations, which have been printed rather well, either leave a patch on an unprinted-over blue haze or show patches of blue in them. All of which is a pity, because *Memoirs of Madras* is a classic that anyone interested in Madras history should read and would like to possess.

S. MUTHIAH

● Multifaceted personality ● Commentary on Tiruvaimozhi ● Overview of theatre architecture ● Feminist concerns

TAMIL

KAMARAJ ORU SAHAPTHAM: A.Gopanna; Surya Publications, 'Kamaraj Bhavan', 573 Anna Salai, Teynampet, Chennai-600006. Rs. 500.

THE CALL for the revival of Kamaraj rule in Tamil Nadu is now very strident from Congress leaders. However, it fails to evoke any discernible response from the people particularly in the 20-45 age group, perceived to be the core of the electorate, not because of any apathy but because of their sheer ignorance of the memorable role played by Kamaraj in ushering in a 'golden era' during his nine-year stewardship of the State from 1954.

Seeking to surmount this "handicap" the author portrays, laced with lively photographs, the multifaceted personality of Kamaraj, his rich contribution to the freedom struggle under the leadership of Gandhiji, the nation building efforts under the guidance of Nehru, later the task of providing Tamil Nadu with a corruption free and an envious administration that saw the State witnessing peace and prosperity on all fronts.

And many a congressman who dilate at length on this subject do not seem to have enjoyed the benefit of that "era of efficient, result oriented and corruption free governance". And obviously, their utterances do not cut much ice. How he took decisions on major programmes such as mid-day meals, free education, power generation and industrial expansion are elaborately dealt with.

The first part throws enough light on the internecine feud in the TNCC, marked by confrontations between Rajaji on the one side and Kamaraj and his mentor Satyamurthy on the other, thereby sending the message to Congressmen that Kamaraj, as a true soldier considered loyalty to the party and its leadership as something divine, unmindful of varied obstacles and rivalries.

In the 10th decade, which is also very important, Nammazhavar says, "at the time of creation no one was there except Lord Narayana." Hence the Jeer in his commentary discusses the supremacy of the Lord, refuting the arguments advanced by non-believers and other philosophers such as Mimamsakas. Because of the importance of this decade, lengthy introduction is given quoting from different sources. His language is more Sanskritised and some places finite Sanskrit verbs are used which is

uncommon in other commentaries. This commentary, originally published in 1869 in Telugu and in 1902 in Tamil, has been reproduced now after a long time. Those interested in the study of Etu, must possess this volume.

K.K.A. VENKATACHARI KANNADA

RANGAMANDIRAGALU — ONDU ADHYAYANA — A Study of Architectural Dimensions of Contemporary Theatre; K. R. Sumathi — Editor; Rangayana Vinoba Road, Mysore-570005. Rs. 30.

A VERY good book on theatre construction it discusses the various problems besetting theatres. If the intention of the Karnataka government is to build a theatre in every district care must be exercised on the location, its size and the type. The government has spent Rs. 100 crores in the last 20 years. Some of the theatres have cost so much that with slightly better planning and forethought the money spent on a single giant of a theatre could have been used for constructing more compact theatres of utility.

There should be a scientific study of theatre architecture. Not every builder of huge residences, corridors or gateways can construct a theatre which basically should cater to the needs of drama companies and those coming to watch their performances. Acoustics should be properly arranged. Placing of the speakers is all important. The operators must be very knowledgeable in knowing to what decibel the sound (either speeches or special effects) can be raised or lowered.

Elementary as these subjects are they assume great importance when the construction is completed. The subjects are very resourcefully analysed by writers, obviously with a good lot of experience. The faulty construction of a few theatres is brought to the attention of the readers. While it would be invidious to assess the quality of the write-ups to the lay readers Sridhar's article gives abundant material of interest.

The sketches give added value. H. S. Umesh has given a bird's-eye view of a few theatres in the West and U.S. contemporary theatre is Prasnanna's subject. Where theatres are not avail-

able (yester years) the drama companies would construct tent theatres and Gangagadharaswamy has interesting things to say about them. Gowidutti's plea for intimate theatres cannot be over-emphasised. Owing to constraints on space other equally interesting articles are not detailed here. This book should be an eye-opener and guide to future theatre builders. A special course in theatre architecture is the bottomline that emerges from this little book. The compiler of the articles needs to be commended.

K. SUNDAR RAJAN HINDI

AMRITMAYI: Madhu Dhawan; Sahitya Bhavan (P) Ltd., 93, Zero Road, Allahabad-211003. Rs. 90.

THIS IS a collection of verses by a woman writer-teacher asserting the rights of women to freedom from male domination, and proclaiming their high role of equal participation in all activities along with men as typified by the exploits of Jansi Lakshmi Bai and Alka Chawla, the astronaut.

There are calls to the "Contractors of dharma" to desist from imposing their restrictions and pressures on women and from treating them as the weaker sex and perpetrating atrocities on them. Some verses sing of the mother's love and a few are reflective and verge on philosophical rumination.

Next to adopting a strident feminist note, the verses are keyed to proclaiming the urge for woman's individuality and equality in a man's world. The free verse form allowing all liberties of expression has come in handy for the poet for an emotion-tinged voice of loud and yet softened protest.

J. PARTHASARATHI

Announcement

Authors and publishers are welcome to send copies of their books to *The Hindu* for review. While every effort will be made to acknowledge receipt of the books under "New Arrivals", the decision to review a book rests entirely with the newspaper. Receipt of individual books will not be acknowledged in response to enquiries.

State to ban Taslima's book

Romita Datta
Kolkata, November 27

AFTER WEEKS of indecision, the state government has decided to proscribe *Dwikhandito*, Taslima Nasreen's controversial book. The decision was born out of concern not to offend minority sentiments in the state.

In a letter to the Chief Minister a few days ago, the community had urged banning of the book, saying it contained passages with "obscene" remarks on the life of Prophet Hazrat Mohammad and his conjugal life. It also misinterpreted the Koran, peppered its interpretation with sexual innuendoes, the letter — which had former Calcutta High Court judge Shamsuddin Ahmed, former professor of Calcutta University Osman Ghani



Taslima Nasreen

and Mohammad Shahidullah, principal, Aliah Madrasa, among the signatories — said.

Certain parts of the book had the potential to offend minority sentiments and foment communal tension in a state known for communal harmony, the letter warned. It also urged the CM to request the external affairs ministry to cancel Taslima

Points of objection

- ▲ Obscene remarks on the Prophet's life
- ▲ Sexual innuendoes in interpretation of the Koran
- ▲ The book's potential for offending minority sentiments
- ▲ Its potential for disturbing communal harmony

served. Barely a month-old on the city's bookstore shelves, *Dwikhandito* kicked up a storm in Bangladesh for allegedly laying bare the author's intimate relationships with some intellectuals of that country.

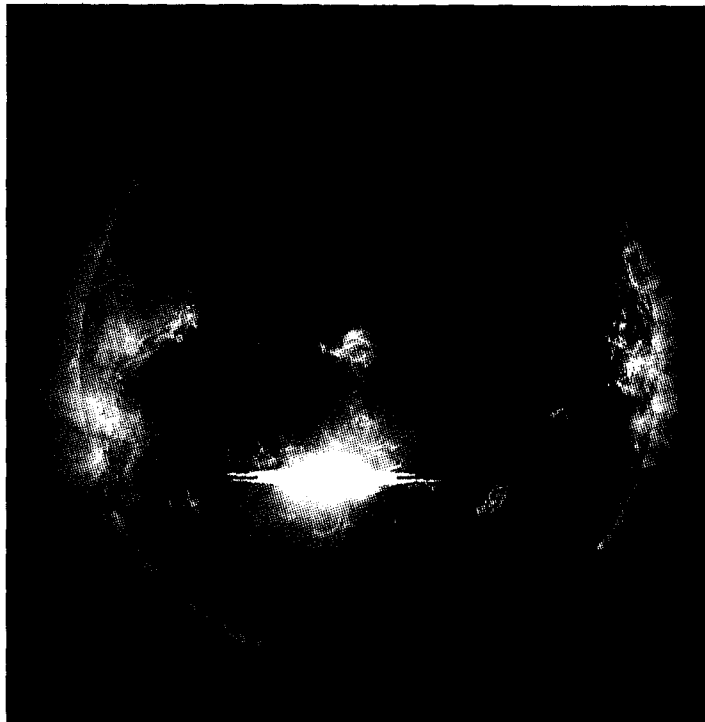
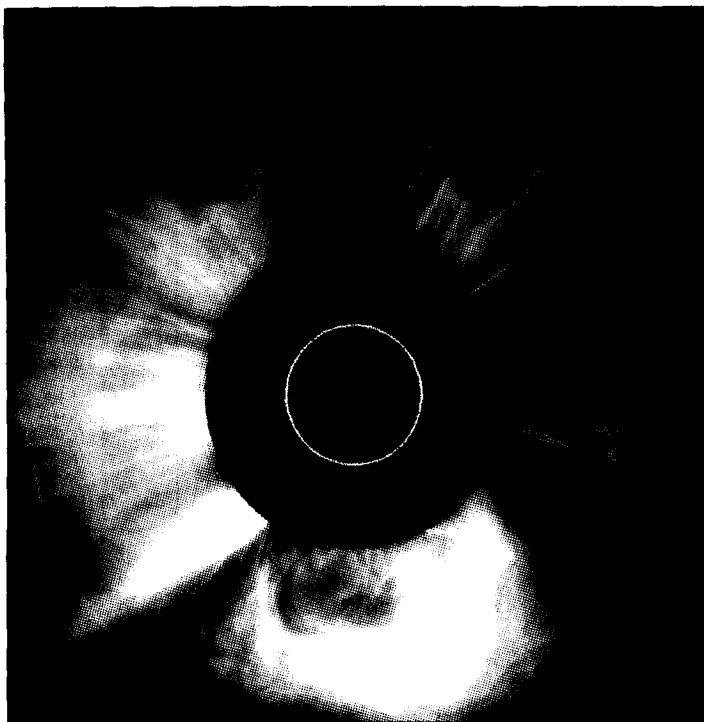
Published there under the title *Ka*, the book had been released in Bangladesh without the "objectionable" passages on Islam and the Prophet. The ban there followed objections from intellectuals who alleged that Nasreen had given fabricated accounts of her relationships with them.

In Kolkata too, a poet secured a court injunction on sale, marketing and publication of the book with a defamation suit against a publisher. On Thursday night, cops seized 2,000 copies of the book.

Nasreen's Indian visa.

Following the letter, the Chief Minister asked the Legal Remembrancer to read through the book and submit his observations.

The LR confirmed that the book contained passages which might disrupt communal harmony in the state. It would be erroneous in these sensitive times to let the book create further complications, the LR ob-



HERE COMES THE SUN—A STAR'S SUPER-BELCH TO SCORCH THE AIR WAVES: One of the biggest solar flares in living memory erupts from the sun after a week of intense activity, threatening to disrupt power and communications on earth. Space weather scientists in America and Europe said that superheated gas and energy, called a coronal mass ejection, is travelling from the sun's surface at five million miles an hour. When it gets here by today, the cloud of particles could have severe effects, affecting electronics and navigation equipment.

Huge solar ball of gas hurtles towards earth

By Mukul Sharma
TIMES NEWS NETWORK

New Delhi: At the time of writing, one of the largest solar flares ever seen on the sun is taking place, emanating from one of the biggest groups of sunspots recorded in years.

Following a spectacular eruption, a blast of material called a coronal mass ejection is hurtling directly toward our planet with the actual gust of electrically charged gas contained in it travelling at over 1,500 kms per second. It was expected to impact with the earth's outer atmosphere over Wednesday and Thursday and although it will not affect or harm humans directly, communication blackouts, satellite failures, elec-

tronic disturbances and power outages can be expected. A 1989 smaller solar flare for example caused a massive blackout in Quebec, Canada.

Under normal circumstances the earth's magnetic field deflects charged particles of the relatively quieter solar wind that continuously keeps streaming in from the sun, channelling them toward the North and South poles.

Here, some of them can and do penetrate and interact with the atmosphere to cause the eerily colourful displays of lights in the sky known as the aurora borealis and aurora australis or northern and southern lights. But the vastly more energetic blasts of particles that come to earth after solar flares often bring magnetic fields

of their own which, under certain circumstances, can disrupt earth's field, creating a temporary hole where the particles can filter in. People living in lower latitudes can then often also get a chance to see the auroras.

However, this latest solar flare warning is coming less than a week after a similar alert proved overblown. According to solar astrophysicists, that earlier coronal ejection merely hit the earth a glancing blow, whereas this event is being billed as the strongest in 30 years—putting it in the top three—comparable to one that hit in April 2001, when people in darker parts of the Philadelphia region in the US could view the northern lights from their homes!

Allbag scientists record geo-effect

Mumbai: The world's premier magnetic observatory at Alibag in Raigad district made a historical observation by recording the "geo-effect" of the coronal mass ejection of the solar flare that erupted from giant sunspot number 486, within 19 hours of its occurrence.

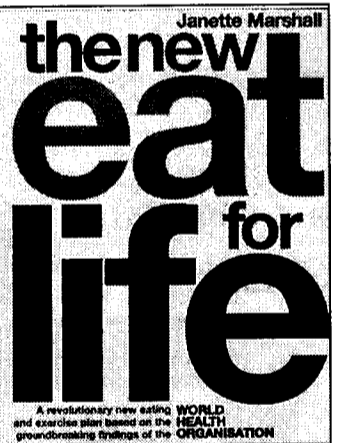
Senior scientist Dr Shobana Alex of the Indian Institute of Geomagnetism, which houses the observatory, said on Wednesday that normally the S-3 class solar radiation storm reaches the earth's geomagnetic field after 32 to 40 hours.

BOOK REVIEW

Insight into an unending conflict



- **Looking at Life Differently:** Swami Sukhobhadhana; Prasanna Trust, No. 300/18, 6th Main, 14th Cross, Vyalakaval, Bangalore-560003. Rs. 225.
- **When Pandava Lost:** U. Subramaniam; Bharathi Vidyarthi, K. J. Patil Marg, Mumbai-400007. Rs. 90.
- **Practical Vedanta from Sri Krishna to Ma Anandamayi:** Acharya Bishweshwar, Gangopadhyaya; Bharatiya Vidya Bhavan, Kulpatti Marg, Mumbai-400007. Rs. 180.
- **The Crown and Other Stories — by Rabindranath Tagore:** Ranjita Basu Tr. in English; Rupa & Co., 716, Ansaari Road, Daryaganj, New Delhi-110002. Rs. 195.
- **The Practice of Sociology:** Maitrayee Chaudhuri; Editor: Orient Longman, Pvt. Ltd., 3-6-192, Himayatnagar, Hyderabad-500029. Rs. 695.
- **The Indian Entrepreneur:** Bruno Dorin; Editor: Manohar Publishers, 475/23, Ansaari Road, Daryaganj, New Delhi-110002. Rs. 400.
- **Romain Rolland — The Story of a Conscience:** Alex Aronson; Rupa & Co., 716, Ansaari Road, Daryaganj, New Delhi-110002. Rs. 195.
- **The Commensation On the War on Iraq:** K. P. Fabian; Somaya Publications Pvt. Ltd., 6th Floor, Bank of Baroda Building, 16, Parliament Street, New Delhi-110001. Rs. 400.
- **1957 Jai & Shri Babu Allegations — Counter-Allegations:** N.M.P. Srivastava; NMPS, LF-6/150, Bahadurpur Housing Colony, Patna-800020. Rs. 100.
- **Tulsi Ramayan in Action Intellectual Renewal for Role Effectiveness:** O. P. Sharma; University Book House, 15, U.B. Bungalow Road, New Delhi-110006. Rs. 250.
- **France — A Brief Bibliography:** K.J.S. Chattrath; Indian Publishers Distributors, 156-D, Karla Nagar, Delhi-110007. Rs. 495.
- **Violence and Non-Violence Pathways to Understanding:** Gregg Barak; Sage Publications India Pvt. Ltd., B-42, Panchsheel Enclave, New Delhi-110002. Rs. 45.
- **Indian Scientific Traditions — Prof. K.N.N. Elayath:** Editor: Publication Division, University of Calicut. Rs. 200.
- **Study of Stylitics in Sanskrit Poets with Special Reference to Kuntaka — Parts I & II:** T. Vasudevan; Publication Division, University of Calicut. Rs. 300.
- **The Know of Things:** Derek O'Brien; Penguin Books Pvt. Ltd., 11, Community Centre, Panchsheel Park, New Delhi-110017. Rs. 200.
- **2000 Tips for Lecturers:** Phil Race — Editor; Kogan Page India Pvt. Ltd. / 13, Ansaari Road, New Delhi-110002. Rs. 395.
- **Fundamentals of Cost Accounting:** T. R. Sika; Vya Books Pvt. Ltd., 426/3, Ansaari Road, Daryaganj, New Delhi-110002. Rs. 395.
- **The Handbook of How To Organize Effective Conferences and Meetings:** David Seakings, John Farrer; Kogan Page India Pvt. Ltd., 13, Ansaari Road, Daryaganj, New Delhi-110002. Rs. 795.
- **The New Eat for Life — A Revolutionary New Eating and Exercise Plan Based on the Groundbreaking Findings of the World Health Organisation:** Janette Marshall; Pub. by Vermilion, an imprint of Ebury Press, Randolph House, 20 Vauxhall Bridge Road, London SW1V 2SA. Distributed by Rupa & Co., 716, Ansaari Road, Daryaganj, New Delhi-110002. Rs. 6.60.



- **Milestones in Petrology and Future Perspectives:** Anand Mohan — Editor; Geological Society of India, P.O. 1922, Geology Road, Post, Bangalore-560019. Rs. 500.
- **Organized Crime:** C. K. Gandhirajan; APH Publishing Corporation, 5, Ansaari Road, Daryaganj, New Delhi-110002. Rs. 95.
- **Handbook of Building Construction — The Essential Source of Standard Construction Practices:** M. M. Goyal; Prime Papyrus Products P. Ltd., B-94, Okhla Industrial Area, Phase II, New Delhi-110020. Rs. 950.
- **Healing Streams — Bringing Back Hope in the Aftermath of Violence:** Sushobha Barve; Penguin Books India P. Ltd., New Delhi-110017. Rs. 295.
- **Indian History — A Russian Viewpoint:** Eugenia Vanina; Pragati Publications, 426/3, Ansaari Road, Daryaganj, New Delhi-110002. Rs. 795.
- **Globalization and Its Discontents, Revisited:** Jomo K. S. Khoi Khay Jin; Tulika Books, 35A/1, Third Floor, Shapur Jat, New Delhi-110049. Rs. 395.
- **The Indian Entrepreneur — A Sociological Profile of Businessmen and Their Practices:** Bruno Dorin — Editor; Manohar Publishers & Distributors, 475/23, Ansaari Road, Daryaganj, New Delhi-110002. Rs. 400.
- **Mother Teresa — The Final Verdict:** Aroup Chatterjee; Meteor Books, 170/43, Lake Gardens, Kolkata-700045. Rs. 295.
- **Little There's No Country — Poverty, Inequality, and Growth in the Era of Globalization:** Surjit S. Bhalia; Penguin Books India P. Ltd., No. 11, Community Centre, Panchsheel Park, New Delhi-110017. Rs. 325.
- **Little Hands in Chains — Child Labour in India:** P. Jagdish Gandhi; Sushela Subrahmanya; Southern Economist, 106-108, Infantry Road, Bangalore-560001. Rs. 200.
- **CNC Programming Made Easy:** Binit Kumar Jha; Vikas Publishing House Pvt. Ltd., 578, Main Road, Jaipur, New Delhi-110014. Rs. 180.
- **Home Truths — Stories of Single Mothers:** Deepthi Priya Mehrotra; Penguin Books India P. Ltd., No. 11, Community Centre, Panchsheel Park, New Delhi-110017. Rs. 250.
- **Dwelling in the Archive — Women Writing Home, Home, and History in Late Colonial India:** Antoinette Burton; Oxford University Press, YMCA Library Building, Jai Singh Road, New Delhi-110001. Rs. 445.

ISRAEL/PALESTINE — How to End the War of 1948: Tanya Reinhart; LeftWord Publishers, a division of Naya Rasai Publications Pvt. Ltd., 27-29, Bhai Vir Singh Marg, New Delhi-110001. Rs. 150.

THOSE WHO try to follow the twists and turns of the conflict between Israel and the Palestinians have never had to worry about a dearth of information. Indeed, the issue is so well covered by the international media that the surfeit of information tends to result in a lack of perspective. A much-needed corrective has been provided by the author of the book under review through the cogent and pointed argument.

At a time when the campaign against terror is the dominant theme in international politics and the discourse over it, there is a tendency to conceptually situate the Israel-Palestine conflict within this narrow framework.

Most of the world does not share the view of the Israeli right wing, and its powerful supporters in the U.S., that the Palestinian resistance movement is of the same character as outfits like Al Qaeda. It is widely recognised that the Palestinians do have a legitimate cause. However, the abhorrent methods used by the terrorist fringe of the resistance movement have tended to distract attention from the existential condi-

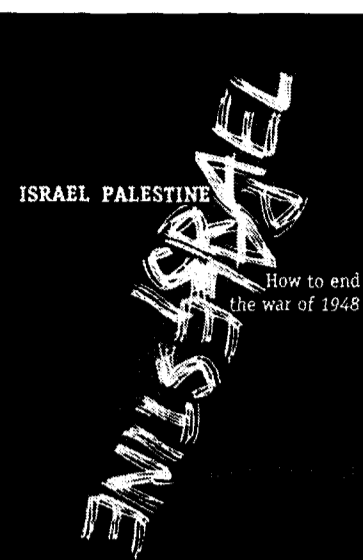
tion that the Palestinians are struggling against.

The Palestinians are trying to free themselves and their land from colonial occupation. This stark, simple truth needs to be reiterated time and again because it is often buried under the barrage of pro-Israel propaganda, which draws on different elements of the Hebraic historical experience to justify the injustice inflicted on the Palestinians.

The author belongs to that band of Israelis who have overcome the Zionist indoctrination, which they were subjected to from their formative years. They are not intellectually intimidated by their country's establishment or emotionally overwhelmed by the actions of Palestinian extremists. For this reason, Israelis like Ms. Reinhart provide authentic insight into the nature of the conflict.

The author focuses on what has come to be described as the post-Oslo period; the phase, which began in late September 2000 when the stuttering negotiation process collapsed and violent conflict broke out once again. But, in the process, she shatters some of the enduring myths about the attempts that have been made to resolve the conflict since 1993.

She successfully challenges the simplistic perspective that has



shaped the world's understanding of the interaction between Israeli and Palestinian negotiators since the Oslo accords were signed. In the commonly understood narrative, Israeli doves of the Labour Party were willing to make real concessions to the Palestinians but were thwarted by the hawks of the Likud and the far right.

Ms. Reinhart convincingly argues that even Labour governments never offered to return anything more than half the occupied territories or to al-

low anything more than limited autonomy to the mockery of a Palestinian state they envisaged.

A further assertion by her is perceived one, which only an Israeli could have made with any hope of being taken seriously. In her view, the drive to retain all the territory between the Mediterranean Sea and the River Jordan, is sustained not so much by the efforts of religious zealots as it is by the determination of a military junta. At first that looks like a statement that borders on the wild. Israel is after all a democracy, which elects its leaders.

However, the author marshals sufficient evidence to demonstrate how a cabal of generals has consistently bullied the elected leadership to take obdurate positions against the Palestinians.

Ms. Reinhart's thesis is that an Israeli establishment that is dominated by the military has wavered between two, morally abhorrent, solutions to the conflict — apartheid or ethnic cleansing.

The approach followed over the years when the Oslo accords were considered to be still valid was that of creating isolated "bantustans" in the West Bank and Gaza Strip where the Palestinian Authority would be allowed to exercise little more than powers of local self-governance. With the collapse of the Oslo pro-

cesses, Ms. Reinhart argues, the junta has once again swung back to a policy of ethnic cleansing.

After the horrors that have occurred in the former Yugoslavia and Rwanda the term "ethnic cleansing" might appear too over-loaded a term to describe the policies that Israel is implementing against the Palestinians.

However, the author makes a very plausible argument that the subtle measures being implemented by Israel can have the same ultimate effect as the heavy-handed and crude methods of the Slavs or Hutus. Israel, she argues, has sought to systematically destroy the Palestinian economy, degrade and destroy its civil society, smash its security services and delegitimise and eliminate its leadership. The Palestinians have been left with no reason to hope for a future on their ancestral land.

In conclusion she argues strongly in support of the only realistic and humane solution, which is conceivable. Israel must immediately pull out of the occupied territories, abandoning all Jewish settlements in the process, and allow the Palestinians to set up a viable state and society. A Palestinian state must be formed as a first step before other issues are comprehensively addressed.

KESAVA MENON

Reinterpreting Hinduism

THE HINDUISM OMNIBUS: Nirad C. Chaudhuri, Madeleine Biardeau, D.F. Pocock, T.N. Madan; Oxford University Press, YMCA Library Building, Jai Singh Road, New Delhi-110001. Rs. 695.

A FLOURISH of a book for the scholar and the common reader when all of us are busy flailing around in search of Hinduism. The four eminent authors, represented by their solid books on the subject, cannot be faulted if none of them has been able to define Hinduism.

Like Brahmin, it seems to be everywhere, in the battered cottage where a gnarled old lady is lighting a lamp in front of a kumkum-smeared stone or the evening "arati" that is going on with much fanfare at a posh temple in a London suburb.

No amount of historical-anthropological research has been able to get at the beginnings of Hinduism or define its winding movements all over the globe.

Even the nomenclature is a big question mark. Perhaps due to these inexplicable ambiguities of Hinduism, a book of the subject is never dull. It has always something new to add to our store of memory, a new interpretation, a little known observance, which may yet date several centuries. And four books in a row? Ah, the book under review is a four-in-one bonanza indeed.

Nirad Chaudhuri has plenty of sprinklers working full-time in *A Religion to Live* (By 1979), using up a lion's share of the available space with 340 pages.

His style is no scripture: "Hinduism is a social contract between two acquisitive communities". Or, repeating the Gayatri mantra is

"the conditioned reflex of the sacred." It is no use trying to point out that reams are wasted by him just to say Indian religious literature cannot be dated or that he ignores completely the Sangam segment of Indian religious world, has no clue to the Siddha cult and is a stranger to the Mother Goddess icon of Kotravai. But what Nirad has read, he has read well with a scholar's grip on facts. History gives a shudder when dealing with the religious map of North India.

It is with some relief we turn to Madeleine Biardeau's *Hinduism: The Anthropology of a Civilization* (first published in 1989). Madeleine says the right thing instinctively as when stomp or the evening "arati" that is going on with much fanfare at a posh temple in a London suburb.

No amount of historical-anthropological research has been able to get at the beginnings of Hinduism or define its winding movements all over the globe.

Even the nomenclature is a big question mark. Perhaps due to these inexplicable ambiguities of Hinduism, a book of the subject is never dull. It has always something new to add to our store of memory, a new interpretation, a little known observance, which may yet date several centuries. And four books in a row? Ah, the book under review is a four-in-one bonanza indeed.

Nirad Chaudhuri has plenty of sprinklers working full-time in *A Religion to Live* (By 1979), using up a lion's share of the available space with 340 pages.

His style is no scripture: "Hinduism is a social contract between two acquisitive communities". Or, repeating the Gayatri mantra is

as well. T.N. Madan, who brings up the rear with his remarkable *Non-Renunciation* (1987) has also contributed a pointed foreword to the Omnibus. His book is "about the householder".

It deals mainly with the Pandits of Kashmir. With a sorrowful heart one reads about the Kashmiri Pandits and their cultured ways and how they are caught inextricably in history's blood-spattered web, fear of imminent death in their homeland and of an exile's wanderings abroad.

"Since the coming of Islam in the fourteenth century, Kashmiri Hindus have had to live off their wits and on compromises.

It is remarkable that they should have survived at all." Strong believers in the Karma theory, the survivors have tenaciously clung to traditional practices (bhakti) with a lambent faith in the Divine and by cultivating the virtue of detachment (vrikkati) along with a strong commitment to the ideology of a householder.

Madan finds this actually "the ideology of humanity". Other essays by him like "Auspiciousness and purity" and "Living and dying" constantly relate to the Pandit culture of solidarity while taking inputs from significant novels like *Samskara* (Kannada) and *Anna Vandaal* (Tamil).

Taken together, the books in the *Omnibus* present a fairly clear picture of a sociological-religious-spiritual way of life (also known as the Ancient Way or Sanatana Dharma) whose vitality and life-force remain as undiminished as ever in a world that has grown sombre and unpredictable in Anno Domini.

PREMA NANDAKUMAR

Bridging the divide

FILM & PHILOSOPHY: Edited by K. Gopinathan; Publication Division, Calicut University, Kozhikode-673635. Rs. 190.

"THE LANGUAGE of cinema is discovering itself. A hundred years is practically nothing for any art form." With these words opens this book, an anthology of papers on cinema and philosophy. Being such a young art form theoreticians are constantly in debate on the nature of cinema and on the direction it can go.

Echoing this debate, a seminar was held in September 2000 on film and philosophy at the University of Calicut. The organisers believed that philosophy and cinema can work together for their mutual benefit and the seminar touched upon a variety of issues related to these two subjects. The papers read by filmmakers like Buddhadev Das Gupta, critics such as Ragavendra, and academics like S.G. Kulkarni have been put together and published under this title.

T.K. Ramachandran sets the tone of the book through his introductory paper, in which he points out that we have to look closer at the role of visual in modern times. Our understanding of cinema depends very much on how we respond to the visual.

Increasingly scholars from different disciplines such as gender studies and anthropology are dipping into cinema as a source of information and look for clues to understand the society that feeds on it. To be able to use cinema and television as sources, the researcher has to be familiar with the nature of the medium.

Traditionally in Indian academic studies, visual material has been discounted and its relation to different kinds of memory ignored. This applies not only to murals and mini-

atures but also to film and television. Rudolf Arnheim, Professor of Psychology of Art at Harvard, argues that all thinking, not just thinking in relation to cinema or any other visual experience, is basically perceptual in nature. So it becomes crucial to understand the visual.

The papers cover a wide spectrum of films, from the works of Fritz Long to those of Kurosawa, from Telugu films to Japanese works. There are a number of articles that take a close look at the various dimensions of Indian cinema including the new wave of Malayalam cinema and the functioning of film censorship in India. There are also two articles on the role of television.

While there have been a number of books on cinema in recent years, few have taken upon the task of providing a theoretical background to film studies. The book symbolises the changing academic attitude to cinema studies in India. Whatever work goes on in film studies is done only in private research institutes.

The University of Calicut has shown the way for other academic institutions by taking cinema seriously. They have brought together scholars and filmmakers from varied background to discuss cinema and television. This book attempts to do that and will be of immense help to those researchers looking at cinema.

This volume is certainly a welcome addition to our understanding of cinema. The papers have been edited and wherever necessary have been summarised by the editorial committee.

However, it has not been ensured that all the papers conform to one format and that documentation is in uniform style. Some papers do not have any reference section.

S. THEODORE BASKARAN

Shrines of Krishna • Cartoon collection • Compositions of Kabir • Epic in modern idiom

TAMIL

KANNANIN MUGANGALLU AEZHU: Velukkudi Krishnan; Kinjithkaaram Trust, 46/4, Second Street, Secretariat Colony, Kelys, Chennai-600010. Rs. 35.

LORD NARAYANA has manifested in various holy places in different forms and five of them have been hailed as "Pancha Krishna Kshetrams". Four of them are in the Chozha country and one is in "Nadunadu". These places are Thirukkannanangudi, Kapisthalam, Thirukkavirappuram, Thirukkannanangudi and Thirukkavirappuram. Along with them Therazhundur and Rajamannargudi have been taken up for discussion by the author. Of them the first six have been sanctified by Azhwar's hymns and included with them in Rajamannargudi, which though not originally sanctified by Azhwar's hymns, has been hailed as equally great by Saint Manavallamunigal.

The book under review by Velukkudi Krishnan, who has made a mark for himself with his religious discourses, deals with the Lord's different qualities in these places. The first is Thirukkannanangudi, where the Lord appeared as Krishna as per the request of Sage Vasistha, who made a Krishna idol out of butter, prevented it from melting with his mystic power and worshipped Him.

The next place taken up for discussion is Thirukkavirappuram, now shortly known as Mannargudi, and the temple here has existed in all the four Yugas. The Lord at Thirukkavirappuram is worshipped as the remover of one's sins, and in Thirukkannanangudi He grants salvation to all those who surrender.

The Lord in Therazhundur protects all His sincere followers and in Thirukkannanangudi He has established that He can destroy His devotees' enemies. The author has given apt quotations from the Vedas, Upanishads, the *Nalayira Divya Prabandam* and Acharyas' works to prove his points wherever necessary and has made the book a real feast for the devout public. The pictures of the Lords in these places add to the value of the book.

T. A. SRINIVASAN

TELUGU

KANNADA

SURENDRA

MALAYALAM

ENINJAN URANGATTE: P.K. Balakrishnan, Current Books, Round West, Thrissur-680001. Rs. 95.

RETELLING the story of the Indian epics in a modern idiom is a popular activity of writers in many languages. It was 30 years ago that P.K.

Century saint and reformer, as among the prime torch-bearers of the Bhakti movement in the North.

The author's focus is the "Sakhi" part of the saint's composition — 900 in number. "Sakhi" is a two line literary construction running through the whole gamut of the area of his attention and treatment.

A parallel is drawn between Tulasidas and Kabir to highlight the point that while Tulasidas' inspiration was derived from the epics to redefine the traditional Indian values, Kabir was influenced by the experience of daily life in all its manifestations in charting the path to man's salvation through commitment and adherence to all the attributes that make for a virtuous life.

The specialities of his compositions were varied like simplicity of the message sought to be conveyed to laymen and unsparring criticism, with touches of satire, superstition and meaningless customs and rituals and a host of foibles of society, and daily life and its irrational aspects and practices. Thus he played, as the work makes out, the roles of a saint, yogi, philosopher, poet and mystic.

There are 'Sakhis' which depict Kabir as an inveterate and unsparring critic of meaningless rituals and practices plaguing both Islam and Hinduism.

As an eclectic, Kabir's knowledge and understanding of the philosophies of varied religions, including Buddhism, Islam, and Hinduism, was deep and that was how he is stated to have found himself in a position to synthesise them as reflected in his 'Sakhis' and other forms of literary expression.

The Sakhis cover 59 themes starting with the one in which Kabir lays great store by the elevated role of the Guru in the initiation into the understanding and practice of Dharma and spirituality, a unique feature of the Indian tradition.

Balakrishnan presented this novel using episodes from the Mahabharata.

Two characters from the epic namely Draupadi and Karma, receive special attention in this work.

The title, meaning "Now let me sleep" comes from the words of prayer spoken by Draupadi after the war was over. Having spent "a thousand sleepless nights with untied hair and a burning heart", she longs for a restful night.

The main protagonist, however, is Karma. Like the hero of a classic tragedy, he has no escape from the fate that awaits him. On learning that he and Arjuna are brothers, he says: "I cannot go back now. Karma must kill Arjuna or he must be killed by his brave brother. It is God's will and cannot be changed."

Joining the Kaurava widows on the battlefield, Draupadi urged Yudhishtira to first perform the last rites of Karma, his elder brother.

It was Kuttikrishna Marar's "Bharataparyatanam" that inspired the author to write the novel. The familiar story acquires a new dimension as the author retells it from the viewpoint of several of the major characters. He also supplements the episodes drawn from the epic with some of his fancies.

The message that the author gleams from the Mahabharata relates to the futility of war, indeed of all violence, as a solution to problems. Gandhari's melancholy words after visiting the battlefield strewn with bodies of her kith and kin are echoed by Yudhishtira in this novel.

The novel was well received by the readers when it first appeared and won the author the Kerala Sahitya Akademi and the Vayalar awards.

B.R.P. BHASKAR

Announcement

Authors and publishers are welcome to send copies of their books to *The Hindu* for review. While every effort will be made to acknowledge receipt of the books under "New Arrivals", the decision to review a book rests entirely with the newspaper. Receipt of individual books will not be acknowledged in response to enquiries.

APU CARTOONLU — Volumes 1 & 2; Bapu;

KABEERA VACHANAVALI: H. V. Ramachandra Rao; published by Abhiruchi Prakashana, 1 Main, Shakambhari Nagar, J.P. Nagar I Stage, Bangalore-560078. Rs. 80.

THIS VALUABLE work presents Kabir, the 15th

Century saint and reformer, as among the prime torch-bearers of the Bhakti movement in the North.

While there have been a number of books on cinema in recent years, few have taken upon the task of providing a theoretical background to film studies.

Booker goes to literary Eminem

By Rashmee Z. Ahmed
TIMES NEWS NETWORK

London: In a shock win, literary London's most prestigious prize, the Booker, has bypassed its politically-correct South Asian favourite and gone to DBC Pierre, an immigrant Australian-Mexican cartoonist with a history of hard-core drug-taking, debts, gambling and unapologetic theft.

DBC, short for "dirty but clean" is the pseudonym of Peter Finlay, whose debut novel, *Vernon God Little*, became on Tuesday night the Booker jury's quickest and possibly most unanimous decision relegating

hot favourite Monica Ali's *Brick Lane* to the back of the charts. But Pierre, who is being celebrated as the 21st century's J.D. Salinger, won in an amazing dark-horse gallop towards the finishing line with his black comedy on a globalising modern culture of trash food and trash TV.

Pierre's novel, littered with expletives and the coarsest of American teen-speak, offers a deeply satirical take on America's hideous outbreak of school-shootings, its often-inane 24/7 media culture and self-obsessed soccer moms.

John Carey, chairman of the Booker jury, said the



Peter Finlay aka DBC Pierre was the unanimous choice of the Booker jury.

"coruscating black comedy reflected our alarm but also our fascination with modern America".

Pierre performs the ultimate ventriloquist's trick, that of sounding like Vernon, a 16-year-old

from Texas, where the number of death-row prisoners is spiralling. Vernon, falsely accused of a school massacre and dumped on death row, is already being described as the "Huckleberry Finn for the Eminem generation".

The stunned but deliriously happy reformed addict said his 50,000-pound prize would go towards paying off just one-third of his debts. Pierre confessed he was driven to writing by a deep sense of regret for his "misenergetic past".

He spent nine years as a drug addict, sold his mentor's home and pocketed the money. Now, he wanted to make amends.

Post-SARS: China takes step backward in media openness

EVELYN IRITANI
BEIJING, JUNE 26

YOU won't find the June 20th edition of China's hard-hitting *Caijing Economic Journal* at newsstands here. That issue, featuring articles on the SARS outbreak and a high-profile Shanghai real estate scandal, appears to be the latest victim of a government retreat from a brief period of post-SARS openness.

The clampdown on China's media is particularly ironic, coming the same week that Gao Qiang, the country's Executive Vice-Minister of Health, assured the world that Chinese leaders had learned a lesson about the need to "face up" to problems exposed by the SARS outbreak.

There are clearly limits to just how far China's leadership is willing to travel down the path of full disclosure, particularly when it means stepping on influential toes. The more restrictive reporting environment coincides with an effort by the gov-



Most subway passengers got rid of their masks on Thursday after the Taiwan government met a WHO benchmark of being technically SARS-free. Reuters

ernment to clean up its bloated media. Newspapers and magazines have been ordered to stop taking subscriptions while the government reviews their books and weeds out those that are unprofitable or corrupt.

During the height of the SARS panic, Chinese leaders eased up on their controls over the domestic me-

China axes TV series to placate President

■ BEIJING: China has pulled the plug on a television series because it upset President Hu Jintao, Communist Party and television industry, sources said on Thursday. Hu, struggling to emerge from the shadow of his predecessor Jiang Zemin, was worried the portrayal of court politics in the series *Marching Towards the Republic* may be seen as an allegory justifying Jiang's powerful role behind the scenes, they said. —Reuters

dia. Aggressive weekly journals such as *Caijing*, *Sanlian Life Weekly* and *China Newsweek* wrote on allegations by military doctor Jiang Yan-Yong of a SARS cover-up, the resultant sacking of the mayor of Beijing and the country's health minister and the vulnerability of the rural health system. —LATWP

SARS politics

By P. S. Suryanarayana

W 10-10 27/5

THE CHALLENGES of containing and rolling back the Severe Acute Respiratory Syndrome (SARS) have almost imperceptibly acquired political overtones. It is easier to discern this reality in the case of China rather than the other SARS-afflicted countries. In a sense, this aspect is a positive commentary on the growing transparency of the changing 'communist' system in China. Moreover, the new Chinese leaders, who came to power in March this year, are striving to ensure that the spiralling SARS crisis does not destabilise their country even as they battle the disease by adopting firm and, more precisely, drastic measures.

A particularly significant move in China is the latest executive decision to impose the capital punishment on those who might put the society at risk by breaking the SARS-related home-quarantine orders or by mindlessly mixing with others while still being infected. Such a deterrent penalty is reflective of two possibilities. At one level, the authorities are surely concerned about the pandemic potential of the SARS crisis. At another level, though, the sheer frustration of the Chinese population is no less evident behind the compulsions that have impelled the authorities to think of such a sweeping measure over a purely social question.

From the standpoint of the leaders in Beijing, any failure to overcome the SARS epidemic can decelerate or even bring to a standstill China's dynamic economy. Any such scenario would be totally unwelcome. Not surprisingly, therefore, the new Chinese Prime Minister, Wen Jiabao, has opted for a hands-on approach in dealing with the SARS turbulence. His unstated, although obvious, objective is to prevent the social and economic consequences of SARS from assuming the proportions of a popular unrest. Among all the Chinese leaders at the centre stage today, Mr. Wen is the one most actively engaged in feeling the pulse of the people. Certainly proactive, too, is the Chinese President and the General Secretary of the Communist Party of

China (CPC), Hu Jintao, who took over the reins from Jiang Zemin. However, Mr. Wen's pivotal position as the chief day-to-day administrator has almost inevitably catapulted him to the position of being the visible leader with a healing touch. Nonetheless, his general political style, too, makes it a natural agenda for him. His people-friendly style, somewhat populist by the yardstick of

stantiated suspicion is that a biological agent or ingredient might have been accidentally unleashed during a purported weapon testing in China itself. The other assumption is that the virus could have been planted in China by a foreign force, perhaps even a non-state actor. Both these allegations fall flat for want of any scientific data and also because the creeping spread of SARS, over a peri-

the ASEAN to carry out scientific research and other relevant combat activities. Of considerable relevance to China in its anti-SARS campaign is the moral support from various powers ranging from the U.S. to Japan as also India. With leaders such as Mr. Wen now acknowledging that the Cultural Revolution and a few other past campaigns have not really helped China, the present anti-SARS drive, which is fast acquiring the hallmark of a major social-political exercise, is generally expected to be free of ideological overtones or at least excesses.

With SARS spreading from southern China to other places such as Hong Kong as also Singapore and Canada besides Taiwan, thanks mainly to Beijing's growing connectivity with the global economy, the anti-SARS campaign has to deal with a facet of globalisation. However, given Beijing's current equation with Washington, the latest anti-SARS drive may be free of perceptions of the U.S. as either a global hegemon or a reluctant sheriff of the world. While the problems confronting Hong Kong are not very different from those of China in the anti-SARS drive,

Taiwan's main concern is to avoid the mistakes of the other two. Canada, in some contrast, has come on the right side of the World Health Organisation after taking a few false steps. Singapore, among all the SARS-afflicted areas, has tried to walk the extra mile in a bid to go beyond the remedial measures that the WHO has advocated. It is the first to enact stringent legislation to deal with deviant behaviour by those quarantined and others as culpable offences and not just public health challenges.

With many SARS cases in Singapore having been traced to the initial transmission of the syndrome in the hospital designated for treatment, the authorities of the City-State face a qualitatively significant public health challenge in feeling the political pulse of the people, who have been brought up on a diet of globalisation fruits in recent years.

Any failure to overcome the SARS epidemic can decelerate or even bring to a standstill China's dynamic economy.

conventional democracies, was in evidence at his first press conference in Beijing as the new Prime Minister in mid-March — coincidentally at the very same time as the SARS outbreak was gradually, yet surely, becoming a major source of concern to the international community.

To miss the wood for the trees is to try and ascertain whether Mr. Wen or Mr. Hu or indeed Mr. Jiang, who retains power behind the scenes as the elder statesman and Chairman of the Central Military Commission, is more actively involved in pulling China out of its current state of sorrow. The real issues at stake centre around the circumstances in which SARS broke out and on the people-friendly ways in which a catastrophe could be avoided. After appearing to have been slow in recognising the severity of the crisis, for whatever reasons, China is today fully seized of the grave disaster. Relevant to any durable solution of the riddle is the exact origin of SARS itself.

Three theories have been bandied about, especially on the international stage outside China. No hard evidence whatsoever has been cited by those who tend to argue that either Beijing itself or a foreign force inimical to China could have been responsible. The unproven hypothesis, in both these cases, is that SARS could perhaps be traced to an alleged biological weapon test of one kind or another. In one scenario, an unsub-

od of several months, does not support the hypothesis of a weapon-test gone awry. Seasoned diplomats on the Asia Pacific circuit, therefore, tend to dismiss the untested allegations regarding a man-made cause. This leaves the field clear for the theory of a natural cause — the mutation of a previously existing virus and the gradual spread of the new and potent variant.

It is against this background that China has been harping on its own decision to turn the spotlight on scientific research regarding the causes of SARS and its cure. This policy, too, is reflective of how far the present Chinese leaders are inclined to feel the pulse of the people in a political sense. While China's long-term political stability is linked to its gigantic project of overall economic modernisation, given that the CPC continues to hold power as decisively as ever before, the more immediate tranquillity of the country is sought to be sustained by its leaders through a war on SARS.

With the epidemic having placed China in a hot spot, especially in East Asia, Mr. Wen has reassured the leaders of the Association of South East Asian Nations (ASEAN) about Beijing's political will and public health efforts to contain the disease. More importantly, he has announced a contribution of 10 million yuan (over \$ 1 million) towards an anti-SARS fund to be managed by China and

Sharp rise in Taiwan SARS cases

TAIPEI (TAIWAN), MAY 22. Taiwan reported 65 new SARS infections — the island's biggest daily jump in cases — on Thursday as a U.S. health expert assisting the island developed symptoms of the deadly virus.

The official with the Centre for Disease Control and Prevention reported having a fever and muscle pain — common SARS symptoms — this week while staying at the Sheraton Hotel in Taipei, said Su Yi-jen, chief of the island's Centre for Disease Control.

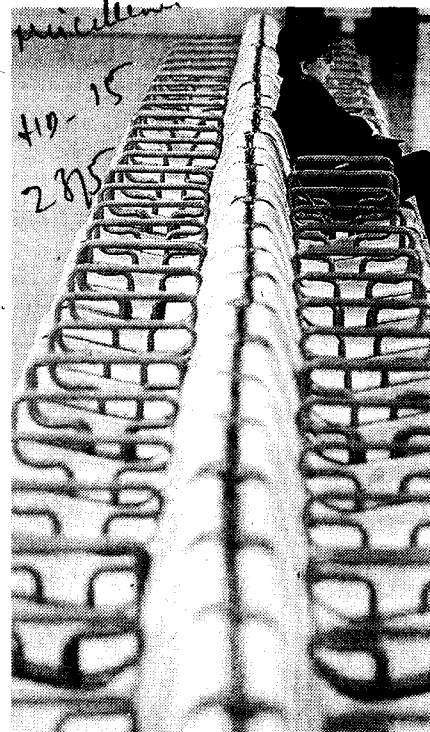
The man, who wasn't identified, was taken to a hospital for an examination and the hotel was temporarily sealed off, Mr. Su said.

Earlier Thursday, Mr. Su reported 65 new cases — the island's sharpest daily increase. The island now has 483 infections. He also said there were eight more fatalities, raising the death toll to 60.

The official said the sharp increase in cases was largely due to improvements in Taiwan's SARS confirmation process. Mr. Su noted that the WHO and America's CDC have complained that Taiwan had about 400 cases awaiting confirmation and that officials were taking too long to sort out the patients.

Many of the new cases on Thursday were from that backlog, he said. "We are now at the peak of the new wave, and we're at the stage when we're about to come down," he said.

The new numbers were announced one day after the WHO warned travellers to avoid the entire island. Originally, the U.N.



A lone traveller waits for her flight at the near-empty Taipei international airport on Thursday. — Reuters

health agency only advised people against making non-essential visits to Taiwan's capital, Taipei. Following the WHO's lead, Britain issued a new travel warning about

Taiwan, strongly advising its citizens not to go to the island, about 160 km off China's south-eastern coast.

The outbreak has already forced Taiwanese to change their daily routines and cancel several important events. On Thursday, the elite National Taiwan University announced that it called off its June 7 graduation ceremony.

China reopens schools

Meanwhile, in China, thousands of students went back to class on Thursday as Beijing began to reopen public schools that were shut down at the height of the Chinese capital's SARS outbreak.

"I'm really excited to see all my friends again. I can't stop smiling," said Qing Zhu (18), who was chatting with a classmate at Beijing No. 80 High School.

School closures on April 24 sent home 1.7 million students. Most spent the past month at home, often in tiny apartments, told by schools not to see classmates to avoid possibly spreading the virus.

Classes for students planning to take university entrance tests resumed on Thursday. Lower grades were to return later. Some schools will stay closed longer, holding classes on the Internet or television.

The measures were part of sweeping efforts to contain SARS in Beijing, the world's hardest-hit area with 156 deaths reported and nearly 2,500 people infected.

Throughout China's mainland, the disease has killed at least 296 people, with more than 5,200 cases reported. — AP

23 MAY 2003

THE FINCH



Overwhelming vote for E.U. ¹⁹⁻⁰⁴ ₁₉₁₅

BRATISLAVA (SLOVAKIA): More than 92 per cent of Slovaks voted for European Union membership in a two-day referendum, according to official results released on Sunday, after a low turnout had threatened to invalidate the vote. A total of 92.46 per cent voted for Slovakia to join the E.U., with only 6.20 per cent against, Julius Fodor, of the central referendum commission said. Voter turnout was 52.15 per cent, just slightly over the 50 per cent minimum required for the balloting to be declared valid. Government officials joined hundreds of people as they celebrated and danced in downtown



Bratislava for Slovakia's first ever valid referendum. "This demonstrates the strong will of the Slovak people to join the European family of democratic nations as a member of the European Union, with equal rights and obligations," the Commission said in a statement (*in the picture, the Slovakia Prime Minister, Mikulas Dzurinda, waves at the crowd during the announcement of the referendum results in Bratislava on Sunday*). — AP

Jailed for hampering SARS work ^{Minister}

BEIJING: Six people in northern China have been sentenced to prison for inciting riots and using violence to stop anti-SARS work, state newspapers reported on Sunday, part of a Government campaign to force compliance with disease-control restrictions. Also on Sunday, a newspaper reported that a quarantine order affecting more than 1,400 people in a Beijing hospital had been lifted. The six demonstrators in Hebei province were given prison sentences ranging from one year to five years for disrupting social order and hampering SARS prevention work during an April 25 protest, the *China Youth Daily* said. The group instigated a riot involving several hundred villagers in Guzhuangtou after one of the hotels in town was designated as a SARS observation station, the newspaper said. — AP

Guerilla bases pounded

MANILA: Philippine air force planes and helicopters, taking advantage of clearing weather, began pounding Muslim rebel strongholds on Sunday with bombs and rockets in a new anti-terrorist crackdown that has killed dozens of guerrillas, military officials said. The Philippine President, Gloria Macapagal Arroyo, authorised the military on Saturday to use aerial and artillery attacks on "embedded terrorist cells" blamed for recent bombings and other attacks in the volatile Mindanao region. Ms. Arroyo did not name any specific target of the crackdown, announced in a televised address before she left for a state visit to the United States. But Gen. Narciso Abaya, the military chief of staff, said the assaults will be directed against strongholds of the Moro Islamic Liberation Front in Mindanao where assailants have fled following bombings and attacks that have left more than 210 people dead so far this year (*in the picture, Ms Arroyo waves to passengers at the Manila airport on Sunday as she departs for the U.S. where she will discuss security issues*). — AP



'World set to see more SARS-like epidemics'

LONDON, MAY 10. The Severe Acute Respiratory Syndrome is only the beginning. We are set to see many more epidemics sweep across the planet in the coming decades, turning the 21st century into the era of the quarantine and face mask.

A number of factors have conspired to make the world increasingly susceptible to pandemics, according to Roy Anderson, of Imperial College, London, a leading epidemiologist who is currently working on the SARS epidemic with colleagues in London and Hong Kong.

"One reason that these pathogens will become more common in the coming century is that we are better able to detect them and reveal, by detailed genetic analysis, if an agent is truly new — as in this case," he said. Another is that the world is truly a global community, so that air travel can spread a disease in a day or two.

"The world population is also growing and pathogens love dense communities," said Prof Anderson. "Perhaps most important of all, the majority of the world's population is in Asia — India, Indonesia and China particularly — where there has been a phenomenal growth of megacities of more than 10 million."

SARS is an "important rehearsal to see how the global community can respond," he said. Perhaps the key lesson is



MORE IN STORE? Masked volunteers meet inside a sealed off Huachang apartment complex in the Wanhua district in Taipei, to discuss the SARS situation. — AFP

that draconian public health measures have to be taken if there is any chance of snuffing out an epidemic before drugs, tests and vaccines are available.

That means: quarantine of patients before they spread disease; quarantine or close monitoring of all the people they have come into contact with; and a clampdown on social gatherings and travel. SARS is likely to become endemic in

China, unless further action is taken.

The good news is that the first global pandemic of the 21st century has seen an unprecedented effort that has already set the stage for scientists to develop a range of ways to curb SARS.

In common with other "enveloped viruses" the SARS coronavirus consists of a sliver of genetic material wrapped in an overcoat of fat that is spiked with finger-like proteins that

are used to invade host cells. Coronaviruses are "written" in a more primitive genetic code — RNA rather than DNA — so they mutate more easily. The reason for this mutability is that, to replicate itself, the genetic information must be copied by a viral enzyme called polymerase, a notoriously poor RNA "speller".

Being the biggest of all the RNA viruses — with about 30,000 letters — coronavirus recipes can vary greatly, even in a single patient, presenting a trickier moving target for drugs and vaccines.

The genetic code, which differs by only 10 letters or so in the two strains in the published analyses, will be crucial for developing tests, drugs and vaccines, also shedding light on why it can be deadly.

A gene chip has now been designed to detect the SARS virus, said Stephen Fodor, chairman of Affymetrix and Perlegen and inventor of the technology.

"What is really exciting is that the genetic code of the virus, at about 30,000 letters, can be represented on a chip no larger than a dime."

Other insights could come from human genetic variations. The technology — 220 five-inch gene chips of human DNA akin to a "CD of the human genome" — has been used to produce a full genetic analysis of 25 people in 18 months.

The task revealed common genetic that play a role in effects and behavior could influence someone will be SARS.

Gold dust

These genetic gold dust for scientists ready have exposed coronaviruses, that cause Feline rinitis, the least cause of cat death sac that lines the cavity — the pe infected.

There is uneasiness about "live vaccines" that they can in the evolve to become There are, however, improve safety.

For instance, arrangement of "order", as demonstrated, mouse coronavirus imise the risk it would generate ing when it mit type SARS virus

The second fighting SARS, virus drug, exposed by a coronavirus to and invade ctein fragments, can attach to tteins", blocking cat cells of felid

— ©Telegraph; ed. London, 2001

'World set to see more SARS-like epidemics'

11/5/03
LONDON, MAY 10. The Severe Acute Respiratory Syndrome is only the beginning. We are set to see many more epidemics sweep across the planet in the coming decades, turning the 21st century into the era of the quarantine and face mask.

A number of factors have conspired to make the world increasingly susceptible to pandemics, according to Roy Anderson, of Imperial College, London, a leading epidemiologist who is currently working on the SARS epidemic with colleagues in London and Hong Kong.

"One reason that these pathogens will become more common in the coming century is that we are better able to detect them and reveal, by detailed genetic analysis, if an agent is truly new — as in this case," he said. Another is that the world is truly a global community, so that air travel can spread a disease in a day or two.

"The world population is also growing and pathogens love dense communities," said Prof Anderson. "Perhaps most important of all, the majority of the world's population is in Asia — India, Indonesia and China particularly — where there has been a phenomenal growth of megacities of more than 10 million."

SARS is an "important rehearsal to see how the global community can respond," he said. Perhaps the key lesson is



MORE IN STORE?: Masked volunteers meet inside a sealed off Huachang apartment complex in the Wanhua district in Taipei, to discuss the SARS situation. — AFP

that draconian public health measures have to be taken if there is any chance of snuffing out an epidemic before drugs, tests and vaccines are available.

That means: quarantine of patients before they spread disease; quarantine or close monitoring of all the people they have come into contact with; and a clampdown on social gatherings and travel. SARS is likely to become endemic in

China, unless further action is taken.

The good news is that the first global pandemic of the 21st century has seen an unprecedented effort that has already set the stage for scientists to develop a range of ways to curb SARS.

Crucially, scientists have identified the cause — a new human virus — in record time. The sequence of letters that spells out the genetic recipe of

two strains of the deadly virus has been published by American and Canadian teams, revealing it to be a new member of the human coronavirus family, so named because they look like the corona that surrounds the sun.

In common with other "enveloped viruses" the SARS coronavirus consists of a sliver of genetic material wrapped in an overcoat of fat that is spiked with finger-like proteins that

are used to invade host cells. Coronaviruses are "written" in a more primitive genetic code — RNA rather than DNA — so they mutate more easily.

The reason for this mutability is that, to replicate itself, the genetic information must be copied by a viral enzyme called polymerase, a notoriously poor RNA "speller".

Being the biggest of all the RNA viruses — with about 30,000 letters — coronavirus recipes can vary greatly, even in a single patient, presenting a trickier moving target for drugs and vaccines.

The genetic code, which differs by only 10 letters or so in the two strains in the published analyses, will be crucial for developing tests, drugs and vaccines, also shedding light on why it can be deadly.

A gene chip has now been designed to detect the SARS virus, said Stephen Fodor, chairman of Affymetrix and Perlegen and inventor of the technology.

"What is really exciting is that the genetic code of the virus, at about 30,000 letters, can be represented on a chip no larger than a dime."

Other insights could come from human genetic variations. The technology — 220 five-inch gene chips of human DNA akin to a "CD of the human genome" — has been used to produce a full genetic analysis of 25 people in 18 months.

The task revealed three million common genetic variations that play a role in disease, side effects and behaviour, and that could influence how badly someone will be affected by SARS.

Gold dust

These genetic insights are gold dust for scientists who already have experience with coronaviruses, such as those that cause Feline Infectious Peritonitis, the leading infectious cause of cat death in which the sac that lines the abdominal cavity — the peritoneum — is infected.

There is unease about using "live vaccines" on people, since they can in theory mutate and evolve to become lethal again. There are, however, ways to improve safety.

For instance, "judicious re-arrangement of the gene order", as demonstrated for a mouse coronavirus, will minimise the risk that such a virus would generate viable offspring when it mixes with a wild type SARS virus.

The second approach to fighting SARS, an anti-coronavirus drug, exploits the spikes to and invade cells. Small protein fragments, called peptides, can attach to these "spike proteins", blocking the entry into cat cells of feline coronavirus.

— ©Telegraph Group Limited, London, 2003

minutes
10-15

SARS virus genome sequenced

WASHINGTON, MAY 1. Two nearly identical sequences of the SARS virus genetic structure have been reviewed and authenticated by experts.

The publication of the virus genome, which is being rushed into print by *Science* journal, should help researchers find drugs to treat the deadly respiratory illness and to develop a vaccine to prevent the infection. *Science* is one of the world's leading scientific journals.

A team of Canadians first sequenced a strain of the virus that causes Severe Acute Respiratory Syndrome, or SARS, using specimens taken from a patient in Toronto, journal officials said on Thursday. Another form of the virus, called the Urbani strain, was sequenced shortly afterward by a U.S.-led team. The Urbani strain was earlier linked to a lung disease by Dutch researchers. The sequences were posted on the Internet on April 15 but are



A Chinese woman walks near a barricade with a sign that reads: "Be advised: vehicles and people not from this village are not allowed entry" on a road leading into a village on the outskirts of Beijing on Thursday. China reported 11 more SARS deaths on Thursday, taking the toll to 170— AP

only now being peer-reviewed, a scientific step that lends credence to the accuracy of the work. "Both research teams produced these genomic sequences quickly and efficient-

ly, in a model of cooperation among various groups," said Don Kennedy, editor-in-chief of *Science*. "Because this information is crucial to the public health, *Science* is making it im-

mediately available following an important and promptly conducted peer review."

Experts said the authenticated gene sequences will enable researchers to more quickly develop diagnostic tests and vaccines to combat the rapidly spreading, highly contagious respiratory disease. Researchers, however, said they found key differences in genetic sequences, suggesting that SARS is a novel form of coronavirus and not a recent mutation of a known variety.

Both of the sequencing studies have identified genetic pieces of the virus that may contain instructions for protein production, along with genes that enable the virus to infect cells and to reproduce. "These findings set the stage for further investigation into the viral proteins' functions, possibly uncovering new targets for therapies or vaccines," the journal said in a statement. — AP

'GOVERNMENT HAS NOTHING TO HIDE'

No SARS case in India as per WHO definition: Minister

By P. Sunderarajan

*Micella
HD-1*

NEW DELHI, MAY 1. The World Health Organisation and the Central Government today declared that India had no case of the Severe Acute Respiratory Syndrome (SARS) as on date since not a single person in the country fitted the case definition formulated by the WHO for the disease.

Addressing a joint press conference, the Union Health Minister, Sushma Swaraj, and the WHO representative in India, S.J. Habayeb, said that as per WHO definition, a person could be considered as SARS-affected only if he or she met all the three following basic conditions: should have a fever more than 100.4 degrees Fahrenheit, should have difficulty breathing or other respiratory problem, and should either have travelled to a SARS-affected country or should have been in contact with a known SARS patient.

In India, none except one person in Goa had so far satisfied all the three conditions and the condition of that person had also improved and he had been discharged. Consequently, the WHO has even removed India from the list of countries reporting SARS cases as of today, they said.

Asked how then was the Government announcing detection of SARS cases from different parts of the country now and then, Ms. Swaraj clarified that what was being announced was only the results of tests on samples collected from suspected cases and they were made public "only with a view to tell the people that the Government was transparent and had nothing to hide".

The test results, she and Dr. Habayeb emphasised, had no meaning unless the cases also



The Union Health Minister, Sushma Swaraj, wearing a mask before entering the Infectious Diseases Hospital at Kingsway Camp in New Delhi on Thursday. — Photo: Anu Pushkarna

had clinical symptoms.

The tests were only supportive in nature and by themselves were not enough, particularly since the exact nature of the virus was yet to be known fully and subsequently the tests, which were based on knowledge available so far, were not totally reliable.

In this context, Ms. Swaraj noted that in India a large number of persons were carriers of the Tuberculosis virus but only those who showed clinical symptoms were considered TB patients and not others.

The WHO had, in fact, been

asking the Centre to stick to its definition ever since the Government began announcing the test results and the WHO website had also been maintaining that there was only one case in India.

But the Government went ahead and kept making its announcements.

A turning point came on Wednesday, after two doctors and seven para-medical staff treating a family of suspected cases in Pune tested positive raising serious concern among medical professionals.

Ms. Swaraj announced that

hereafter only the samples of persons who met the three WHO pre-requisites would be sent for laboratory analysis. However, the country would remain in a state of high alert for SARS as a measure of abundant caution.

As regards the status of persons currently under isolation in hospitals or under home quarantine without fulfilling WHO definition completely, she said they would be discharged as and when they completed 10 days of isolation or quarantine if they did not show symptoms in the meantime.

0 2 MAY 2003

'GOVERNMENT HAS NOTHING TO HIDE'

2/5
nicella
40-1

No SARS case in India as per WHO definition: Minister

By P. Sunderarajan

NEW DELHI, MAY 1. The World Health Organisation and the Central Government today declared that India had no case of the Severe Acute Respiratory Syndrome (SARS) as on date since not a single person in the country fitted the case definition formulated by the WHO for the disease.

Addressing a joint press conference, the Union Health Minister, Sushma Swaraj, and the WHO representative in India, S.J. Habayeb, said that as per WHO definition, a person could be considered as SARS-affected only if he or she met all the three following basic conditions: should have a fever more than 100.4 degrees Fahrenheit, should have difficulty breathing or other respiratory problem, and should either have travelled to a SARS-affected country or should have been in contact with a known SARS patient.

In India, none except one person in Goa had so far satisfied all the three conditions and the condition of that person had also improved and he had been discharged. Consequently, the WHO has even removed India from the list of countries reporting SARS cases as of today, they said.

Asked how then was the Government announcing detection of SARS cases from different parts of the country now and then, Ms. Swaraj clarified that what was being announced was only the results of tests on samples collected from suspected cases and they were made public "only with a view to tell the people that the Government was transparent and had nothing to hide".

The test results, she and Dr. Habayeb emphasised, had no meaning unless the cases also



The Union Health Minister, Sushma Swaraj, wearing a mask before entering the Infectious Diseases Hospital at Kingsway Camp in New Delhi on Thursday. — Photo: Anu Pushka

had clinical symptoms.

The tests were only supportive in nature and by themselves were not enough, particularly since the exact nature of the virus was yet to be known fully and subsequently the tests, which were based on knowledge available so far, were not totally reliable.

In this context, Ms. Swaraj noted that in India a large number of persons were carriers of the Tuberculosis virus but only those who showed clinical symptoms were considered TB patients and not others.

The WHO had, in fact, been

asking the Centre to stick to its definition ever since the Government began announcing the test results and the WHO website had also been maintaining that there was only one case in India.

But the Government went ahead and kept making its announcements.

A turning point came on Wednesday, after two doctors and seven para-medical staff treating a family of suspected cases in Pune tested positive raising serious concern among medical professionals.

Ms. Swaraj announced that

hereafter only the samples persons who met the WHO pre-requisites would be sent for laboratory analysis. However, the country would remain in a state of high alert for SARS as a measure of abut caution.

As regards the status of persons currently under isolation in hospitals or under 14 days quarantine without full WHO definition compliance she said they would be charged as and when they completed 14 days of isolation quarantine if they did not show symptoms in the meantime.

number
19-15

SARS virus genome sequenced

WASHINGTON, MAY 1. Two nearly identical sequences of the SARS virus genetic structure have been reviewed and authenticated by experts.

The publication of the virus genome, which is being rushed into print by *Science* journal, should help researchers find drugs to treat the deadly respiratory illness and to develop a vaccine to prevent the infection. *Science* is one of the world's leading scientific journals.

A team of Canadians first sequenced a strain of the virus that causes Severe Acute Respiratory Syndrome, or SARS, using specimens taken from a patient in Toronto, journal officials said on Thursday. Another form of the virus, called the Urbani strain, was sequenced shortly afterward by a U.S.-led team. The Urbani strain was earlier linked to a lung disease by Dutch researchers. The sequences were posted on the Internet on April 15 but are

mediately available following an important and promptly conducted peer review."

Experts said the authenticated gene sequences will enable researchers to more quickly develop diagnostic tests and vaccines to combat the rapidly spreading, highly contagious respiratory disease. Researchers, however, said they found key differences in genetic sequences, suggesting that SARS is a novel form of coronavirus and not a recent mutation of a known variety.

Both of the sequencing studies have identified genetic pieces of the virus that may contain instructions for protein production, along with genes that enable the virus to infect cells and to reproduce.

"These findings set the stage for further investigation into the viral proteins' functions, possibly uncovering new targets for therapies or vaccines," the journal said in a statement. — AP



A Chinese woman walks near a barricade with a sign that reads: "Be advised: vehicles and people not from this village are not allowed entry", on a road leading into a village on the outskirts of Beijing on Thursday. China reported 11 more SARS deaths on Thursday, taking the toll to 170— AP

only now being peer-reviewed, by, in a model of cooperation a scientific step that lends credence to the accuracy of the Don Kennedy, editor-in-chief of *Science*. "Because this information is crucial to the public health, *Science* is making it im-

Playing the politics of SARS

China's biggest challenge in a decade also created an opportunity for its new leadership that came to power only in March, says JOHN POMFRET

On April 7, China's premier, Wen Jiabao, visited the country's Center for Disease Control. The assessment of his visit by the state-run news media was upbeat. Wen "stressed that China has the SARS epidemic under control," the state media reported. But what the premier really said was something different. "He talked about the military," a person present during the visit said. "He said it was wrong that the military was not reporting cases of SARS. He said we have to start telling the truth to the people. He asked us how many people had SARS in Beijing. We couldn't tell him."

Within days of his visit, Wen had formed a team of officials led by an ally, Deputy Health Minister Gao Qiang. The team's task, Gao said later, was to meet with officials in the Beijing municipal government and go directly to civilian hospitals to find out the number of SARS cases in Beijing. At the time, Western news media were aggressively reporting on SARS and on a coverup of the number of cases in Beijing.

The reports were translated and sent out over the Internet and through short-text messaging services to mobile phones across the capital. The quick explosion of information that hit Beijing and other parts of China created the most significant challenge for China's new government and its political system in more than a decade. But it also created an opportunity for Wen and China's new president, Hu Jintao, who came to power on March 19.

The two leaders have used the crisis to challenge the authority of parts of China's government, the military and the capital city's administration, ultimately challenging the authority of their predecessor, former President Jiang Zemin. Another problem involved getting the military in Beijing to cooperate, officials said. SARS first spread to Beijing at the army's Hospital No. 301 and moved rapidly to hospitals No. 302 and No. 309. But no one in the military reported these numbers to civilian authorities in the city.

For weeks, while the epidemic raged in Beijing, city authorities kept information about its scope from the central government, sources said. "It was as if an epidemic raged in Washington but was kept secret from the White House," said a Western ambassador. Henk Bekedam, the head of the World Health Organization office in Beijing, agreed. "The center really did not know," he said. Beijing city officials had many allies in the central government willing to keep the news from Wen and Hu. For example, Jia Qinglin, former Beijing party secretary, is on the nine-member Standing Committee of the Politburo. Liu Qi, the current party secretary in Beijing, is on the Politburo. "These men knew the extent of the problem, but they have a lot to lose, so they suppressed information," a Chinese government source said.

Health Minister Zhang Wenkang also

was aware of what was happening in the city. On March 27, Bi Shengli, a leading virologist in Beijing, warned a senior official who works in Zhang's office. "We have dis-



SPECIAL TO THE EXPRESS

President Hu Jintao and Prime Minister Wen Jiabao have used the SARS crisis to challenge the authority of parts of China's government, the military and the capital city's administration, ultimately challenging the authority of their predecessor, former President Jiang Zemin

aster in the capital in this new disease," Bi said. "We have got to do something." Bi's interlocutor told him that the minister already knew about the problem but, Bi recalled, "he said, 'We have to negotiate with other ministries and government departments before anything could be done.' Well, nothing was done." "Beijing told the center, 'No problem.' Beijing said, 'We can handle it. It's a piece of cake,'" Bi said. "The next day doctors and nurses were pushed down by the disease."

Central government officials said they received more cooperation from the province of Guangdong, which for decades has had a reputation for unruliness, than from Beijing. SARS is believed to have originated in the province in November. Guangdong officials invited three delegations from the national Center for Disease Control to the province to look into the SARS outbreak starting in early February, CDC officials said. Beijing has never allowed the CDC to look into the SARS situation, sources said. "Guangdong respects the center more than Beijing," said a health official. "Beijing ignores the center." Around the time Wen visited China's CDC, Jiang Yanyong,

the former director of Hospital No. 301 and a retired surgeon, wrote an open letter accusing the government of a coverup. He said military hospitals that he had contacted had more than 100 SARS patients, although Beijing officials were reporting only a few dozen cases. The chief of the CDC, Li Liming, seconded the surgeon's criticism, telling the premier that "if we had controlled the military hospitals at the beginning, we never would have had this epidemic in Beijing," a witness said. President Hu, using his position as vice chairman of the Central Military Commission, persuaded the army to release statistics of SARS patients in its hospitals.

On April 20, Gao released his preliminary results. Beijing had 346 patients infected with SARS, almost 10 times the number the ministry had previously acknowledged. The numbers have since risen to 988 infected and 48 dead. That same day, the health minister, Zhang, lost his job. He was replaced this weekend by Vice Premier Wu Yi, the highest-ranking woman in China's government. In what was described as a "fair trade" by a Chinese government official, Meng Xuenong, the mayor of Beijing and an ally of Hu, was also forced to step down. The pressure on the military will ultimately force Hu and Wen to confront former President Jiang, government sources said. Although he stepped down as president in March, Jiang remained as chief of the Central Military Commission. Until Saturday, Jiang had remained silent on the epidemic.

In a meeting in Shanghai with India's defense minister, George Fernandes, Jiang said that China had "scored notable achievements in containing the disease." (China on Sunday ordered the closure of all of Beijing's theaters, cinemas, Internet cafes and other public entertainment venues in an attempt to curb of spread of SARS, the New China News Agency reported.)

The length of the closures would depend on progress made in combating the virus, the agency reported.) Bi, the virologist, worries that despite the new commitment to truthful reporting, Beijing is still slow to give accurate assessments. "Once Guangdong realized they had a problem, they began to take bold action," he said. "Guangdong moved quickly to tell its people how to protect themselves from SARS. It also gave money to its local CDC quickly and directly. But Beijing is very slow." "We have billions and billions from the center, but I don't know what time that money will arrive at my lab," he said.

Bi and other experts have said that Beijing officials did not take adequate measures last week to stop Beijing's huge migrant labor population from returning home, and thereby possibly spreading the disease across China. "The government held meetings for hours with no decision and meanwhile, everybody left town," Bi said. "Beijing is the second peak of the disease. The third one, in the countryside, will be much, much higher."

(LA Times-Washington Post)

8,000 more quarantined in Beijing

China Daily/ANW and Agencies

BEIJING, April 28. — Eight thousand more people were quarantined in Beijing today even as the epidemic led to the death of 13 more people and 217 fresh cases of SARS were recorded in China and Hong Kong. Meanwhile, the WHO warned that the SARS epidemic appeared to spreading rapidly in China but seemed to be on its way out in most affected countries.

Between yesterday and today eight new fatalities were reported in China and five in Hong Kong while one woman died in Canada raising the worldwide SARS toll to 332. The disease has so far infected over 5,000 people since it first appeared in China's Guangdong province seven months ago.

"It appears from the reports that we have from Hong Kong, Singapore, Toronto and Vietnam that the epidemic has peaked in those countries," WHO chief of communicable diseases Mr David Heyman said in Bangkok. He said these countries had fewer fresh infections indicating that the outbreak was contained there even as China continued to be a subject of concern.

According to the figures released by the Chinese health ministry, the toll in the mainland stood at 139 with Hong Kong following closely at 138. The rise in SARS cases, despite



Schoolkids wear masks to school as primary and secondary classes commenced after a SARS-induced break in Hong Kong on Monday. — AFP

tough measures raised concerns in Beijing, where 128 medical facilities have been isolated and more than 8000 people quarantined to avoid the spread of the deadly virus.

Authorities "temporarily" laid off nine health department workers for abandoning their work.

Seven government officials, including the director of the city disease control centre, were sacked in Changsha in Hunan province for "neglecting" their duties in fighting

against SARS. The ministers of Saarc nations are also meeting in Male to work out a joint strategy to combat the disease.

The government also issued an emergency order to local governments today, banning them from blocking regular passenger and freight traffic to and from areas infected with SARS. The order came in response to reports that local governments were shutting down transportation links with worst affected areas like Beijing and Guangdong.

Malaysia reported three new suspected cases of SARS, including a four-year old Singaporean boy and a British engineer as it shut down schools for 10 days.

'Masked' students resume classes: In Hong Kong, lower grade secondary school students returned to class today wearing surgical masks following a month-long school closure because of SARS, adds AP. Schools are reopening in batches after they were shut on 29 March because of the outbreak. Most primary schools still remain closed.

Indonesia death: Indonesia has recorded its first probable SARS death after a Taiwanese businessman died in a Jakarta hospital, the health ministry said today.

'Vietnam has contained SARS': The WHO today declared that Vietnam is the world's first country to contain its SARS outbreak.

7 9 APR 2003

2 9 APR 2003

THE STATESMAN

SARS SPREAD / TOLL RISES TO 131; TAIWAN IMPOSES TRAVEL BAN

*Mirabai
HD-4*

U.S. offers China help

By P. S. Suryanarayana

SINGAPORE, APRIL 27. The United States has promised to extend "support and assistance" to China in the battle against the Severe Acute Respiratory Syndrome (SARS).

The offer was made by the U.S. President, George W. Bush, in a telephonic conversation with his Chinese counterpart, Hu Jintao. According to the Chinese side, the conversation took place at Mr. Bush's initiative and he evinced interest in the manner in which China was trying to combat the SARS crisis. No details about the U.S. help were indicated, though.

On the wider Asia-Pacific diplomatic front, the rise and spread of SARS in China remained a matter of serious concern, although there was no definitive view on the circumstances in which the deadly disease first hit southern China last November. With the death roll continuing to rise in mainland China, the latest official figure being 131, the Beijing municipal authorities today ordered the suspension of activities at all public places of entertainment. The order covered Internet centres and cinema halls.

The total number of confirmed SARS cases across China,

Quarantines used to contain SARS virus

Two days after invoking emergency powers to quarantine people, Beijing officials ordered 4,000 people to stay home Friday because of suspected exposure to the SARS virus.

■ SARS cases worldwide: 4,649 ■ Deaths: 276



Region	Country	Cases	Deaths
AMERICAS	Canada	140	16
	Brazil	2	0
	United States	39	0
	South Africa	1	0
AFRICA	South Africa	1	0
	Kuwait	1	0
MIDDLE EAST	Kuwait	1	0
	Switzerland	1	0
EUROPE	Britain	6	0
	France	5	0
ASIA/SOUTH PACIFIC	Australia	4	0
	China	2,601	115
	Hong Kong	1,510	115
	India	1	0
	Indonesia	1	0
	Japan	2	0
	Malaysia	5	2
	Mongolia	3	0
	Philippines	2	2
	Singapore	195	19
Taiwan	41	0	
Thailand	8	2	
Vietnam	63	5	

International figures as of April 25, 5 p.m. GMT

SOURCES: Associated Press; World Health Organization; Health Canada AP

excluding Hong Kong, was today placed at 2,941. The Chinese Health Ministry, now under the supervision of the Vice-Premier, Wu Yi, today issued an emergency notice that asked hospital authorities to guard against the

spread of SARS through cross-infections at the places of diagnosis and treatment.

Hong Kong registered no signs of abatement of the SARS crisis and toll in the territory remained as high as in mainland

China. In a dramatic development, Taiwan today took steps to ban, for an unspecified period, the arrival of travellers from designated SARS-afflicted countries or territories — China, Hong Kong, Singapore and Canada.

The move followed the first fatality in Taiwan on account of SARS. Taiwan sought to tighten its system of penalties in a bid to contain the disease. With the crisis becoming a pan-regional issue, the Health Ministers of the member-states of the Association of South East Asian Nations drew up recommendations, at their meeting in Kuala Lumpur, for discussions by the ASEAN summit leaders in Bangkok on Tuesday.

A closer monitoring of the passengers across inter-state boundaries is believed to be among the proposals expected to be discussed at the summit. The main challenge before the ASEAN leaders would be to clinch an accord that could put in place some scientific restrictions on the international travellers without infringing national sovereignty.

The Philippines President, Gloria Macapagal, floated the idea of a regional fund to meet the SARS emergency.

28 APR 2003

THE HINDU

MONDAY, APRIL 28, 2003

SARS WARS

*Minister
4-29-10
2004*

THE SARS THREAT has placed India on a red alert even as reports of a few people testing positive for this flu-like disease have emerged from different parts of the country. The fresh measures announced by the Union Health Ministry include the provision of masks (to airport employees, doctors and paramedical staff) and the isolation of any passenger arriving at an international airport who exhibits symptoms of the virus (until blood tests and other examinations prove negative). Since it is impracticable to screen every international visitor and since those who catch the infection may take up to a week or more to develop SARS, there can be no foolproof measure — in this age of international travel — to prevent the virus from entering the country. The best that can be done is to create a mechanism to continuously monitor the incidence of SARS in the country as well as create the conditions for inhibiting its transmission. The first task has been vested with a special joint action group, with representatives from the States and the Centre, that is expected to keep the Health Ministry advised about what needs to be done to tackle the disease from time to time. Screening and isolating international visitors is an important measure towards inhibiting the transmission of the virus, but the real fear is over how India will cope with SARS in the event of an outbreak of it.

In a country where awareness is relatively low and medical infrastructure relatively poor, there is a considerable risk of a killer disease (which spreads in a way similar to the common cold) causing havoc. The good news so far is that only a few cases have tested positive and that every one of them has caught the infection abroad. Moreover, there have been no deaths, no transmission from patient to close family members and the natural remission of the disease in a few cases. Does this mean that the risk of SARS becoming an epidemic is very low in India? It is much too premature to rush to such optimistic conclusions. India may have done well to act

ahead of time against the SARS threat but there is room for neither apathy nor overconfidence against a disease that is infecting more and more people by the day. The worldwide incidence of SARS continues to throw up a confusing pattern, with the virus re-emerging when there was hope that it had exhausted itself, with evidence that those infected in China could be much greater than admitted and with no clear picture at the moment about which prevails in the ongoing battle against the disease: the virus or the global medical establishment.

The agitating pilots who threw Air India schedules into disarray by refusing to fly to SARS-hit destinations or alongside cabin crew that had recently been in these places have focussed attention on the fear the disease has triggered in the country. In this era of economic interdependence, cancellation of international flights to all SARS-affected countries, which now number a great many, is simply not an option. But travel to South East Asia, which constitutes an estimated 30 per cent of the travel out of India, has already been badly affected, with both holiday-makers and businessmen preferring to stay at home. Places such as Hong Kong and Singapore, which have announced stimulus packages to offset the impact of SARS, have been made painfully aware that the virus has the potential to wreak economic havoc. Even Canada, where 16 persons have succumbed to the disease, has expressed fears that the disease — which recently provoked the WHO into issuing a controversial travel advisory for Toronto — could significantly retard economic growth. The possible economic impact of the disease on India is something that will need to be assessed with bodies such as industry chamber FICCI estimating that the Asian economy is likely to suffer a loss of up to \$50 billion following the SARS outbreak. To what degree this will impact on India will depend, among other things, on how effectively the country is able to control the spread of the virus.

28 APR 2003

THE HINDU

Kolkata panics, patient 'positive'

EXPRESS NEWS SERVICE
KOLKATA, APRIL 27

EVEN as the Severe Acute Respiratory Syndrome (SARS) entered the city with one person testing positive, the West Bengal Health Department is trying to check the panic before it gets out of hand.

The Department has already quarantined family members of 42-year-old A. Purokayastho and staffers of Apollo Medical Research Institute (AMRI) and his co-patients, who came in contact with him while he was admitted in a local nursing home.

The state Health Ministry has also ordered all important hospitals to keep 10 beds aside exclusively to accommodate SARS patients.

"We will trace Purokayastho's movements in the city since he came back from China. At the moment, 15 to 20 people have been put under strict medical surveillance," Director of

SARS scare at NSCB airport

KOLKATA: A passenger who arrived here on Sunday by a Bangladesh Biman flight with fever and other complications was segregated by a team of doctors at Netaji Subhash Chandra Bose (NSCB) International Airport on suspicion of suffering from SARS. The doctors after examining J. Ahmed (25) at the airport sent him to the Infectious Diseases Hospital in the city advising him to remain there till his blood samples were tested.

However, NSCB airport officials have brought to the notice of Airports Authority of India that the Bangladesh Biman aircraft had not been not fumigated before flying again. — **ENS**

Health Service Dr Prayakar Chatterjee said.

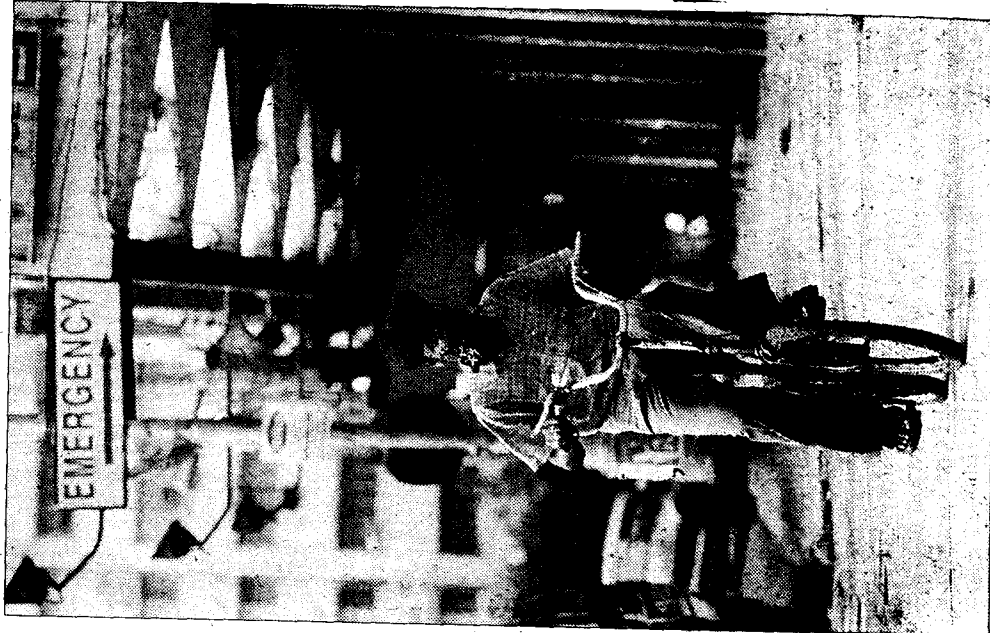
Reports confirming his being tested positive came in this evening from Pune's National Institute Communicable Disease. What seems to have created panic in the State Health De-

partment was that his movements were not restricted in the early stages in AMRI.

At a high-level meeting here today, the State Health Department officials said they lost track of Purokayastho after he was shifted to NRS Medical College & Hospital and his family members got him admitted to AMRI on 22nd of this month. "After 22nd, we could trace him again on 24th this month," confirmed a senior health official.

Dr Chatterjee, who met Purokayastho today, said: "He's stable and we have decided to send his blood sample to Pune and Delhi for re-examination and in case he tests serologically negative, we will think of discharging him from the hospital."

Meanwhile, Dr Chatterjee disclosed that the Airport Authority of India was invited to join the high-level meeting at Writers' today, nobody attended the meeting on the AAI's behalf. "We'll invite them again," assured Dr Chatterjee.



A cyclist covers his face as he passes by the hospital where SARS patients are admitted in Kolkata on Sunday. Reuters photo

FEARS OVER SARS MISPLACED'

49-1

AI suspends dozen pilots

By Arunkumar Bhatt

MUMBAI, APRIL 26. The talks between Air-India (AI) and its SARS-scared pilots have failed with the latter rejecting the management's stand that their fears are misplaced and the former suspending a dozen pilots.

The airline has warned action against 50 others stating that it had no choice. "We cannot allow any employee to hold the airline and the public to ransom," said an Air-India spokesman.

The drastic action followed the declaration of the Indian Pilots' Guild (IPG) that it would consider withdrawal of its directive to its members not to fly only if it was satisfied with the preventive measures against the Severe Acute Respiratory Syndrome after discussions with the Union Health Minister, Sushma Swaraj.

The IPG, which is the trade union of Air-India pilots, had directed its members on Friday not to fly the planes unless the management certified that the cabin crew on board had not flown to the SARS-affected sectors in the past 10 days. The directive has disrupted AI flight schedules and caused immense hardships to thousands of passengers.

The Civil Aviation Secretary, Roy Paul, who is also the Chairman of AI, and senior Ministry officials had met the members of the managing committee of

the IPG, led by Capt. Kenneth Khan. Mr. Paul told the IPG members that their "directive" lacked merit and justification and should be withdrawn forthwith, said an official statement. They were told that the WHO had told a meeting of the airlines of the Asia Pacific region that over 200 million passengers had boarded planes since the outbreak of SARS and that there had been less than five cases of possible transmission of SARS

in the cabin. Even these cases had occurred before the screening procedures were put in place at various international airports. Mr. Paul gave the IPG a few hours' time to withdraw the directive.

The IPG said that it had gone to the meeting with the AI Chairman with an "open mind" and with "no preconditions" but the management imposed the precondition that the IPG withdraw its directive within three hours. "Since the chairman has imposed preconditions, we are compelled to impose our preconditions," it said.

The IPG conditions include verification of the preventive measures in a meeting with the Union Health Minister and Air India's declaration that the pilots' action does not amount to a strike.

Meanwhile, AI declared that it had made a contingency plan and revised 22 flights, and would consider taking "disciplinary action" against the pilots failing to resume duty.

No night halt for IA pilots in Singapore

An Indian Airlines pilot told *The Hindu* that IA had taken two immediate steps — suspension of night halts at Singapore and operation of only "quick return" flights to that country. The cabin crew do not disembark in the latter case. The aircraft go to Bangkok for the night halt.

3 more SARS cases, total 7

By P.Sunderarajan

NEW DELHI, APRIL 26. In a significant development, the Centre today announced that three more cases of the Severe Acute Respiratory Syndrome had been confirmed in the country, taking the total to seven. The new cases have been reported from Pune, Mumbai and Kolkata.

Briefing reporters, a spokesperson of the Union Health Ministry said here that efforts were under way to trace those who had come in contact with the confirmed cases to try and see whether they had also contracted the killer disease.

27 APR 2003

THE HINDU

SARS fear hits A-I, pilots stall flights

■ STRIKE | Pilots' Guild won't fly with crew that's been to Far East recently

EXPRESS NEWS SERVICE

MUMBAI/NEW DELHI, APRIL 25

THE SARS scare stranded hundreds of passengers today after Air-India cancelled some flights to the Middle-East and South-East Asian countries following the refusal of the Indian Pilots Guild (IPG) to fly with cabin or cockpit crew, who have been on flights to the Far East in the last few days.

Only seven out of the 11 A-I flights for the day took off as scheduled. While flights to the US and UK took off, those to SARS-affected countries like Mumbai-Singapore (AI-472), Mumbai-Hong Kong (AI-310) and others like Mumbai-Dubai (AI-713) and Mumbai-Kuwait (AI-859) were cancelled.

"Nearly 150 to 200 stranded passengers were put on alternate flights and hotel accommodation was provided to the rest," said Jitendra Bhargava, Director, Public Relations, Air-India.

Meanwhile, in the capital, Civil Aviation Minister Syed Shahnawaz Husseini said that the IPG had not given a strike notice so far. His version is that they had only issued a directive to the union, asking the pilots not to operate with their colleagues who had flown to the affected countries.

The minister said that Civil Aviation Secretary K Roy Paul — who is also the Chairman of Air-India — would be going to Mumbai tomorrow to talk to the IPG. Paul later told *The Indian*

CONTINUED ON PAGE 2

PILOTS DEMAND SARS CLEAN UP

Scare grounds five A-I flights

Statesman News Service

NEW DELHI/MUMBAI, April 25. — Air-India pilots disrupted flights around the country today, refusing to fly without official certification that no crew member had flown to Hong Kong or Singapore in the past 10 days. Civil aviation secretary Mr K Roy Paul is expected reach Mumbai tomorrow to meet pilots who went on a virtual flash strike today.

Air-India today had to cancel five international flights after the Indian Pilots Guild's called on pilots "not to operate any flight with any crew member, cockpit or cabin, who operated a flight to Hong Kong or Singapore in the preceding ten days". The cancelled flights were Mumbai-Dubai, Delhi-London, Delhi-Hong Kong, Chennai-Singapore and Mumbai-Kuwait. The Boeing 747 flight to USA via London and Paris was behind schedule. Airbus flights were also hit.

The IPG's agitation began on 23 April when cockpit crew of the 6.25 a.m. Bangkok flight insisted that the management give in writing the health status report of cabin crew who visited SARS-affected regions in the last 10 days. Some pilots were reported sick on arrival at Mumbai and had denied to fly. Adding to the chaos in

Mumbai was repair work on the runway.

However, airport sources told The Statesman that the pilots have seized upon the SARS scare only to settle their demands. Apparently, their main demand is an increase in per flying hour allowance from \$110 to \$150. More demands may be made in due course, sources added.

The Air-India management said the IPG had been issuing instructions to pilots not to operate flights to Kuwait, Hong Kong and Singapore. But still, Air-India claimed,

it operated services to these destinations after implementing safeguards prescribed by IATA and WHO. Air-India's decision to change the pattern of operations by eliminating overnight stay of crew at Hong Kong and Singapore also failed to stop the IPG's agitation.

Criticising the stand taken by the "unionised pilots" as "unwarranted, uncalled for and not in the passengers' interest", the management pointed out that IATA and WHO categorically said that pilots of no international airline refused to operate flights to Hong Kong or Singapore. Nor did the two organisations issue any advisory restricting operation of flights to these destinations.

More reports, photographs on pages 3 & 4

More suspects

CHENNAI, April 25 — The first case of suspected SARS was reported from Tamil Nadu today with doctors at Vellore's Christian Medical College sending three persons, including a woman, to quarantine.

One more person, Daniel Pappu, tested positive in Pondicherry, taking the number of those affected to four. He is uncle of Stanley D'silva, who had earlier tested positive. — SNS & PTI

THE STATESMAN

SARS fear hits A-I, pilots stall flights

■ STRIKE | Pilots' Guild won't fly with crew that's been to Far East recently

EXPRESS NEWS SERVICE
MUMBAI/NEW DELHI, APRIL 25

THE SARS scare stranded hundreds of passengers today after Air-India cancelled some flights to the Middle-East and South-East Asian countries following the refusal of the Indian Pilots Guild (IPG) to fly with cabin or cockpit crew, who have been on flights to the Far East in the last few days.

Only seven out of the 11 A-I flights for the day took off as scheduled. While flights to the US and UK took off, those to SARS-affected countries like Mumbai-Singapore (AI-472), Mumbai-Hong Kong (AI-310) and others like Mumbai-Dubai (AI-713) and Mumbai-Kuwait (AI-859) were cancelled.

"Nearly 150 to 200 stranded passengers were put on alternate flights and hotel accommodation was provided to the rest," said Jitendra Bhargava, Director, Public Relations, Air-India.

Meanwhile, in the capital, Civil Aviation Minister Syed Shahnawaz Hussein said that the IPG had not given a strike notice so far. His version is that they had only issued a directive to the union, asking the pilots not to operate with their colleagues who had flown to the affected countries.

The minister said that Civil Aviation Secretary K Roy Paul — who is also the Chairman of Air-India — would be going to Mumbai tomorrow to talk to the IPG. Paul later told *The Indian*

CONTINUED ON PAGE 2

MASKS FOR ALL DOCTORS, AIRPORT STAFF, PARAMEDICS

miscellaneous
ND-1
25/4

Govt. announces tough measures to tackle SARS

By Our Special Correspondent

NEW DELHI, APRIL 24. With reports of fresh cases of the Severe Acute Respiratory Syndrome coming in from several countries, the Union Health Minister, Sushma Swaraj, today announced a series of measures to further boost the country's preparedness in meeting the threat posed by the killer disease.

The measures include provision of masks to all airport employees, doctors and paramedical staff who ran the risk of contracting the disease through contact with affected persons. The masks — ranging from simple three-layered ones to the high-tech respirators developed by the Defence Research and Development Organisation (DRDO) for use in case of nuclear, chemical or biological attacks — would be given according to the risk potential.

While the staff at airports would be provided with the three-layered masks, costing between Rs. 3 and Rs. 5 a piece, doctors treating confirmed SARS cases would be provided with the DRDO's high-tech respirators, which cost about Rs. 2,200 each.

In the intermediate categories, paramedical staff at airports would be given what are called A-71 masks which cost about Rs. 80 each while doctors stationed at airports would get the next grade, N-95 masks costing Rs. 230 a piece. The masks would be distributed in the next few days.

At a press conference, Ms. Swaraj said all passengers arriving at the country's international airports would be screened for the disease and those suspected to be carrying the virus would be confined to isolation

wards and would be discharged only when blood tests and other examinations proved negative.

In case the tests proved positive, the patients would be kept under observation. If they showed clinical symptoms, they would remain in isolation wards; and if they did not show clinical symptoms they would be kept in the isolation wards for two days and discharged on the condition they would remain in 'home isolation' at least for 10 days.

Ms. Swaraj also announced the constitution of a special Centre-State joint action group to keep track of the developments at the global and national level so that immediate mid-course correction of the strategy to fight the disease could be taken as and when necessary.

The panel would be headed by the Union Health Secretary, S. K. Naik, and would include the joint secretaries in the Civil Aviation and Shipping Ministries, the directors of health services of Maharashtra, Kerala, West Bengal, Delhi, Andhra Pradesh and Nagaland, the Director-General of Health Services in the Union Health Ministry and the Director-General, Indian Council of Medical Research. A WHO representative would also be included to ensure.

The new measures were decided upon following two high-level meetings chaired by Ms. Swaraj. The first was with representatives of various Union Ministries such as Home Affairs, Civil Aviation, Shipping and Tourism and also a representative from WHO. The second was with Health Secretaries and directors of health services of various States and Union Territories.

The main idea, Ms. Swaraj said, was to

ensure that SARS did not come into India and if it did it should not be allowed to spread.

PTI, UNI report:

Meanwhile, two suspected SARS cases had been reported from Kerala and the patients were kept under observation in hospitals, the State Health Service Director, V. K. Rajan, said in Thiruvananthapuram. The blood samples of the two, who had recently arrived from Singapore and Toronto, had been sent to the National Institute of Virology, Pune, as they had come from SARS-prone countries, Dr. Rajan said.

In Jaipur, a person suspected to be suffering from SARS was found to be "quite normal", but he would be discharged after he was cleared by the National Institute of Communicable Diseases, a doctor attending on him said. A patient admitted to a private hospital in Bangalore with suspected SARS symptoms two days ago, was also discharged today after a blood test reported negative.

In a significant development, the Bangalore-based Manipal Hospital said it had developed a kit for diagnosing SARS. "The test is similar to the one developed by Bernhard-Nocht Institut fur Tropenmedizin, a medical institute in Germany and also an allied laboratory of the World Health Organisation and meets all the specifications of WHO," a press release said.

In Chandigarh, the Punjab Chief Minister, Amarinder Singh, said there was no SARS case reported so far in the State, and directed civil and health authorities to ensure requisite preventive measures to check the outbreak of the disease.

Beijing seals hospital, Canada angry at WHO

Beijing, April 24

CHINA SEALED off a Beijing hospital on Thursday, swiftly implementing a policy of quarantining SARS-affected areas to contain a disease threatening to erupt across the vast land.

Hours after the World Health Organisation advised people against visiting the city, police took positions around the 1,200-bed Beijing University People's Hospital in the middle of the night to stop people going in or out.

"No one is allowed to enter or leave," a member of the 2,300-strong staff said over telephone. "There are policemen and security guards standing outside."

The hospital is not one of those set aside to treat SARS patients but it has at least 60 confirmed or suspected cases among nurses and doctors.

It was the latest dramatic

action by a government that declared war on SARS last week, five months after the virus first appeared in Guangdong and started spreading around the world.

In Canada, there was outrage as the WHO added its main city Toronto to a list of places to avoid because of SARS, in addition to Beijing, Hong Kong, Guangdong and Shanxi provinces.

"Where did this group come from? Who did they see? Who did they talk to?" an angry mayor of Toronto, Mel Lastman, asked at a news conference, referring to the WHO.

"Let me be clear. If it's safe to live in Toronto, it's safe to come to Toronto. I dare them to be here tomorrow."

Canada has 330 cases of SARS and 16 deaths, most of them in Toronto, which has a large ethnic Chinese population.

China, which came in

for severe criticism last week for not revealing the extent of the disease at first, took the WHO warning in its stride.

"We have had very effective cooperation with the WHO and we hope this kind of cooperation can continue," foreign ministry spokesman Liu Jianchao said. "At the same time we will diligently research the relevant recommendations the WHO has made for preventing and curing the outbreak."

Reuters

Experts discuss ways to combat Sars as toll rises

Beijing: Over 60 medical experts from China, Hong Kong, Taiwan and Macau met here on Wednesday to discuss Sars and how best to



jointly address the issue. "The main purpose of the meeting was to exchange views about the treatment and prevention of Sars," Nie Jiangang from the China Medical Association said. "The second was to set up a communication mechanism between mainland China, Hong Kong, Macau and Taiwan on the Sars situation and explore effective ways to cure and prevent it."

China and Hong Kong have been the worst-hit areas. In Beijing alone, 558 people have been confirmed as Sars cases while another 666 have been classified as suspects. With the toll across the country has gone up to 106. According to the latest statistics announced by the ministry of health, a total of 2,305 confirmed Sars cases have been reported on

the Chinese mainland so far.

In the Hong Kong, six more people died during the last 24 hours, taking the total number of deaths to 105. While there have been 29 probable cases in Taiwan, Macau has reported none so far.

Meanwhile, travellers wearing white masks thronged Beijing's railway stations on Wednesday desperate to flee the Chinese capital even as the government, struggling to deal with the spiralling epidemic, ordered the closure of all schools in the capital for a fortnight and sent hundreds of investigators to look for those with symptoms of the killer disease. Mid-term exams have been cancelled and students told not to go to public places.

Every town in the country has been given a deadline to report Sars cases. They have to report any suspected case by noon everyday. Chinese authorities have also ordered a policy of "zero reporting", whereby counties must make a daily report even if there are no confirmed cases.

Meanwhile, the Chinese government is still to decide on attending the special informal Asean sum-

mit on Sars. While expressing support for such a summit, foreign ministry spokesman Liu Jianchao said, "We are not studying the case. We have maintained contact with Asean on the issue."

In Shanghai, a World Health Organisation (WHO) team began its third day of investigations.

WHO has also imposed a travel warning in Hong Kong after an outbreak of the virus in an apartment complex where more than 300 residents are reportedly infected. The WHO team is trying to ascertain theories that the disease may have spread by sewage leaks, personal contact or rats.

Shocked by the developments, Hong Kong on Wednesday announced an \$1.5 billion economic package to lessen the impact of the deadly outbreak.

In Singapore, concerns grew over the outbreak of Sars among vendors at the city-state's largest vegetable market with the government threatening to jail those violating quarantine. Most patients in Singapore so far have been doctors and nurses treating those who had contracted the disease overseas. Agencies

*Micelle
110-1*

Avoid Toronto, Beijing: WHO

LONDON, APRIL 23. Travellers should avoid Toronto, Beijing and China's Shanxi province because of the danger of the Severe Acute Respiratory Syn-

drome (SARS), the World Health Organisation said today.

In the global health agency's latest move to stem the spread of the virus worldwide, the three

locations joined Hong Kong and the Chinese province of Guangdong as "no-go areas" for visitors.

"Today, we are recommend-

ing that people who have unnecessary travel to Shanxi, Beijing and Toronto postpone that travel if possible because, as was the case for Hong Kong and Guangdong, these areas now have quite a high magnitude of disease, a great risk of transmission locally — outside of the usual health workers — and also they have been exporting cases to other countries," said Dr. David Heymann, WHO's communicable diseases chief. The travel warning will be active for at least three weeks.

Meanwhile, the Maharashtra Health Minister, Digvijay Khantvilkar told reporters in New Delhi that the three confirmed SARS patients from Pune, all members of a family, were being treated in isolation at a government hospital and were recovering fast.

Blood samples of a suspected case in Nashik had been sent to the National Institute of Virology for sequencing tests and the results were awaited.

The first suspected SARS case in Punjab was reported from Bhatinda today. Forty-nine-year-old Jagdish Rai was admitted to the civil hospital after he complained of breathlessness. — PTI, UNI



A family kept in quarantine for suspected affliction of SARS watching a television report on them in Pune on Wednesday. — Reuters

THE HINDU

3 of a family test SARS positive in Pune

Miscellaneous 5/1/2003

Statesman News Service

MUMBAI/NEW DELHI, April 21. — Severe Acute Respiratory Syndrome has arrived in Maharashtra, with 29-year-old Stanley D'Silva and two members of his family testing positive for the virus. Stanley, his mother Vimala and sister Julie are undergoing treatment at an isolation ward in a private hospital in Pune.

And yet, Julie got married today in a city church under the supervision of doctors. The family had been advised to

postpone the marriage for some time but they refused to do so. The ceremony was cut short and just rings were exchanged.

In New Delhi, the Director-General of Health Services, Dr SP Aggarwal, said all the three persons had tested positive for the new corona virus which causes SARS. "I have talked to the Mumbai health secretary and he is on his way to Pune to look into these cases," he said.

Stanley, who returned to India from Jakarta three weeks ago, developed high fever and breathing problems on 17 April and was admitted to Siddharth Hospital in

Pune. Two days later, his mother was admitted to the same hospital. She tested positive for SARS in a clinically analysed report from the National Institute of Virology. Stanley's sister Julie was next in line — she too tested positive for the virus.

State health authorities went into a huddle this evening after NIV submitted reports to the health directorate, confirming that Stanley, his mother and sister were infected with the virus.

Maharashtra's health minister Mr Dighvijay Khanvilkar said the government was taking precautions to prevent the

spread of SARS. "We have kept the patients in an isolated ward at Siddharth Hospital in Pune. Stanley is recovering fast. There is also considerable progress in the health parameters of others."

State Director-General of Health Services Dr Subash Salunke is in Pune to hold discussions with doctors at the Siddharth Hospital and also to oversee the line of treatment for the patients.

Sardar Manjit Singh (55), admitted to Kasturba Hospital in Mumbai on Saturday night with suspected SARS symptoms, has tested negative for the virus. Singh had

arrived from Bangkok on Saturday. "He does not fit into the clinical definition of SARS. He had high blood pressure which resulted in breathlessness."

Union health ministry officials said in Delhi that Mr Diemer Paul Kinross from New Zealand had tested negative for the corona virus. Mr Kinross was discharged from RML hospital this afternoon. ICMR director Dr Shiv Lal said samples of family members and doctors who had attended on Goan marine engineer Prashant Wardhe had tested negative for SARS.

22 APR 2003
STATESMAN

109 more fall victim to SARS

miscell *110-13* *27/4*
BEIJING, APRIL 21. Chinese health authorities on Monday reported two new SARS deaths and 109 new cases in Beijing as the nationwide toll of fatalities rose to 86, the World Health Organisation said.

The new figures raised the death toll in Beijing to 20 and the number of cases of infection to 448. They were included in a daily report by China's Health Ministry to the WHO.

WHO also reported one death in the southern province of Guangdong and another in the northern region of Inner Mongolia. The new national death toll of 86 was an increase of seven over the total of 79 reported on Sunday by the Health Ministry. It wasn't clear where or when the additional three deaths occurred.

The WHO announcement did not give any other details.

Govt. confident

Meanwhile, in Hong Kong, the Government efforts to contain the spread of SARS by quarantining households of victims and tracking down potential contacts were paying off, sources

said. Health officials were confident about beating the disease. Hong Kong reported six more deaths on Monday, bringing the toll here to 94. There were 22 new cases, for a total of 1,402, but 436 patients have recovered and been discharged from hospitals. The Chief Exec-

utive Tung Chee-hwa said 150 suspected cases were identified through stepped-up measures to find people exposed to the disease. Those people have been able to get early treatment — which Hong Kong doctors fighting the disease say is crucial. — AP

Scare grips Britain

By Hasan Suroor

LONDON, APRIL 21. The SARS scare has taken what many believe a bizarre turn in Britain with hundreds of schoolchildren returning from their Easter holidays in South East Asia — mainly Hong Kong and Singapore — facing forced 'isolation' before they are allowed to resume their classes. At the weekend, about 150 children from some of the country's most snobbish boarding schools such as Eton were whisked away straight from Heathrow airport and put into quarantine in a remote Victorian mansion in Isle of Wight where they would spend ten days before they can attend their schools.

The children were reported to be 'traumatised' and 'baffled' at being treated as 'outcasts' and a spokesman for the Association of Guardianship Services, which was looking after them, said they were "very confused and upset." Many were forced to cut short their holidays in order to meet the quarantine requirements.

The move, widely criticised as a panic reaction, came even as the Government's health department insisted that quarantine was not necessary.

22 APR 2003

THE HINDU

Beijing wields the axe as virus toll mounts

Beijing, April 20 (Reuters): China sacked its health minister and Beijing's mayor today after reporting an alarming rise in SARS deaths and cases in the capital, a tacit admission that officials had earlier hidden the extent of the disease.

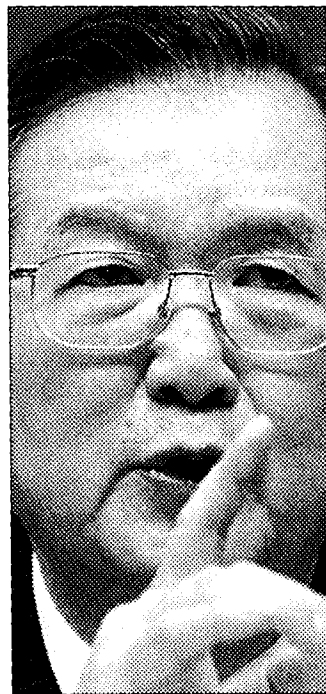
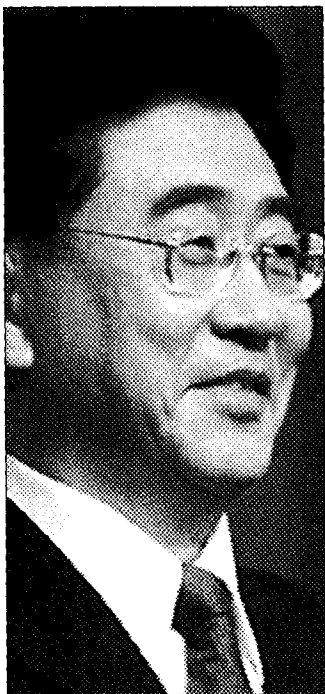
Chinese authorities said at least 12 more people died and 300 more were infected by the Severe Acute Respiratory Syndrome virus, almost all in Beijing. They also cancelled the week-long May Day holiday to discourage people from travelling and spreading the disease.

Elsewhere, authorities in Hong Kong said seven more people had died and 22 more were infected, taking the death toll in the city to 88, the highest in the world. Singapore closed down one of the city-state's largest vegetable markets after three workers there were infected by the disease, but did not report any new fatalities.

China's new SARS figures represented a 10-fold increase in the number of cases in Beijing and appeared to back criticism that officials, initially at least, had tried to hide the extent of the disease. Authorities also said there were an additional 402 suspected cases of SARS in Beijing.

Within an hour of announcing the new figures, the official Xinhua news agency carried a terse one-paragraph report saying health minister Zhang Wenkang and Beijing deputy party boss Meng Xuenong, the city mayor, had been sacked. No reason was given.

"There was no other way," said a source with close ties to government leaders. "The situation in Beijing got totally out of control and someone had to be



Beijing deputy party boss Meng Xuenong (left) and Chinese health minister Zhang Wenkang who were sacked on Sunday. (Reuters)

held accountable."

The sackings were intended to put provincial leaders on notice that there should be no effort to cover up the spread of the disease, and to the world that China was serious about curbing the SARS outbreak, analysts said.

The disease, which is fatal in more than 5 per cent of cases and has no known cure, has now killed 203 people and infected nearly 3,900 around the world after first surfacing in southern China last year.

No one is sure in how many ways it is spread.

SARS is passed in droplets, by coughing and sneezing, but

the World Health Organisation is not ruling out the possibility that it may also be transmitted when people touch objects such as lift buttons, or that it could be passed on in faecal matter.

China's deputy health minister Gao Qiang, the top health official after his boss was sacked, blamed the surge in cases on a health care system ill-prepared to handle a sudden outbreak such as SARS, which emerged in Guangdong in November and has been spread around the world by air travellers since February.

He said also the Golden Week holidays in early May to mark

the international workers movement were being cancelled in China to discourage travel.

"The purpose of such an act is to avoid the flow of massive numbers of people, which potentially could lead to the spread of this epidemic," he told a news conference. "This measure will mean major losses for tourism revenues. However, people's lives and health have to be put above everything else," Gao said.

Tens of millions of travellers had been expected to be on the move, filling trains, planes, buses and hotels throughout the massive country.

China has in recent years extended the May 1 holiday to a full week in a bid to spur consumption. Gao said China would still allow the normal one-day holiday, but the extended week had been cancelled to discourage widespread travel.

But the WHO said the threat of a global SARS pandemic was receding. "The vast majority of countries reporting probable SARS cases are dealing with a small number of imported cases," it said in an update on its website at www.who.int.

"Experience has shown that when these cases are promptly detected, isolated, and managed...further spread to hospital staff and family members either does not occur at all or results in a very small number of secondary infections," it said.

But the WHO said it was concerned about the outbreaks in Hong Kong and Canada. It said a large and sudden cluster of almost simultaneous cases seen in residents of a Hong Kong housing estate had raised the possibility of transmission from an environmental source.

Superspreaders' strike list

Washington, April 20 (Reuters): On March 10, before anyone had heard the term SARS, 18 doctors, nurses and medical students in Hong Kong's Prince of Wales Hospital were out with fevers.

A few telephone calls later, Dr. Joseph Sung's team at the hospital had the alarming news that at least 50 health care workers were ill. All had Severe Acute Respiratory Syndrome.

In fact, a single 26-year-old man was responsible for infecting every doctor, nurse or medical student who examined him, all the patients around him, and, eventually, people who came in touch with these cases.

In all, he infected 138 people either directly or indirectly. Five died.

A single former airline flight attendant is considered the "index case" for more than 160 infections in Singapore. She, in turn, was infected by a man believed to have infected seven people staying in the same Hong Kong hotel.

A man who caught SARS from the flight attendant was admitted to Singapore General hospital. His multiple ailments — including chronic kidney disease and diabetes — masked symptoms of SARS, and he infected at least 40 doctors, nurses, patients and guests in two wards, government officials say.

Nearly 400 hospital staff, visitors and patients were quarantined, and two departments were sealed.

Doctors coined the term "superspreaders" to define such patients. "This is a term that we have used because it creates a plausible explanation for the pattern of epidemiology that we're seeing, but it still is really speculation," Dr. Julie Gerberding, head of the US Centres for Disease Control and Prevention, said last week.

"We don't know whether the virus is associated with a lot of spread in an individual cluster because of something having to do with the infected person or if it has to do with the type of containment or failure of the containment procedures that are present there." The idea of super-spreaders emerged with the AIDS epidemic, when a few people were blamed for infecting many others. Doctors are still not sure if such patients carry an especially infectious form of the virus or whether some other factor, such as behavior, was the cause.

While the HIV virus that causes AIDS is spread in blood and semen, the coronavirus that causes SARS is a relative of a common cold virus and can be spread just as easily.

Doctors are now beginning to back off the idea that "superspreaders" represent something special in the Severe Acute Res-

piratory Syndrome epidemic, which has killed 172 people and infected nearly 3,500 around the world.

"Since infection control measures have been put in place, the number of new cases of SARS arising from a single SARS source case has been significantly reduced," the World Health Organization said in a statement. It turns out the 26-year-old Hong Kong "superspreader" was given drugs using a jet nebulizer, which pumps a fog of drugs into a patient's airways and may have created a mist of infected droplets in the air around him.

Infectious disease specialists say they see many patients with coughs and fevers each day. Now they know to wear gloves and a special mask designed to filter out small particles near such patients.

Patients are now isolated, to protect those suffering from other ailments. All five people who died in the initial Hong Kong outbreak were themselves already seriously ill with something else when they were infected with SARS.

Experts believe the SARS virus is passed on in large droplets, but in case it can become airborne in smaller particles, the rooms of suspected SARS patients have negative air pressure, keeping the air inside from leaking out.

SARS suspects test negative for virus

By Aarti Dhar

NEW DELHI, APRIL 20. The Centre today heaved a sigh of relief with the laboratory reports of two suspected patients of Severe Acute Respiratory Syndrome (SARS), including a foreigner, testing negative for the disease-causing new corona virus. There is only one suspected case of SARS in New Delhi whose test reports are awaited now.

Unconfirmed reports said one more person, who arrived in Mumbai from Bangkok last night, was admitted to the Kasurba Gandhi Hospital after he complained of hypertension, showing signs of high blood pressure and slight breathlessness though he had no fever. However, the Director-General of Health Services, S.P. Aggarwal, said he had no information about the case.

The patient had stopped over at Bangkok before taking a flight

to Mumbai and had been advised hospitalisation.

Talking to reporters today, Dr. Aggarwal said the foreigner, who had been admitted to the RML Hospital on arrival from Australia on April 16, had tested negative for the new corona virus in the genetic sequencing. Earlier, his urine and sputum had shown the presence of the virus

but his blood sample had tested negative in the commonly carried out PCR test.

Admitting that testing of the new corona virus was a totally new experience for the medical professionals the world over, Dr. Aggarwal said that genetic sequencing was carried out to confirm the results if there was any doubt.

The urine and sputum samples of the foreigner could have tested positive for any other kind of virus and hence he was being kept in the hospital for some more time. The PCR and genetic sequencing tests were time-consuming and expensive with each costing about Rs. 8,000.

The test reports of the seven-year-old girl, who has been admitted to the Infectious Diseases Hospital here upon arrival from Beijing where she stayed with her parents, have certified that she has not been affected by the SARS-causing new corona virus.

Now the Health Ministry is awaiting the test reports of the 34-year-old person who was admitted to Safdarjung on Saturday on his arrival from Malaysia.

He has been discharged with advice for home quarantine and doctors believe that he did not fit into the clinical definition of SARS suspects.

Chinese Minister axed

By P. S. Suryanarayana

SINGAPORE, APRIL 20. To win the confidence of the international community, China today wielded the political axe in the battle against the SARS, even as the new disease claimed more lives and threatened to spiral into a regional crisis. The country's Health Minister, Zhang Wenkang, and Beijing's Mayor, Meng Xuenong, were sacked from their positions in the powerful Communist Party of China. While the World Health Organisation welcomed Beijing's new acknowledgement of the severity of the disease, the death toll rose to 79 in mainland China and 88 in Hong Kong.

China reports spike in SARS, sacks senior officials

BENJAMIN KANG LIM
BEIJING, APRIL 20

CHINA sacked its Health Minister and Beijing's Mayor on Sunday after reporting an alarming spike in SARS deaths and cases in the capital, a tacit admission that officials had earlier hidden the extent of the disease.

Chinese authorities said at least 12 more people were killed and 300 more were infected by the Severe Acute Respiratory Syndrome (SARS) virus, almost all in Beijing.

They also cancelled the week-long May Day holiday to discourage people from travelling and further spreading the disease.

Elsewhere, authorities in Hong Kong said seven more people had died and 22 more were infected, taking the death toll in the city to 88, the highest in the world.

Singapore closed one of the city-state's largest vegetable markets after three workers



Meng Xuenong



Zhang Wenkang

were infected by the disease, but did not report any new fatalities. China's new SARS figures represented a 10-fold increase in the number of cases in Beijing and appeared to back criticism that officials, initially at least, had tried to hide the extent of the disease.

Authorities also said there were an additional 402 suspected cases of SARS in Beijing.

Within an hour of announcing the new figures, the official Xinhua news agency carried a terse one-paragraph report saying Health

Patient with SARS-like symptoms goes missing in Bali
JAKARTA: A patient with SARS-like symptoms has disappeared from her hospital room in Bali, a day after a man with the country's only probable SARS case flew to Hong Kong, breaking quarantine. Jessica Wong, 35, had been admitted to Sanglah hospital on Bali with symptoms like those associated with SARS. Hospital officer Made Raken said on Sunday Wong, whose passport showed she was from Hong Kong, was admitted on Saturday but when a nurse came to her room four hours later to change her mask, she was not there. She disappeared. There was a back door near her room, Raken said. — Reuters

with close ties to government leaders. "The situation in Beijing got totally out of control and someone had to be held accountable."

The sackings were intended to put provincial leaders on notice that there should be no effort to cover up the spread of the disease, and to the world that China was serious about curbing the SARS outbreak, analysts said.

The disease, which is fatal in more than five per cent of cases and has no known cure, has now killed 203 people and infected nearly 3,900 around the world after first surfacing in China last year. SARS is passed in droplets, by coughing and sneezing, but WHO is not ruling out the possibility that it may be transmitted when people touch objects such as lift buttons, or that it could be passed on in faecal matter.

China's Vice Health Minister Gao Qiang, the top health official after his boss was sacked, blamed the surge in cases on a health care system ill prepared to handle a sudden outbreak such as SARS, which emerged in Guangdong

in November and has been spread around the world by air travellers since February.

He said also the Golden Week holidays in early May to mark the international workers movement were being cancelled to discourage travel. "The purpose of such an act is to avoid the flow of massive numbers of people, which potentially could lead to the spread of this epidemic," he told a news conference.

"I'm sure this measure will mean major losses for tourism revenues. However, people's lives and people's health have to be put above everything else," Gao said. Tens of millions of travellers had been expected to be on the move, filling trains, planes, buses and hotels throughout the massive country.

China has in recent years extended the May 1 holiday to a full week in a bid to spur consumption. Gao said China would still allow the normal one-day holiday, but the extended week had been cancelled to discourage widespread travel. — Reuters

SARS suspects test negative for virus

By Aarti Dhanraj

NEW DELHI, APRIL 20. The Centre today heaved a sigh of relief with the laboratory reports of two suspected patients of Severe Acute Respiratory Syndrome (SARS), including a foreigner, testing negative for the disease-causing new coronavirus. There is only one suspected case of SARS in New Delhi whose test reports are awaited now.

Unconfirmed reports said one more person, who arrived in Mumbai from Bangkok last night, was admitted to the Kasurba Gandhi Hospital after he complained of hypertension, showing signs of high blood pressure and slight breathlessness though he had no fever. However, the Director-General of Health Services, S.P. Aggarwal, said he had no information about the case.

The patient had snapped over at Bangkok before taking a flight

to Mumbai and had been advised hospitalisation. Talking to reporters today, Dr Aggarwal said the foreigner, who had been admitted to the RML Hospital on arrival from Australia on April 16, had tested negative for the new coronavirus in his urine and sputum and showed the presence of the virus.

Admitting that testing of the new corona virus was a totally new experience for the medical professionals the world over, Dr Aggarwal said that genetic sequencing was carried out to confirm the results if there was any doubt.

The urine and sputum samples of the foreigner could have tested positive for any other kind of virus and hence he was being kept in the hospital for some more time. The PCR and genetic sequencing tests were time-consuming and expensive with each costing about Rs. 6,000.

The test reports of the seven-year-old girl, who has been admitted to the Infectious Diseases Hospital here upon arrival from Beijing where she stayed with her parents, have certified that she has not been affected by the SARS-causing new coronavirus.

Now the Health Ministry is awaiting the test reports of the 34-year-old person who was admitted to Saiturjung on Saturday on his arrival from Malaysia.

He has been discharged with advice for home quarantine and doctors believe that he did not fit into the clinical definition of SARS suspects.

Chinese Minister axed

By P. S. Suryanarayana

SINGAPORE, APRIL 20. To win the confidence of the international community, China today weakened the political axe in the battle against the SARS, even as the new disease claimed more lives and threatened to spiral into a regional crisis. The country's Health Minister, Zhang Wenkang, and Beijing's Mayor, Meng Xuenong, were sacked from their positions in the powerful Communist Party of China. While the World Health Organisation welcomed Beijing's new acknowledgment of the severity of the disease, the death toll rose to 79 in mainland China and 88 in Hong Kong.

THE HINDU

TWELVE DIE IN A DAY AS TOLL REACHES 81

Hong Kong reels under SARS

ASSOCIATED PRESS

HONG KONG, April 19. — The fatal SARS killed 12 more patients in Hong Kong, taking its toll to 81 even as a largely symbolic cleanup was organised by the government, struggling to restore the region's badly-tarnished image.

The 12 deaths marked the most in a single day since SARS broke out in Hong Kong. About 31 new cases were reported today, bringing the total number of infections in Hong Kong alone to 1,358.

About seven of the 12 deaths were elderly people who had other chronic illnesses, health officials said. But the rest were younger, fitter patients, joining a group of SARS victims whose recent deaths have raised worries about how deadly the little-understood disease can be.

Earlier, Hong Kong's health secretary used a bleached mop and rags to help scrub down a vegetable market during a massive cleanup staged by officials and volunteers in hopes of helping Hong Kong bounce back. "Perso-



A worker sprays water at a Hong Kong park on Saturday. — AFP
nal hygiene and environmental hygiene are two important objectives," Dr Yeoh Eng-kiong said. Thousands of volunteers, from housewives to government officials, fanned out to clean housing, restaurants and shopping malls. A Hong Kong woman, Jessica Wong (35), with symptoms

Chinese PM's warning
Chinese Premier Mr Wen Jiabao has promised transparency in the fight against SARS and war-

ned of "harsh punishment" to local officials who under-reported the infection even as the country recorded one more fatality today raising the country's death toll from the disease to 67, AFP adds from Beijing.

Malaysia focus

Malaysian hospitals treating SARS cases have been advised to give accurate reports to the health ministry to avoid confusion, PFI adds from Kuala Lumpur. Health deputy director general Dr Ismail Merican said: "Medical experts should play an important role in studying the reports before they are sent to the operations room."

Thailand SARS free: PM

Thailand today announced that there were no suspected or confirmed SARS cases in any of its hospitals. "We've controlled it very well and now we have no SARS patients in Thailand," Prime Minister Mr Thaksin Shinawatra said in his weekly radio address to the nation.

Days before talks,

N Korea readies plutonium rods

PAUL ECKERT
SEOUL, APRIL 18

NORTH Korea said on Friday it was "successfully reprocessing" more than 8,000 spent fuel rods under its nuclear programme that will be the focus of talks with United States and China next week.

The US, South Korea and Japan, however, said they didn't have any indications that Pyongyang's claims were true.

Days before the first formal talks with North Korea in the six-month-old nuclear crisis, North Korea's Foreign Ministry said that the war in Iraq had taught Pyongyang that "it is necessary to have a powerful physical deterrent force". "As we have already declared, we are successfully reprocessing more than 8,000 spent fuel rods at the final phase, as we sent interim information to the United States and other countries concerned early in March after resuming our nuclear activities from December last year," the North Korean Ministry said in a statement.

The statement, published by the official Korean Cen-

tral News Agency (KCNA), gave no details on the reprocessing. North Korea has never publicly stated it had begun reprocessing and it was not clear when and to whom the purported declaration was made.

The statement did not refer to extracting weapons-grade plutonium from the spent fuel rods, which are stored at the North's Yongbyon nuclear complex.

The fuel rods could be used to make five or six nuclear bombs, and reprocessing them would be the most provocative step North Korea has taken since the nuclear dispute flared up last October, experts say.

Asked about the statement, a source at the Vienna-based International Atomic Energy Agency (IAEA) said the IAEA has had no information on the reclusive state's nuclear programme since Pyongyang expelled inspectors in December.

The statement acknowledged for the first time expected three-way talks with the US and China in Beijing to discuss the six-month-old nuclear impasse. —Reuters

SARS kills 4 more in Hong Kong

AGENCIES
BEIJING/HONG KONG, APRIL 18

FOUR more people died of SARS in Hong Kong on Friday, raising the toll to 69 even as 30 new cases were reported, officials said.

While four patients, including a woman, died in hospitals the new cases include two healthcare workers. Remaining 28 were other patients and contacts of SARS patients, they said.

Out of Hong Kong's 1,005 SARS patients in hospitals, 112 are receiving treatment in intensive care units. A total of 322 patients have recovered and have been discharged from hospitals, they said.

China reported 25 more SARS cases, including the first case in central China's Henan province, taking the nation-wide cumulative total of infections to 1,482. However the casualties remained unchanged at 65. Of the 25 new cases reported, 17 are from Shanxi province, six from South China's worst-hit Guangdong, one in Shanghai and one in Henan.

Meanwhile, 19 patients in Guangdong were discharged from hospital, taking the total number of those recovered to 1,126. Schools in Guangdong were ordered to check students' temperatures before allowing them on campus while Beijing has banned field trips during the May 11 Labour Day holiday due to SARS, state media and officials said today.

Education chiefs in Guangdong, where SARS is believed to have originated, have asked all elementary and middle schools as well as kindergartens to check stu-



A Chinese student in front of a portrait of Mao Zedong at Tiananmen Gate in Beijing on Friday. Reuters photo

dents' temperatures each morning and report findings to local centres for disease control, the *Shenzhen* commercial newspaper said.

If students are found to have fevers, parents must be notified to send them to hospital. College dormitories are also to check student temperatures daily. Cafeterias, dorms and libraries must be disinfected at least twice a week and indoor assemblies are to be avoided, the Education Department said.

An official at the SARS Prevention Office in the Beijing Education Committee said a decision to ban field trips was SARS-linked.

China vows transparent SARS war

BEIJING: China's Communist Party leader, accused of half-hearted cooperation with the world on the SARS outbreak and masking his own numbers, has ordered an all-out — and open — war against the deadly virus.

The Politburo Standing Committee said all officials had to come clean on all aspects of what it said would be a long and tough fight against SARS. "There must be no delay and no deceit in reporting," Friday's state newspapers quoted the committee as saying, after a meeting chaired by party boss Hu Jinhao.

The three-man body held Thursday's meeting just one day after WHO experts accused Beijing of not reporting all its cases, saying the city might have up to 200 SARS cases instead of the 37 reported officially.

On Friday, the party mouthpiece *People's Daily* devoted about five pages and more than 20 separate items to the coverage of the outbreak. Some local governments began releasing figures on suspected patients after weeks of reporting only confirmed infections. Beijing called 15 suspected patients, the English-language *China Daily* said. —Reuters

Hong Kong chief executive Tung Chee-Hwa acknowledged that Hong Kong could have worked harder to contain the spread of SARS. He said today the fight is being stepped up and predicted the situation will stabilise.

Hong Kong has suffered 1,327 SARS cases and at least 69 deaths, and many here have accused Tung's government of acting too slowly to bring the crisis under control. Tung met reporters as he rolled out a campaign for a massive cleanup of Hong Kong. "In the beginning, we were not as active or proactive as we are now," about tracking down people who had contact with SARS patients, Tung said. "But with more experience under our belt, we have become very proactive."

Tung did not predict how soon Hong Kong can control SARS and return to normal. Hundreds of thousands of people are now going about town in surgical masks and much commerce is grinding to a halt. But Tung said fight against the disease will be stepped up through more health checks at the border.

Hong Kong yesterday started taking the temperatures of every departing airline passenger.

Beijing to 'significantly' raise toll, says WHO

China in all-out virus war

Beijing, April 18 (Reuters): China's Communist Party leadership, accused of half-hearted cooperation with the world on the SARS outbreak and masking its own numbers, has ordered an all-out — and open — war against the deadly virus.

And in a sign the message may be getting through, the World Health Organisation (WHO) said China's capital of Beijing would "significantly" raise its SARS toll after agreeing to alter the way it defines patients with symptoms of the flu-like bug.

The powerful Politburo Standing Committee said all officials had to come clean on all aspects of what it said would be a long and tough fight against a disease that has spread to about 25 countries, killed 170 people and infected more than 3,400.

learned Beijing had slackened its rigid case definition in a meeting with health minister Zhang Wenkang. "Their expectation is that the number will be significantly greater than what is officially reported," James Maguire, head of the team, said. "The people at the top are totally on board," he said of China's changing tack. "What we're seeing now is movement towards an urgent response and putting resources behind it."

The party mouthpiece *People's Daily* also devoted much more coverage to the outbreak of Severe Acute Respiratory Syndrome, another sign the party was ratcheting up pressure on officials.

And some local governments began releasing figures on suspected SARS patients after weeks of reporting only confirmed infections. Beijing tallied 15 suspected SARS patients, the English-language *China Daily* said.

These numbers take China's death toll to 67 and the total case load to 1,485 for a disease that has spread to 11 of its provinces, regions and major cities.



A boy carries an Easter egg in a Hong Kong supermarket on Friday. (AFP)

"There must be no delay and no deceit in reporting," state newspapers today quoted the committee as saying, after a special meeting chaired by party boss Hu Jintao.

The nine-man policy making body met yesterday just a day after WHO experts accused Beijing of not reporting all its cases,

saying the city might have up to 200 SARS cases instead of the 37 reported officially. City officials initially ignored the WHO charge and the national government said it had acted responsibly since the first SARS case appeared in the southern province of Guangdong last November.

But today, the WHO team

minicello

SARS patient discharged

1917

PANAJI, APRIL 18. The country's first confirmed Severe Acute Respiratory Syndrome (SARS) patient was today discharged from the Goa Medical College Hospital (GMCH), where he had been kept in isolation, after he had been cured of the ailment, the Chief Minister, Manohar Parrikar, announced.

The 32-year-old marine engineer, Prasheel Varde, hailing from Ponda, Goa, was readmitted to the hospital on the night of April 16 after tests of his blood, sputum, and urine samples at the National Institute of Virology, Pune, showed positive.

"The Union Health Ministry concurred with the decision taken by the State Government and gave clearance for his discharge," Mr. Parrikar told a press conference. — PTI

'Surprise development'

Our New Delhi Special Correspondent writes:

However, Union Health Ministry officials expressed surprise at the discharge of the Goa SARS patient. They found it difficult to explain why the patient was brought back to the hospital on April 17 and discharged within 24 hours after he had been declared to have fully recovered. A Ministry source said the exact sequence of events would be known after consultation with the two-member expert team from the National Institute of Communicable Diseases, which has arrived here from Pune, this evening.

The doctors attending on the patient in Goa again took his sputum, blood and urine samples today for another set of the more sophisticated PCR tests.

Meanwhile, an Australian, suspected to be suf-

fering from SARS in New Delhi, was cleared of the disease.

There was some panic at the capital's Infectious Diseases Hospital (IDH) this morning after the NICD enquired from them about a seven-year-old girl, whose blood and sputum samples had been sent for SARS test. The girl, whose father works in Beijing, had arrived here on April 5. She was taken to the IDH with complaints of fever and cough last night but her parents took her away against medical advice. However, she has been traced to the posh Sushant Lok colony in Gurgaon and, on enquiry, she was found 'afebrile' (without fever) and decreasing cough, and certainly not conforming to the SARS symptoms as per the guidelines issued by the WHO.

The Centre has also put in gear its surveillance system in the wake of detection of a SARS case in Goa yesterday. While Rapid Response Teams have been constituted in over 100 districts under the National Surveillance Diseases Programme for early detection and quick response, the NICD units at eight places have been alerted and this week's CD Alert, an inhouse weekly newsletter, features SARS. This newsletter had been distributed among the medical practitioners and health workers and even posted on the website for general knowledge.

So far 3,369 cases and 165 deaths from SARS have been reported from 25 countries. Though the number of countries has increased, the WHO today claimed that the number of cases was showing a decline. While Austria has been re-inducted into the list with three new cases, the disease is showing a marked decline in Canada and Vietnam.

19 APR 2003

THE HINDU

misc

SARS patient discharged

19/4/03

PANAJI, APRIL 18. The country's first confirmed Severe Acute Respiratory Syndrome (SARS) patient was today discharged from the Goa Medical College Hospital (GMCH), where he had been kept in isolation, after he had been cured of the ailment, the Chief Minister, Manohar Parrikar, announced.

The 32-year-old marine engineer, Prasheel Varde, hailing from Ponda, Goa, was readmitted to the hospital on the night of April 16 after tests of his blood, sputum, and urine samples at the National Institute of Virology, Pune, showed positive.

"The Union Health Ministry concurred with the decision taken by the State Government and gave clearance for his discharge," Mr. Parrikar told a press conference. — PTI

'Surprise development'

Our New Delhi Special Correspondent writes: However, Union Health Ministry officials expressed surprise at the discharge of the Goa SARS patient. They found it difficult to explain why the patient was brought back to the hospital on April 17 and discharged within 24 hours after he had been declared to have fully recovered. A Ministry source said the exact sequence of events would be known after consultation with the two-member expert team from the National Institute of Communicable Diseases, which has arrived here from Pune, this evening.

The doctors attending on the patient in Goa again took his sputum, blood and urine samples today for another set of the more sophisticated PCR tests.

Meanwhile, an Australian, suspected to be suf-

fering from SARS in New Delhi, was cleared of the disease.

There was some panic at the capital's Infectious Diseases Hospital (IDH) this morning after the NICD enquired from them about a seven-year-old girl, whose blood and sputum samples had been sent for SARS test. The girl, whose father works in Beijing, had arrived here on April 5. She was taken to the IDH with complaints of fever and cough last night but her parents took her away against medical advice. However, she has been traced to the posh Sushant Lok colony in Gurgaon and, on enquiry, she was found 'afebrile' (without fever) and decreasing cough, and certainly not conforming to the SARS symptoms as per the guidelines issued by the WHO.

The Centre has also put in gear its surveillance system in the wake of detection of a SARS case in Goa yesterday. While Rapid Response Teams have been constituted in over 100 districts under the National Surveillance Diseases Programme for early detection and quick response, the NICD units at eight places have been alerted and this week's CD Alert, an inhouse weekly newsletter, features SARS. This newsletter had been distributed among the medical practitioners and health workers and even posted on the website for general knowledge.

So far 3,389 cases and 165 deaths from SARS have been reported from 25 countries. Though the number of countries has increased, the WHO today claimed that the number of cases was showing a decline. While Austria has been re-inducted into the list with three new cases, the disease is showing a marked decline in Canada and Vietnam.

THE HINDU

THE HINDU

19 APR 2003

China dismisses WHO criticism

BEIJING, April 17. — Despite unprecedented criticism from the World Health Organisation and the rising death toll from SARS, China today maintained that it would stick to its lower official statistics.

On WHO's criticism of China's inadequate reporting of SARS cases, especially in Beijing, foreign ministry spokesman Mr Liu Jianchao said "the figures released by China's ministry of health are accurate and that the government is acting responsibly and following scientific methods while reporting SARS cases". While dismissing the inflated figures as "rumours", Mr Liu asserted that the ministry of health had an excellent relationship with WHO.

Mr Liu said the government would come out with additional statistics on 20 March but did not say whether the cases of SARS in military-run hospitals were taken into account when compiling the national figure of 65 deaths and 1,445 cases of infection.

At a regular foreign ministry briefing, Mr Liu deflected other SARS-related questions by asking journalists to contact the ministry of health as it was handling the issue. The WHO said yesterday that Beijing may have up to 200 told reporters at a press conference.

Indians won't be additionally screened in Russia

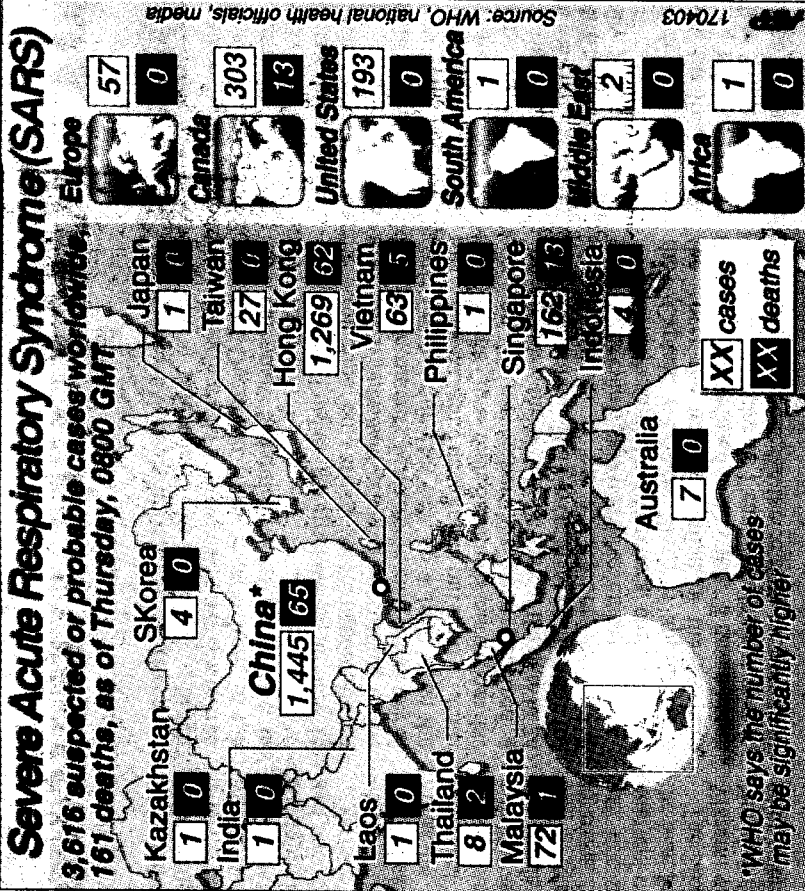
MOSCOW, April 17. — Russia has denied that it has identified India among 21 nations as a country whose citizens would be additionally screened for issuing visas and said that existing delay in providing travel documents were caused due to transition phase in issuing visas to a streamlined visa policy.

A senior official of the Russian Foreign Ministry's visa and consular department categorically denied existence of any blacklist of nations in the foreign office. The official, who spoke on the condition of anonymity, however, conceded that this was articulated by a senior police officer at a press conference on 9 April and the Interior ministry is now

"backtracking."

Deputy chief of Moscow Passport and Visa Department of the Russian Interior Ministry, Lt Col Yuri Myna, told local media on 9 April that 21 countries, including India, were in the list of "nations posing migration threat" and their visa applications are to undergo thorough screening by the FSB security service.

His superior in the police hierarchy, Chief of the Passport and Visa Service of the Interior Ministry Alexander Smirnov, however, said: "Prime Minister (Mikhail) Kasyanov is expected to sign a decree setting up the rules for issuing visas by 1 May, which would be uniform for all the foreigners in spite of their country of origin."



Severe Acute Respiratory Syndrome (SARS)

3,616 suspected or probable cases worldwide. 161 deaths, as of Thursday, 0800 GMT

Source: WHO, national health officials, media

Hong Kong reports four SARS deaths

BANGKOK, April 17. — Hong Kong reported four more deaths from SARS as officials across Asia struggled on Thursday to hone their detection of the deadly disease among travellers.

As preventive measures Singapore has started scanning incoming air passengers for fever using military heat sensors while Hong Kong is recording the temperature of anyone boarding a plane. Anxiety here was unabated on Thursday, as health officials confirmed the death toll here to be 65. A doctor said two of the three babies born in Hong Kong to SARS-infected mothers were in critical condition and needed help in breathing.

The pneumonia-like illness has killed at least 166 people worldwide, out of more than 3,000 infected. Experts still don't know the details of how SARS spreads. But a new report found SARS apparently spread through a hard-hit Hong Kong apartment complex in sewage pipes and elevators, as well as through person-to-person contact.

There was no evidence of airborne transmission of SARS in the Amoy Gardens apartments, where 324 people have been affected with it according to Hongkong's Bureau of Health, Welfare and Food.

In Singapore airports those who show up on camera screened as 'hot bodies', or with a temperature greater than 37.5 degree Celsius, will have their temperature taken by a nurse, said Ms Evelyn Ong, a spokesman at the government's Defence Science and Technology Agency.

In Kuala Lumpur, Asian Football Confederation announced five second round qualifying matches for the 2004 Olympics have been postponed indefinitely.

In Beijing, universities have cancelled some classes to prevent the spread of SARS, breaking with earlier official insistence on continuing public events as China fights the disease. "SARS, for sure, will have an influence on the economy's performance in China," said Mr Yao Jingyuan, an economist at the National Bureau of Statistics.

In addition to the 62 fatalities in Hong Kong, mainland China has also reported 65 deaths, followed by 13 in Singapore, 13 in Canada, five in Vietnam, two in Thailand and one in Malaysia.

110
18/4

India's first SARS case found in Goa

Miscellaneous

By Aarti Dhar

NEW DELHI, APRIL 17. The first confirmed case of Severe Acute Respiratory Syndrome (SARS) in the country has been reported from Goa, with a 32-year-old marine engineer testing positive for the deadly disease.

The patient, who sailed from Hong Kong to Mumbai, reached Goa on April 1 and has been readmitted to the Goa Medical College Hospital from where he was discharged on April 14. He has been quarantined though he is asymptomatic now and is not infective anymore. The case has been confirmed by the Director-General of the Indian Council of Medical Research.

The Union Health Minister, Sushma Swaraj, reviewed the situation here today after the patient's blood, urine and sputum sample report was made available by the Pune-based National Institute of Virology late last evening. The person tested positive for the SARS causing corona virus and he had been brought back to the hospital, the Director-General of Health Services, S.P. Aggarwal, told reporters here today.

However, the patient's family, including his wife and father, who had travelled with

him to Hong Kong, did not show symptoms of the disease. They had been asked to decrease their contact with him, as also their social and business interaction, Dr. Aggarwal said.

The medical and paramedical staff who had attended on the patient have been advised home-quarantine as a precautionary measure. The country was fully prepared to tackle the disease. Two senior Joint Directors of the National Institute of Communicable

Diseases (NICD) in Delhi have left for Pune to investigate the case, he said.

Meanwhile, an Australian, who landed here last night, was admitted to the RMI Hospital with SARS-like symptoms of fever, cough and mild shortness of breath today.

Dr. Aggarwal said the Goa patient, along with his family, had stopped over at Hong Kong for four hours on March 26 from where they went to Singapore. They then sailed to Mumbai, arriving there on April 1. After staying there for a couple of days, they left for Goa, where the patient developed fever and cough. He went to see a private physician on April 8, who referred him to the Goa Medical College Hospital. Neither did his chest X-ray show any patches of thoracic-pneumonia nor did he have fever.

Dr. Aggarwal said the patient was hospitalised on April 10 and after a couple of days he was discharged.

He had responded to normal antibiotic therapy and was absolutely fine, though he was advised "home-quarantine". His blood, sputum and urine samples were sent for testing on April 14. The laboratory report showed he was positive for the SARS virus.

CM for second opinion

PANAJI, APRIL 17. As Goa reported the first confirmed case of SARS in India, the Chief Minister, Manohar Parrikar, said at a press meet later in the day that the blood and other samples of the patient would be sent to National Institute of Communicable Diseases (NICD) tomorrow for a second opinion.

"The blood, serum, throat swab and urine samples of the 32-year-old marine engineer will be sent to the NICD tomorrow for a second opinion," Mr. Parrikar said at the hurriedly-called press conference here. — PTI

18 APR 2003

THE HINDU

Sars case in Goa nails ^{miscell} govt claims

Sahar, Dabolim airports fail to detect virus victim returning from south-east Asia

TIMES NEWS NETWORK

Panaji: The dreaded S-word hit the land of sun, sand and surf with the country's first Severe Acute Respiratory Syndrome (Sars) case having been traced to Goa. On Thursday, the Pune-based National Institute of Virology (NIV) medically confirmed that 32-year-old marine engineer Prasheel Wardhe from Ponda taluka in north Goa was afflicted with the virus.

Goa chief minister Manohar Parrikar told this paper that the patient had been isolated by the Goa government and was currently being treated at the government-owned Goa Medical College hospital.

The finding rubbishes the Centre's claims of having taken stringent steps at all international and domestic airports to ensure that Sars does not enter India. There seems to have been a serious lapse by airport authorities at Mumbai's Sahar International Airport and Goa's Dabolim airport, which apparently failed to screen Mr Wardhe.

Fingers are also being pointed at the GMC hospital. Dr Pradeep Dhungat, a practising cardiologist in Ponda and family physician of the Wardhes, claims that he had diagnosed Mr Wardhe as Sars-infected despite the GMC having discharged him.



Sars-struck

- Wardhe had stayed at a hotel in Santa Cruz
- Suspected Sars case admitted to RML hospital in New Delhi
- Four more deaths reported in Hong Kong
- Sars will not halt George Fernandes's visit to China
- Goa case alarms UK

According to the chief minister, the case was first diagnosed on April 9, but clinically confirmed only on April 16. According to him, Mr Wardhe had gone on holiday to Singapore and Hong Kong since March 26 and had returned to Mumbai on April 1. He was suffering from a mild fever with cough and cold when he reached Goa on April 2. On reaching Ponda, he consulted Dr Dhungat, who asked him to undergo a check at GMC hospital.

A preliminary examination and blood tests detected the Sars virus. The blood samples were sent to the NIV in Pune for authentication. Late Wednesday evening, the Pune institute confirmed it was a case of Sars. Now, on

Union health minister Sushma Swaraj's directive, a team of nodal medical officers from the Delhi-based National Institute of Communicable Diseases will arrive in Goa on Friday to conduct an extensive medical examination.

Mr Wardhe, his wife, grandmother and father have been isolated in the GMC as an abundant precautionary measure, said state health minister Suresh Amonkar.

While charges of negligence at GMC flew thick and fast, medical superintendent of the hospital Dr Rajan Kuncolienkar maintained that Mr Wardhe had displayed no visual signs or symptoms of Sars as laid down by the World Health Organisation (WHO), namely shortness of breath, difficulty in breathing and coughing.

The state government has launched an awareness blitzkrieg through the media on preventive measures and has advised medical practitioners, relatives and friends of infected patients to use surgical face masks.

The Sars case in Goa is bound to affect foreign tourist traffic to India. There have already been 50-55 per cent cancellations from the US, the UK, Singapore, Russia and many European countries, said Ronjon Lahiri, regional chief of the Indian tourism department of India.

China suppressed SARS cases: WHO

AP & PTI

BEIJING, April 16. — The WHO today virtually accused China, especially the country's military, of attempting to cover up the SARS epidemic in Beijing by not reporting all known cases of the killer disease that could be up to 200 six times more than the official figure of 37.

"Indeed there have been cases of SARS that have also not been reported officially," WHO virologist Wolfgang Preiser said after visiting a military hospital here. WHO experts said China "certainly" has previously unreported cases of SARS in a number of military hospitals here but barred the release of details about them. "The military seems to have its own reporting system that does not link in presently with the municipal one," Preiser said.

He said though the WHO team had access to information on SARS in military hospitals, they have been barred by Chinese officials from giving details of their visit to public without the defence ministry's permission. The WHO's statement contradicted earlier contentions by senior Chinese officials that they had reported all of the country's SARS cases, including those



A woman with a mask lights joss sticks at a temple in Hong Kong on Wednesday. — AFP

in military hospitals in Beijing.

When repeatedly asked about the number of cases Beijing city would be having, Alan Schnur, the WHO's team leader in the communicable disease control department in Beijing said: "I would guess the range would be between 100 and 200." The WHO team made a number of recommendations to the Beijing municipal authorities to improve the surveillance and reporting system on SARS, which they said was not "up to the mark".

New-borns with SARS

Three babies born prematurely in Hong Kong with SARS have difficulty in breathing and look like they may have the deadly illness though they initially tested negative, a pediatrician said today, AP adds from Hong Kong. The babies were delivered by Caesarian section to avoid complications from medicines used to treat SARS and because the mothers were seriously ill, Dr Hon Kam-lun said.

Hong Kong today reported five more deaths due to SARS, raising the toll there to 61, even as the disease claimed 65 lives in mainland China.

THE STATESMAN

17 APR 2003

S&P Predicts Rise In Nations' Fiscal Burden; Hong Kong May Suffer Most

SARS to suffocate Asian growth rates

Hong Kong
15 APRIL

INTERNATIONAL rating agency Standard and Poor's said the outbreak of severe acute respiratory syndrome (SARS) will lower growth rates in much of Asia this year, with Hong Kong taking the brunt of the damage. The rating agency said the virus has affected not just tourist arrivals and consumer spending, but also business operations and investments with potential impact rising with each new case and death.

"Notwithstanding the gloom, the ratings on Asia-Pacific sovereigns should ride out the ravages of the virus, although it will add to governments' fiscal burdens," S&P said. It said although SARS does not appear as deadly as other diseases, it is affecting the way people interact, with most choosing to avoid public places. In turn, this is affecting confidence and consumption. SARS has claimed



IN-QUEUE-BATION PERIOD: Job seekers check listings at an employment centre in Hong Kong on Tuesday. — Reuters

some 143 lives worldwide and is believed to have infected at least 3,400. Hong Kong and China are the worst hit.

"Nevertheless, if the virus proves more virulent than initial estimates, economic dislocation

and sustained budgetary deterioration could put a lot of pressure on sovereigns whose fiscal position is stretched for their rating level, especially those with negative outlooks, including Hong Kong," S&P said. — Reuters

Burberry not in pink of health

Sonya Dowsett
LONDON 15 APRIL

BRITISH luxury fashion label Burberry said on Tuesday fears about the deadly SARS virus in Asia and world political troubles had begun to hurt its retail performance, particularly in Hong Kong and at home. "During March, geopolitical and health-related factors increasingly affected performance as the month progressed, particularly in UK and Hong Kong," the firm said.

Severe Acute Respiratory Syndrome (SARS) is a flu-like virus that has killed over 140 people so far and infected more than 4,300 in parts of Asia, Europe and North America. Burberry, whose signature beige raincoat with checked lining is worn by celebs and royalty, reported 22% growth in total revenue for the second half ended March 31, but an analyst noted the SARS outbreak was in its infancy last month.

Carried around the world by travellers, it has spread alarmingly this month and has begun to hit a wide range of businesses, especially airlines. Tourism in the worst-affected areas, which include Hong Kong, has been ravaged. Investment bank JP Morgan said this month US luxury retailers were less at risk from the outbreak sweeping Asia than their European competitors. — Reuters

Now China press blares SARS warnings

JONATHAN ANSFIELD
BEIJING, APRIL 14

AFTER a near blackout on coverage of SARS, China is orchestrating a media blitz to convince its citizens to adopt healthier lifestyles in hopes of fending off the virus.

State television warns people against smoking and drinking, official pamphlets urge them to scrub their hands after cleaning their noses, and official Web sites advise keeping surgical face masks on hand, just in case.

"I think it's a sign that the Chinese government is taking this seriously," Jim Palmer, spokesman for a WHO team visiting Beijing, said of the publicity drive. The campaign aims to allay public anxiety fuelled by endless rumours and reports after domestic coverage ignored the flu-like virus for weeks and excited worldwide ire.

"Wash hands after sneezing, coughing and cleaning the nose," advises a pamphlet featuring cartoon characters sneezing on the subway and quivering with chills.

Beijing is distributing 1.5 million copies of the brochure on SARS transmission, detection and prevention, 50,000 of them in English.

State television giant CCTV listed 10 Health Ministry recommendations on its noon newscast, among which was "Number Six: limit dinner parties, do not smoke, drink less".

The list, circulated on the Internet, said people should carry face masks but need not wear them always — only "if you show unusual symptoms, or you detect unusual symptoms in someone around you.



A tourist shops at the Stanley market in Hong Kong on Monday. Reuters

Official news agency Xinhua said China had a total of 1,418 SARS cases and 64 deaths as of April 13. Beijing had nine new cases, taking the toll in the capital from 22 to 31, it added. Now SARS stories make front page headlines in state newspapers, relegating news of war in Iraq to the inside.

To be sure, reports put an upbeat spin on the outbreak, reflecting the government line that China has "effectively contained" the disease.

The front page of Monday's *Bei-*

jing Youth Daily featured Premier Wen Jiabao's latest battle cry against the disease.

Another front page item said a Beijing health official rejected as "lies" a Chinese Internet rumour that 143 people had died in the capital of an unknown epidemic.

The bad news was on page three: the World Health Organisation still lacks evidence to pinpoint the cause of the disease, thought to stem from a new strain of coronavirus, best known for causing the common cold.

Miscell
Cases now total 1,418

■ **BEIJING:** Over 100 new SARS cases were reported in China between Friday and Sunday, taking the number of people infected with the deadly virus nationwide to 1,418. The wealthy coastal province of Fujian was on the SARS map for the first time with three cases and nine more were reported in Beijing, taking the number infected in the capital to 31, the official Xinhua news agency said.

HK may seek China's help

■ **HONG KONG:** Hong Kong's hospital chief said on Monday he would not rule out asking Beijing to send doctors to the territory to help fight a deadly respiratory disease as the number of new infections climbed. Hong Kong said seven more people had died from the disease, the highest number reported in a day since its outbreak erupted early in March. Forty more have been infected, bringing the total to 1,190, the government said. —Agencies

Beijing papers also neglected to mention the official toll and caseload from the disease.

Some doctors say actual numbers in Beijing are much higher than those officially reported. The newspapers reeled out other statistics instead.

By Friday, the city had sterilised 17,144 public vehicles and 23,000 square metre of floor space at capital airport; it had a team of 2,500 people making checks door-to-door and a 24-hour disease hotline fielding queries, the papers said. —Reuters

15 APR 2003

SARS to affect growth rate

Hong Kong, April 14

THE DEADLY outbreak of Severe Acute Respiratory Syndrome (SARS) will slash economic growth rates in Asia this year with the worst effects expected to be felt in the current quarter to June, ING Financial Markets said Monday.

"We expect growth in Asia will be reduced from the impact of SARS... it will be concentrated in the second quarter of the year," ING's chief economist for Asia Tim Condon said.

Economies which rely significantly on tourism such as Hong Kong will be badly affected by SARS which has claimed more than 130 lives worldwide and is believed to have infected at least 3,200, Condon said.

"For every (US) dollar lost from tourism, we are expecting a knock-on impact on private consumption of 50 cents," he said in a teleconference call. In a note to clients, Condon said the respiratory virus "is a more serious threat to regional GDP

'US economy to recover moderately'

THE ECONOMY is likely to show gradual improvement as 2003 progresses, Philadelphia Federal Reserve Bank president Anthony Santomero said.

But he warned it was too early to say that the US economy is back on track. "It won't be a giant bounce but it will be a more general expansion," Santomero said in a speech to the American Truck Dealers convention here. "Moderate growth on the consumer

side combined with gradual improvement on the business side will produce a moderately paced economic recovery as the year progresses, setting the stage for a healthy expansion and full employment as we move through 2004," he said.

The relatively swift resolution to the war in Iraq has helped reduce the "pall" over the global business environment, said Santomero.

AFP, Philadelphia

(gross domestic product) growth than the US-Iraq war."

"The outbreak of SARS in February and its spread throughout the region is a major negative... Hong Kong, Malaysia and Thailand appear most exposed to damage from SARS given the importance of tourism to their economies," the

note said.

"Korea, the Philippines and Taiwan would be least affected." Forecast economic growth in the region, except for Japan, has been trimmed to 5.3 percent this year from 5.7 percent, ING said.

The brokerage slashed its GDP growth forecast for

Hong Kong to 1.5 percent from 2.5 percent, while trimming its 2003 forecast for Malaysia to 4.0 percent from 5.0 percent and Thailand to 4.3 percent from 4.5 percent.

ING also cut its growth forecast for Singapore to 2.0 percent from 3.5 percent.

"The revision for Singapore's GDP, though the economy is not most vulnerable to SARS under our base case, was prompted by a disappointing first quarter performance," it said.

It reduced its 2003 growth forecast for Indonesia to 3.7 percent from 4.0 percent and its Taiwan estimate to 3.3 percent from 3.5 percent.

The brokerage also cut its forecast growth for South Korea to 4.0 percent from 4.9 percent, although it said the revision is more due to weakening economic fundamentals than SARS.

ING said it is maintaining its growth forecast of 7.5 percent for China "because we consider it was subject to upward revision before SARS".

AFP

WHO issues warning about global epidemic potential

Disease not in control: HK

Hong Kong, April 14 (Reuters): Hong Kong's leader said SARS has not yet been brought under control, as the mystery virus that has been dubbed the "21st century disease" claimed more victims and took a mounting economic toll.

China, at the epicentre of the outbreak, reported four more deaths and 74 new cases of the flu-like virus, the World Health Organisation (WHO) said today, taking its totals to 64 deaths and 1,393 infection cases.

A Canadian lab offered a ray of hope that a vaccine could be developed for the virus that has now killed 137 people and infected nearly 3,300 across the world — but health experts say it may be months, even years away.

Hong Kong leader Tung Chee-hwa told his boss, Chinese President Hu Jintao, in China's Shenzhen city that the virus had yet to be "brought under effec-

tive control" in the territory of seven million, although the nature of the disease and how to treat it was better understood, a government statement said.

Hu's low-profile visit to southern Guangdong province was the strongest indication yet of how seriously the Chinese leadership views the worsening health crisis in Hong Kong.

The number of SARS cases in Hong Kong has soared to 1,150 and its death toll to 40 with five more announced yesterday — the largest jump in weeks.

The virus, which often deteriorates into pneumonia, has been carried by travellers to about 20 countries in the past six weeks after first showing up in Guangdong in November. In a weekend statement released one month after issuing its first alert on the disease, the WHO sounded a warning that SARS could become a global epidemic.

"If the SARS maintains its present pathogenicity and transmissibility, it could become the first severe new disease of the 21st century with global epidemic potential," David Heymann, the agency's executive director of communicable diseases, wrote on the WHO website.

The way SARS is emerging suggests great potential for rapid spread in a highly mobile, interconnected world, he said.

Singapore reported three new deaths thought to be from SARS yesterday, taking its toll to 12. It also announced the quarantining of 400 staff and patients at its biggest hospital. The virus, which is new to science and has no known cure, has hit hospital staff the hardest. Health officials say they are not sure how the virus spreads, although close contact with an infected person appears to be the main method of transmission.



A father and his daughter in Hong Kong on Monday. (AFP)

15 APR 2003

THE TELEGRAPH

Now China press blares SARS warnings

JONATHAN ANSFIELD
BEIJING, APRIL 14

AFTER a near blackout on coverage of SARS, China is orchestrating a media blitz to convince its citizens to adopt healthier lifestyles in hopes of fending off the virus.

State television warns people against smoking and drinking, official pamphlets urge them to scrub their hands after cleaning their noses, and official Web sites advise keeping surgical face masks on hand just in case.

"I think it's a sign that the Chinese government is taking this seriously," Jim Palmer, spokesman for a WHO team visiting Beijing, said of the publicity drive. The campaign aims to allay public anxiety fuelled by endless rumours and reports after domestic coverage ignored the flu-like virus for weeks and excited worldwide ire.

"Wash hands after sneezing, coughing and cleaning the nose," advises a pamphlet featuring cartoon characters sneezing on the subway and quavering with chills.

Beijing is distributing 1.5 million copies of the brochure on SARS transmission, detection and prevention, 50,000 of them in English.

State television giant CCTV listed 10 Health Ministry recommendations on its noon newscast, among which was "Number Six: limit dinner parties, do not smoke, drink less".

The list, circulated on the Internet, said people should carry face masks but need not wear them always — only "if you show unusual symp-

Win Collins
Cases now total 1,418

■ **BEIJING:** Over 100 new SARS cases were reported in China between Friday and Sunday, taking the number of people infected with the deadly virus nationwide to 1,418. The wealthy coastal province of Fujian was on the SARS map for the first time with three cases and nine more were reported in Beijing, taking the number infected in the capital to 31, the official Xinhua news agency said.

HK may seek China's help

■ **HONG KONG:** Hong Kong's hospital chief said on Monday he would not rule out asking Beijing to send doctors to the territory to help fight a deadly respiratory disease as the number of new infections climbed. Hong Kong said seven more people had died from the disease, the highest number reported in a day since its outbreak erupted early in March. Forty more have been infected, bringing the total to 1,190, the government said. —Agencies



A tourist shops at the Stanley market in Hong Kong on Monday. Reuters

Official news agency Xinhua said China had a total of 1,418 SARS cases and 64 deaths as of April 13.

Beijing had nine new cases, taking the toll in the capital from 22 to 31, it added. Now SARS stories make front page headlines in state newspapers, relegating news of war in Iraq to the inside.

To be sure, reports put an upbeat spin on the outbreak, reflecting the government line that China has "ef-

fecting Youth Daily" featured Premier Wen Jiabao's latest battle cry against the disease.

Another front page item said a Beijing health official rejected as "lies" a Chinese Internet rumour that 143 people had died in the capital of an unknown epidemic.

The bad news was on page three: the World Health Organisation still lacks evidence to pinpoint the cause of the disease, thought to stem from a

Beijing papers also neglected to mention the official toll and case load from the disease.

Some doctors say actual numbers in Beijing are much higher than those officially reported. The newspapers reeled out other statistics instead.

By Friday, the city had sterilised 17,144 public vehicles and 23,000 square metre of floor space at capital airport; it had a team of 2,500 people making checks door-to-door and a

China starts to battle virus as 9 die in HK

Hong Kong/Beijing, April 15 (Reuters): Hong Kong reported a record nine SARS deaths in a day today, including its youngest victim to date, as the Chinese capital of Beijing at last woke up to a virus creeping into its hinterland.

US and Canadian scientists said they had independently mapped the genome of the new virus blamed for causing Severe Acute Respiratory Syndrome (SARS), raising hopes a test could be developed so treatment can be given as soon as possible.

But with airlines cancelling flights, tourists staying at home and shops and restaurants empty in SARS hotspots like Hong Kong and Singapore, Asian governments are facing their greatest challenge since the 1997-98 regional economic crisis. The Standard & Poors Rating agency said the impact would cut 0.6 per cent to 1.5 per cent of the gross domestic product in Hong Kong. Singapore's GDP could be 0.4-2 per cent lower and China's could lose up to 0.5 per cent.

Carried around the world by travellers after first appearing in the southern Chinese province of Guangdong, the virus has infected 3,300 people and killed 144 in more than 20 countries.

In Hong Kong, neighbouring Guangdong, the government said SARS had killed nine more people today and infected 42. The



A local man looks out over Hong Kong's famous skyline on Tuesday. (AFP)

pital authority acting chief executive Ko Wing-man told a news conference. The dead also included a pregnant woman.

Ko said the treatment used in Hong Kong now — a mix of antiviral drugs and steroids — had seen good response in 80-90 per cent of patients. Of the 42 newly infected patients, 11 were health-care workers.

"We are experiencing a difficult time now because many patients have accumulated in public hospitals," Ko said.

The latest figures bring the Hong Kong death toll to 56 and

in China, where 64 people have died and more than 1,430 have been infected. Premier Wen Jiabao called on "the whole nation" to "work closely together to win the fierce battle" against SARS, and ordered a campaign to scrub down planes, trains, buses, trucks, taxis and office blocks to kill the virus.

Fearful of a longer term impact on Asia's fastest growing economy, Wen and Communist Party boss Hu Jintao have appeared in major hospitals and met doctors on the front lines of the battle against SARS.

Posters have been plastered on city streets and subway

15 APR 2003

THE TELEGRAPH

WHO issues warning about global epidemic potential

Disease not in control: HK

Hong Kong, April 14 (Reuters): Hong Kong's leader said SARS has not yet been brought under control, as the mystery virus that has been dubbed the "21st century disease" claimed more victims and took a mounting economic toll.

China, at the epicentre of the outbreak, reported four more deaths and 74 new cases of the flu-like virus, the World Health Organisation (WHO) said today, taking its totals to 64 deaths and 1,393 infection cases.

A Canadian lab offered a ray of hope that a vaccine could be developed for the virus that has now killed 137 people and infected nearly 3,300 across the world — but health experts say it may be months, even years away.

Hong Kong leader Tung Chee-hwa told his boss, Chinese President Hu Jintao, in China's Shenzhen city that the virus had yet to be "brought under effec-

tive control" in the territory of seven million, although the nature of the disease and how to treat it was better understood, a government statement said.

Hu's low-profile visit to southern Guangdong province was the strongest indication yet of how seriously the Chinese leadership views the worsening health crisis in Hong Kong.

The number of SARS cases in Hong Kong has soared to 1,150 and its death toll to 40 with five more announced yesterday — the largest jump in weeks.

The virus, which often deteriorates into pneumonia, has been carried by travellers to about 20 countries in the past six weeks after first showing up in Guangdong in November. In a weekend statement released one month after issuing its first alert on the disease, the WHO sounded a warning that SARS could become a global epidemic.

"If the SARS maintains its present pathogenicity and transmissibility, it could become the first severe new disease of the 21st century with global epidemic potential," David Heymann, the agency's executive director of communicable diseases, wrote on the WHO website.

The way SARS is emerging suggests great potential for rapid spread in a highly mobile interconnected world, he said.

Singapore reported three new deaths thought to be from SARS yesterday, taking its toll to 12. It also announced the quarantining of 400 staff and patients at its biggest hospital. The virus, which is new to science and has no known cure, has hit hospital staff the hardest. Health officials say they are not sure how the virus spreads, although close contact with an infected person appears to be the main method of transmission.



A father and his daughter in Hong Kong on Monday (AFP)

15 APR 2003

THE TELEGRAPH

Hong Kong reports five more Sars virus deaths

Hong Kong: Hong Kong reported a sharp jump in deaths from the Sars virus on Sunday as Asia's fourth largest airline — Cathay Pacific— said it could soon ground its fleet if passenger numbers fell further.

In a further sign Severe Acute Respiratory Syndrome (Sars) was far from being contained in Hong Kong, the government said five more people had died and 42 more had been infected with the flu-like virus.

It was the largest jump in the death toll in weeks and raises the number killed from the virus to 40 since the epidemic began in the city in March. At least 1,150 have been infected.

The virus has been spread by air travellers to nearly 20 countries, killing 126 people and infecting nearly 3,200. Canada reported three more deaths. Singapore reported one death from the disease, with two more suspected.

The illness has crippled tourism in Asia and forced airlines to cut flights sharply. Economists say the longer the crisis lasts the deeper it will eat into the region's economies and it could push some, including Hong Kong, back into recession.

Hong Kong's Cathay Pacific Airways said in an internal memo the company was losing US\$3 million a day.

The airline is carrying only a third of its usual traffic volume and a senior official said on Sunday the company could not rule out grounding its fleet next month if things got worse.

"If demand falls still further we will have to respond accord-

- Crisis could affect economies of the region
- Toll in Canada rises to 13, thousands quarantined
- Schools to reopen in Singapore on Monday

ingly," said Tony Tyler, director of corporate development.

"Clearly we can't rule out any particular course of action, but we will respond to circumstances." Hong Kong's airport authority said 195 flights, or 37 percent of those scheduled, were cancelled on Sunday. Passenger numbers at the airport have fallen more than 60 percent in recent days.

Canada, which has the third-largest number of SARS cases, said three more people had died, bringing the death toll to 13, while there were more than 270 probable or suspected cases of infection. Thousands of people have been quarantined.

Singapore's death toll rose to 10 and four new cases of the disease were reported but the government said primary and secondary schools would reopen on April 14 and 16, respectively, after having been closed since late last month.

Scientists say they have identified a virus, part of a family of viruses that can cause the common cold, but say it is new to science and there is no known cure. Diagnostic tests are still being perfected. Fears of the virus have prompted affected countries to take dramatic control measures, from home quar-

antine for thousands of suspected cases, to banning tourists from China.

Malaysia banned Chinese tourists last week and in response Beijing has advised travel agencies not to organise tours to SARS-infected areas such as Singapore, Thailand and Malaysia, local media said. It has not asked operators to halt trips to Hong Kong, however.

The World Health Organisation issued an advisory this month against travel to southern China and Hong Kong. The measure has further cut the number of people travelling to Hong Kong, one of Asia's main financial centres and top tourist destinations. Hard-hit Cathay is carrying roughly 10,000 passengers every day, down from 30,000 in ordinary circumstances.

"We forecast that the number of passengers could fall to less than 6,000 per day in May, in which case we will have to consider grounding the entire passenger fleet," Nick Rhodes, Cathay's director of flight operations, said in an internal memo seen by Reuters on Saturday.

China says 59 people have died of Sars and more than 1,300 are infected. The illness has spread to a number of areas in China, most recently impoverished Inner Mongolia.

WHO officials have said the epidemic was being contained elsewhere in the world but they were worried about China and the ability of some infected areas to recognise and control Sars. Reuters

1 A APR 2003

The Strain Is Telling

The Severe Acute Respiratory Syndrome has more than just the Americans worried, writes Sanjit Bagchi

THE events of 11 September 2001 and the anthrax attacks that followed brought into focus, probably for the first time, the importance of an intensified and coordinated monitoring infrastructure for the prevention of biological terrorism. In retaliating against the Taliban, US officials found it very hard to tackle the anthrax bacteria, which, despite being a not-so-dangerous micro-organism, claimed lives and threatened the mental peace of hundreds of Americans during the war.

With the US military machine now in Iraq gunning for Saddam Hussein, Americans back home are again deeply concerned about the implementation of some newly developed biological weapons in this latest conflict. But not anthrax. This time the Americans smell "something wrong" in the global spread of the Severe Acute Respiratory Syndrome — a recent medical mystery in the form of pneumonia originating from Asia (last Wednesday, Kolkata and Chennai recorded suspect cases) and caused by a specific strain of Corona virus.

American suspicions of SARS as a biological weapon seemed clear with a recent Reuter's report which mentioned that "despite a recent influx of government funds, the US public health system is still woefully unprepared to deal with a bioterrorism attack or outbreaks of infectious diseases such as the mysterious pneumonia that began in China..."

That apart, Americans in general have also taken serious note of the address made by Saddam Hussein to his people (it was broadcast live on Iraqi State Television soon after the first US attack on Baghdad), because, according to experts, the Iraqi President read a poem that contained a serious threat:

Unsheathe your sword, fearless and intrepid. Unsheathe your sword so that Saturn might witness it. Unsheathe your sword because the enemy has massed his forces. Only the sound-minded heroes will wipe them out. Prepare your horses and give them free reins because they bring hope. Let lightning brighten the dark skies until the true path is revealed and oppression is wiped out. Kindle up the fire in the darkness with torches, to make the blind and stammering see his path. Keep the fire on and make the ignominious and submissive fear it. Unsheathe your sword and let it shine; only the real man will win his rights. Raise your banners on every pole and pray to God to heal the wounds.

According to CNN, "The mystery illness called Severe Acute Respiratory Syndrome, or SARS, was first detected in South-east Asia and is now spreading across the world." Recent data provided by CNN suggests there are 487 cases of SARS worldwide, among



ASIAN ALARMS: tests being conducted at Ranbaxy laboratories in Mumbai (top); a SARS patient in Hanoi (above); and caution being exercised in a Taipei airport lobby. — AFP.

which 17 people have already officially died — in the USA, 39 cases have been already reported



ed; in Canada, 11 cases were reported and three persons died. Singapore, Vietnam, Hong Kong, Malaysia and China have all been subject to the SARS backlash.

Like the anthrax bacteria, the Corona virus, the culprit bug responsible for SARS, also belongs to the not-so-dangerous group of micro-organisms. Corona means crown-like appearance (the microscope view of the virus) and this group of viruses is the second leading cause of the common cold in humans and, as suggested by experts, the bug also sometimes causes upper respiratory tract infection in infants.

According to the Centers for Disease Control and Prevention in the USA, "the same strain of the virus has also been found in lung secretions and other genetic material taken from seven other patients". CDC director Julie Gerberding said in a press release that "we're culturing it and finding it in actual tissue samples. In scientific terms, this is very strong evidence. But a lot more research is needed to be done".

According to the New York City Department of Health and Mental Hygiene, "SARS is a respiratory illness, most likely an atypical pneumonia that has recently been reported in a number of countries, particularly South-east Asia. SARS appears to spread most easily among close personal contacts who have cared for, lived with, or have had direct contact with the respiratory secretions or body fluids of an infected person. Those who have had only casual contact with an individual with SARS do not appear to be at risk of infection. Persons at risk for SARS are those who are in close contact with SARS patients — for example, fami-

ly members or health-care providers who have cared for SARS patients in hospital. People usually become sick within one to 10 days of spending time with a patient who has SARS".

According to a World Health Organisation bulletin, "the main symptoms of SARS are high fever (above 38° Celsius), 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 diarrhea".

Regarding the management of SARS patients, WHO recommends that "patients should be placed in an isolation unit. Strict respiratory and mucus barrier nursing is recommended. It is very important that suspected cases are separated from other patients and placed in their own hospital rooms. Health-care workers and visitors should wear efficient filter masks, goggles, aprons, head covers, and gloves when in close contact with the patient. While some medicines have been tried, no drug can, at this time, be recommended for prophylaxis or treatment. Antibiotics do not appear to be effective. Symptoms should be treated by adequately protected health professionals".

However, in its bulletin, WHO denies the association of SARS with bioterrorism. The bulletin says that "through the Global Outbreak Alert and Response Network, the organisation is now working with its partners to track the global dimensions of this outbreak, to quickly identify the causative agent, improve diagnostic precision, and provide advice on recommended treatment... It's working closely with health authorities in the affected countries to provide epidemiological, clinical and logistic support as needed".

Meanwhile, while two studies have reinforced the likelihood that a corona virus is responsible for a world SARS epidemic, US health authorities warn that more proof is needed to firmly identify a culprit. One of the studies published last Thursday in the *New England Journal of Medicine* concludes that "a novel corona virus is associated with this outbreak" of the virulent new pneumonia strain. One of the research teams even proposed naming this virus "Urbani", for Carlo Urbani, the WHO's Hanoi-based physician who contracted the ailment and died in Bangkok on 29 March.

The second study in the journal arrived at the same conclusion as the first, but was more cautious, writing that "the novel corona virus might have a role in causing SARS".

As Miss Gerberding reiterates, "We cannot yet say this is the definitive cause of SARS. There are two additional steps that must be fulfilled. First of all, we need to demonstrate the corona virus is in the lung of patients with the disease in areas where we would also see inflammation or pneumonia.

"The second important aspect to prove definitive relationship is that we must have an animal model where we inoculate the corona virus into an animal, the animal gets... pneumonia, and then we isolate the corona virus from affected tissues in that animal model."

(The author is an editorial adviser, Student British Medical Journal, London.)

Why she can take the pain

The sexes respond differently to drugs and disease, writes Jerome Burne, author of *Medicine Today*

REDHEADS respond better to pain relief. That is the message from researchers at McGill University in Montreal in its report in the *Proceedings of the National Academy of Science*. It seems that the gene mutation linked to red hair is also associated with a greater response to opiate-type painkillers such as codeine. However, this is true only for red-headed women, not men.

This adds to growing evidence that men and women often respond differently to drugs and disease. It's something the medical profession largely ignores — but which could make a great difference to many treatments. Last year, for instance, other researchers found that female red-heads required more anaesthetic before an operation. And researchers at Goldsmiths College, in South London, reported that after taking 250 mg of caffeine — roughly a double espresso — all women were able to tolerate having their hands in icy water for longer.

For several years scientists have known that, whatever their hair colour, men and women respond differently to painkillers. While men can resist the pain of mild electric shocks better when fortified with the aspirin-like anti-inflammatory ibuprofen, women gain far more relief from the pain of having wisdom teeth extracted through the likes of codeine. For some men, codeine makes the pain worse.

If their response to pain relief varies, so does their experience of pain itself. "Not only do women report suffering more pain, but they also experience it more intensely and they suffer from more painful conditions," says the leading researcher, Dr Roger Fillingim, of the University of Florida. Women are three times more likely to develop migraines and six times more likely to have fibromyalgia, which involves chronic muscle pain.

Why should all this matter? Until about 10 years ago all drug trials involved men only. This was partly due to fear of another thalidomide tragedy — what if women in a trial became pregnant and the drug had unforeseen effects? But also because it was implicitly acknowledged that women's hormonal responses could complicate the results.

In 1993, US researchers were legally required to include women in trials, yet progress has been slow. Take heart attacks: by 2001 only 25 per cent of subjects in clinical trials for heart drugs were women. Concern about this bias is not just academic. Of 10 prescription drugs withdrawn from the market since 1997 because of adverse reactions, eight posed greater risks for women.

Part of the reason for the differences is hormonal — younger women report greater sensitivity to pain during the first part of their cycle when oestrogen levels are higher, and post-menopausal women on HRT are likely to report more pain than those not on the drug. Other differences might be considered when prescribing, such as the fact that pre-menopausal women metabolise many types of drugs faster than men, including those for asthma, inflammation and some antibiotics. But the variation in response goes deeper. A report out last month highlighted male/female differences in giving up smoking. While men tended to be more dependent on nicotine, women were more likely to be hooked on the social behaviour that goes with smoking.

This fits with other research showing that women's physical responses to cocaine and sex are much more sensitive to social context than men's. "It could be that male and female addicts would benefit from different treatments," says psychologist Dr Jill Becker of Michigan University.

But a fascinating area of male/female difference in health, which could have big implications for the way that disorders of the immune system are treated, is rooted in pregnancy. It has long been known that women are more vulnerable to auto-immune disorders, such as rheumatoid arthritis. Pregnancy, with the arrival of foreign proteins into the woman's body, poses a big challenge to the immune system. How great has emerged only recently with the discovery that mothers carry in their blood — often for years — foetal cells from children they have borne.

These cells are usually harmless, but research by Dr Lee Nelson of the Fred Hutchinson Research Center in Seattle has found that they can be linked with immune disorders such as scleroderma, which involves a thickening of the skin, as well as the serious pregnancy complication pre-eclampsia.

This interaction, known as microchimerism, gets more complicated as all women carry cells from their mothers, which entered their bloodstream while they were in the womb. Untangling the effect between three generations of cells, each with different DNA, is only just beginning.

— *The Times, London.*



SCIENTISTS have uncovered a supermassive black hole at the core of a svelte spiral galaxy, a finding that questions a recently devised rule of thumb in which only galaxies with bulging cores have such black holes.

Dr Alex Filippenko, professor of astronomy at the University of California, Berkeley, and Dr Luis Ho, an astronomer at the Observatories of the Carnegie Institution of Washington, in Pasadena, are to discuss these results in the 1 May 2003 issue of *The Astrophysical Journal Letters*.

The scientists determined that NGC 4395, a flat "pure-disk" galaxy with no central bulge, has a central black hole approximately 10,000 to 100,000 times the mass of our sun. This suggests that other pure-disk galaxies, thought to be devoid of supermassive black holes, may indeed have one lurking within — quite possibly the featherweights of the supermassive black hole club.

"The supermassive black hole in NGC 4395 is the smallest one yet found in the centre of a galaxy," says Filippenko. "This would be consistent with the galaxy having a small bulge. However, the bulge is not just small, it seems to be nonexistent." Supermassive black holes typically range from

Skinny galaxy with supermassive black hole

millions to billions of times the mass of the sun, dwarfing the more common stellar black holes that are created by the runaway gravitational collapse of the cores of massive stars. NGC 4395 is 11 million light years away in the northern hemisphere constellation of *Canes Venatici* ("the Hunting Dogs"). The galaxy has long been known to emit significant amounts of light, including visible light and X-rays, from its central core region. This is a telltale sign of the presence of a central, giant black hole actively sucking in enough matter to create a swirling, superheated accretion disk. Yet no supermassive black hole had been detected.

Filippenko and Ho used the Keck I 10-metre telescope on Mauna Kea in Hawaii and the Japanese-US ASCA X-ray telescope to determine that NGC 4395 indeed has a supermassive black hole, albeit an unusually light one.

"Here is an example of a massive black hole that is low in comparison to all previously reported supermassive ones, but it is definitely much more

A svelte 'pure-disk' galaxy has been found to have a black hole approximately 10,000 to 100,000 times the mass of our sun

massive than stellar-class black holes, and is located in a galaxy that has no bulge," says Ho. "Thus, having a well-developed bulge is evidently not a necessary condition for the formation of massive, central black holes."

Filippenko and Ho confirmed the mass range using the velocity dispersion technique for estimating the mass of black holes, and in the process found that this powerful tool for inferring black hole mass works on scales far lower than previously thought.

Velocity dispersion refers to how fast, on average, the stars in a galactic core region are orbiting about the central black hole. It is akin to taking an average speed of a swarm of bees circling about their hive on paths (orbits) of differing size and orientation. Although predicted theoretically back in the 1990s, confirmation of a very tight correlation between velocity dispersion and supermassive black hole mass came in 2000. But until now, that correlation was always assumed to apply to black holes weighing in at millions or billions of solar masses. Using this technique on the NGC 4395, Filippenko and Ho found its mass to be 66,000 solar masses — nearly in the middle of the range found using X-ray luminosity.

This means that the black hole mass/velocity dispersion relation may apply even on scales of relatively small star clusters that contain a central, relatively light, supermassive black hole, says Ho. The scientists also suggest that NGC 4395 may represent a unique step in the evolution of super-



NGC 4395 in Canes Venatici

massive black holes, in which a bulge will develop as the black hole grows. The velocity dispersion measurements were based on a star cluster near the central black hole, a possible indication that a bulge may someday form. — *ScienceDaily.*

SARS gives a jolt to Asian economies

CHINA DAILY/AMN AND AP

BEIJING/HONG KONG, April 13. — The worldwide death toll from SARS virus climbed to 131 today as the fallout from the epidemic caused growing disruption to key east Asian economies. As new deaths from Severe Acute Respiratory Syndrome over the weekend were reported in Canada, Hong Kong, China and Vietnam, scientists said they had made progress towards developing a diagnostic test — and perhaps ultimately a cure — for the illness.

Hong Kong reported five more SARS deaths today, bringing the total number of dead in the territory to 41. The figure included an American who was pronounced dead on arrival at a Hong Kong hospital on Wednesday after being transferred from mainland China. But China, to where Sri Lankan Prime Minister Mr Ranil Wickremesinghe has postponed a visit due from 23 April due to the outbreak of SARS, remains the hardest hit, reporting two new fatalities yesterday for a total of 60 dead. Canada, which reported three new deaths over the weekend, now has a total of 13 fatalities. Singapore has reported nine deaths, with five in Vietnam, two in Thailand and one in Malaysia. More than 3,200 SARS cases have been reported world-wide.

Hong Kong, where 42 new cases were reported today, and China, have recorded the highest numbers of sick. Both governments have been accused of responding too slowly to the crisis, with critics saying they failed to react for fear of sparking widespread panic. Possible new cases were identified over the weekend in several other countries, including Canada, Malaysia, Singapore and New Zealand, which reported its first suspected SARS case.

Scientists are racing against time to identify the virus and find a cure. A team from the Genome Sciences Centre in Vancouver said yesterday they had cracked the genetic code of the virus. They said the breakthrough was the first step towards developing a test to diagnose the illness.

Hong Kong's flag carrier Cathay Pacific said 42 per cent of its schedule had been cut as the SARS scare kept people from flying. The city's air authority said today 30 per cent of flights in and out of Hong Kong had been cancelled as passenger numbers plummeted 60 per cent in April.

Chinese Premier Mr Wen Jiabao yesterday expressed gratitude to medical workers involved in treating SARS patients and the Chinese health ministry urged medical workers across the Taiwan Straits to join hands to fight the spread of SARS.

13 APR 2003

Norms flouted in SARS cases

SF-7
ADITYA KAUL
STATESMAN NEWS SERVICE

12/04
NEW DELHI, April 12. — SARS may have caused nations worldwide to impose stricter health norms, but Delhi's Ram Manohar Hospital couldn't care less.

The medical superintendent of the hospital, Dr RN Salhan, today admitted that three women — suspected SARS victims — were kept together in the Isolation Ward.

One of them, an Indian, was allowed to receive visitors while other two foreign nationals were allowed to receive food sent by their embassies. Dr Salhan said: "people who are used to hotels and luxuries would obviously find everything else inferior. They were adamant so we allowed it."

Horrified public health experts told The Statesman: "isolation in medical terms means solitary confinement. The purpose of isolation is to prevent the person from spreading the disease".

A senior doctor in a city hospital said: "viruses leave the digestive system weak. Though SARS primarily weakens the lungs, the stomach is not functioning at its

'INDIA SARS-FREE'

NEW DELHI, April 12. — India continues to be free of SARS, health ministry officials said today. Four people are in isolation wards across the country as they had visited SARS countries and were unwell. "The clinical diagnosis in each case — in Goa, Port Blair, Kolkata and Cochin — indicated that it is not SARS, but we are awaiting test results," a health ministry official said. — SNS

best. Food, rich in carbohydrates or milk can result in diarrhoea. Only hospital food prepared under sterile, controlled conditions and as prescribed by the hospital nutritionist or dietician should have been given".

The Statesman this morning reported the plight of a suspected SARS patient, Ms Maria, who claims she was kept in unsanitary conditions in the isolation ward along with two foreign nationals. She said, "had one of us really been infected with SARS, the others would have certainly got it". Following the report, hospital employ-

ees today took extra 'care' of the patient and discharged her. After her discharge, Ms Maria said: "food and soft drinks were brought from outside. They cleaned up the whole place at least thrice".

Dr Salhan, however, said: "the other two foreign nationals kept with Ms Maria were perfectly fine. They were kept in isolation only because they had been in close contact with another suspected SARS patient Ms Rebecca Raleivh. Our examination revealed all three were in perfectly healthy condition".

Senior doctors in the hospital admitted that all three women were housed in the same room because "we lack proper facilities".

Ms Maria today alleged that "hospital staff move around in dirty slippers and without proper protective clothing. The toilets have no flushes." According to her, lack of hygiene forced Ms Amy Sterner and Ms Kelly to refuse hospital food.

Ms Maria claimed details on her condition were misrepresented by the Union health ministry, which said she had come from a conference in Kathmandu which had been attended by delegates from SARS affected countries like Singapore.

Norms flouted in SARS cases

ADITYA KAU'L
STATESMAN NEWS SERVICE

NEW DELHI, April 12. — SARS may have caused nations worldwide to impose stricter health norms, but Delhi's Ram Manohar Hospital couldn't care less.

The medical superintendent of the hospital, Dr RN Salhan, today admitted that three women — suspected SARS victims — were kept together in the Isolation Ward.

One of them, an Indian, was allowed to receive visitors while other two foreign nationals were allowed to receive food sent by their embassies. Dr Salhan said: "people who are used to hotels and luxuries would obviously find everything else inferior. They were adamant so we allowed it."

Horrified public health experts told The Statesman: "isolation in medical terms means solitary confinement. The purpose of isolation is to prevent the person from spreading the disease."

A senior doctor in a city hospital said: "viruses leave the digestive system weak. Through SARS pri-

INDIA SARS-FREE

NEW DELHI, April 12. — India continues to be free of SARS, health ministry officials said today. Four people are in isolation wards across the country as they had visited SARS countries and were unwell. "The clinical diagnosis in each case — in Goa, Port Blair, Kolkata and Cochin — indicated that it is not SARS, but we are awaiting test results," a health ministry official said. — SNS

best. Food, rich in carbohydrates or milk can result in diarrhoea. Only hospital food prepared under sterile, controlled conditions and as prescribed by the hospital nutritionist or dietician should have been given."

The Statesman this morning reported the plight of a suspected SARS patient, Ms Maria, who claims she was kept in unsanitary conditions in the isolation ward along with two foreign nationals. She said, "had one of us really been infected with SARS, the others

ees today took extra 'care' of the patient and discharged her. After her discharge, Ms Maria said: "food and soft drinks were brought from outside. They cleaned up the whole place at least thrice".

Dr Salhan, however, said: "the other two foreign nationals kept with Ms Maria were perfectly fine. They were kept in isolation only because they had been in close contact with another suspected SARS patient Ms Rebecca Raleivh. Our examination revealed all three were in perfectly healthy condition".

Senior doctors in the hospital admitted that all three women were housed in the same room because "we lack proper facilities".

Ms Maria today alleged that "hospital staff move around in dirty slippers and without proper protective clothing. The toilets have no flushes." According to her, lack of hygiene forced Ms Amy Steiner and Ms Kelly to refuse hospital food.

Ms Maria claimed details on her condition were misrepresented by the Union health ministry, which said she had come from a conference in Kathmandu which had been at-

Global clampdown to block virus

11-3
12/19
Hong Kong/Singapore, April 11 (Reuters): Hong Kong reported two more deaths and 61 fresh cases of SARS today as governments across the world took tough steps to stop the virus at their borders.

As the worldwide death toll from Severe Acute Respiratory Syndrome (SARS) rose to 114 and infected more than 3,000, Hong Kong began quarantining relatives of SARS patients and Singapore struggled to contain fresh outbreaks of the virus that has provoked mounting fear and changed lifestyles across the region.

The US consulate in Shanghai said in an e-mail seen by Reuters two Americans were among nine being treated at the Shanghai Pulmonary Disease Hospital with symptoms of SARS.

With 56 reported deaths and 1,291 cases, China has been the country worst affected by SARS, which has no cure as yet.

The US state department said on its website at www.travel.state.gov that China was imposing strict quarantine measures not widely publicised on SARS victims.

The flu-like disease, which originated in southern China in November, hit Hong Kong in March and has been spread around the world by air travellers.

The virus has now killed 32 people in Hong Kong, which has recorded about a third of all cases worldwide. It has especially hit hospital staff, who have warned the Hong Kong health care system is on the brink of collapse.

Hong Kong today began quarantining 150 relatives of SARS patients for 10 days in case they, too, had been infected.

People in Hong Kong jammed telephone help lines to pour out their fears and anxieties.

"Some are really scared that if they get the disease they will

be quarantined and lose their jobs because of that," said Ida Ma, a social worker with Catholic help group Caritas.

"Many live in housing estates where infections have occurred and they talk about how taxi drivers refuse to take them. Some have even been turned away by private doctors."

Most of the territory's nearly seven million people now wear surgical masks in public places and offices to ward off SARS, whose symptoms include fever, cough and severe pneumonia.

"I have never seen anything so bad all my life and I am very old. I don't know if I can live to see the day when I can walk around without my mask," said grandmother Lee Ah-miu, 73.

The disease has already delivered a heavy economic blow across Asia, hitting hotels, airlines and the tourist industry. Analysts have been busy revising down economic growth forecasts.

Miscellaneous

12 APR 2003

Global clampdown to block virus

5.3
12/19

Hong Kong/Singapore, April 11 (Reuters): Hong Kong reported two more deaths and 61 fresh cases of SARS today as governments across the world took tough steps to stop the virus at their borders.

As the worldwide death toll from Severe Acute Respiratory Syndrome (SARS) rose to 114 and infected more than 3,000, Hong Kong began quarantining relatives of SARS patients and Singapore struggled to contain fresh outbreaks of the virus that has provoked mounting fear and changed lifestyles across the region.

The US consulate in Shanghai said in an e-mail seen by Reuters two Americans were among nine being treated at the Shanghai Pulmonary Disease Hospital with symptoms of SARS.

With 56 reported deaths and 1,291 cases, China has been the country worst affected by SARS, which has no cure as yet.

The US state department said on its website at www.travel.state.gov that China was imposing strict quarantine measures not widely publicised on SARS victims.

The flu-like disease, which originated in southern China in November, hit Hong Kong in March and has been spread around the world by air travellers.

The virus has now killed 32 people in Hong Kong, which has recorded about a third of all cases worldwide. It has especially hit hospital staff, who have warned the Hong Kong health care system is on the brink of collapse.

Hong Kong today began quarantining 150 relatives of SARS patients for 10 days in case they, too, had been infected.

People in Hong Kong jammed telephone help lines to pour out their fears and anxieties.

"Some are really scared that if they get the disease they will

be quarantined and lose their jobs because of that," said Ida Ma, a social worker with Catholic help group Caritas.

"Many live in housing estates where infections have occurred and they talk about how taxi drivers refuse to take them. Some have even been turned away by private doctors."

Most of the territory's nearly seven million people now wear surgical masks in public places and offices to ward off SARS, whose symptoms include fever, cough and severe pneumonia.

"I have never seen anything so bad all my life and I am very old. I don't know if I can live to see the day when I can walk around without my mask," said grandmother Lee Ah-miu, 73.

The disease has already delivered a heavy economic blow across Asia, hitting hotels, airlines and the tourist industry. Analysts have been busy revising down economic growth forecasts.

THE TELEGRAPH

12 APR 2003

China conducts tests on animals to find source of killer virus

Beijing: China, worst-hit by



Sars epidemic, has begun animal experiments in an effort to determine the source of the killer disease that has claimed over 100 lives worldwide, the state media reported on Friday.

After conducting case studies, Chinese scientists have 'strong evidence' to prove that it is a great possibility that Severe Acute Respiratory Syndrome (Sars) patients are attacked by a chlamydia agent or a corolla-virus-like agent, or even co-infected by the two, the chief expert of the Institute for Viral Disease Control and Prevention, Hong Tao, said.

Chinese experts are carrying out experiments on animals to verify the conclusion, Mr Hong claimed. A top epidemiologist was quoted by media reports as saying on Friday that seven new cases of Sars has been detected in the southern Guangdong province. It brings the number of cases in the province to 1,220 and the number countrywide to 1,297.

The killer epidemic claimed three more lives in China and affected 19 more people during the past 24 hours, raising the death toll to 58, the ministry of health said in Beijing on Friday.

Meanwhile, Beijing municipal authorities have stepped up efforts to prevent Sars from spreading in the sprawling city of over 12 million people with city officials pledging to offer free medical treatment to Sars patients who could not afford the expenses. Around-the-clock English hotline, dealing with queries from expatriates, has been set up in the city, and another such hotline will be opened in the very near future.

Two Indian crew members aboard a Malaysian star cruises vessel, *The Superstar Virgo*, are suspected of having Sars, a company spokeswoman said on Friday.

Singapore announced that an Indian crew member from the vessel was admitted to Tan Tock Seng hospital on April 9 and was a suspect Sars case. Malaysia announced that a 26-year-old female Indian ship crew member had developed Sars on March 30. Officials would not reveal the vessel's name and company.

Doctors' dilemma over SARS

Nine columns
by

April 10. — Doctors at Bellaghatta ID Hospital attending on the patient suspected of carrying SARS virus are confused. His blood samples have been sent to five institutions for tests and culture. And if the five reports are different, then they wouldn't know which one to go by.

The five institutions where the patient's blood samples have been sent are School of Tropical Medicine, Kolkata, National Institute of Virology, Pune, National Institute of Cholera and Enteric Disease, New Delhi, National Institute of Cholera and Enteric Disease, Kolkata and Indian Council of Medical Research in Kolkata.

This is reportedly the first time that the state health department has sent blood samples for tests and culture to five different institutions. A health official explained: "We sent the samples to five institutions following instructions from higher authorities of the state government... It was not our decision."

The superintendent of Bellaghatta hospital, Dr Swapnil Biswas, said: "We are getting four samples tested. The Centre has asked for a sample to be tested at NICED in Delhi." This may be due to the worldwide threat posed by SARS.

In earlier cases of epidemic, like in the mysterious fever at Siliguri about two years ago,



ID Hospital on Thursday. — The Statesman

'A remedy'

KOLKATA, April 10. — A vaccine of corona viruses prepared from "convalescent serum" of SARS patients can be used as a remedy against the disease, the spokesman of Indian Medical Association, Kolkata chapter, Dr Sudipto Roy, said. The vaccine or anti-body creates passive immunity in the patient and has been successfully used in some cases. Only the National Institute of Virology in Pune has the infrastructure for manufacturing this vaccine, Dr Roy said. — SNS

blood samples were sent only to National Institute of Virology and the School of Tropical Medicine.

However, health services officials are confused about the kind of treatment they might have to go for, if the reports differ. "If they are different, it will lead to a dilemma. But then we'll have to rely on one report," an official said.

Bellaghatta ID Hospital has, for now, conducted only a routine blood test and swab test, and kept the SARS suspect under observation. Despite being a specialist hospital, there is no scope for test for culture and sensitivity at the hospital, since it has to rely on STM most of the time. In fact, the hospital does have a ventilator, but it has been lying dormant for months, a state health official said.

The hospital has a few of the three layered masks and gloves which are to be used for precaution. But then these cannot be used by anyone else. After nursing staff of the hospital complained of inadequate masks and gloves, hospital authorities have asked for more of these. "We will purchase a few more of these masks today, as the shortage is felt when these are disinfected," Dr Biswas said.

So even if the present case doesn't turn out to be a SARS case, it is worth pondering how equipped the Bellaghatta ID hospital is if even one such genuine case is brought here in the future.

More reports on pages 2 & 6

Miscellan

SARS - a global threat

129-15

8/4

BEIJING, APRIL 7. Before: Man catches cold in hometown. Spreads it to a few neighbours. Goes home, perhaps infects his wife and children. Climbs into bed until he's well.

Now: Man catches cold in hometown. Boards 747 from Hong Kong to Singapore, Bangkok, maybe even Frankfurt. Spends hours sharing air and spreading droplets inside metal machine with hundreds of others. Emerges, hacking up phlegm, into an entirely new community of people ripe for infection.

Globalisation — the 21st-century reality of humans reaching other continents and disparate communities of millions within hours — is also a global opportunity for disease, a reality dramatically underscored by the swift spread of severe acute respiratory syndrome.

SARS has killed 98 people as it has hopped around the globe, cropping up in places as disparate as Hanoi and Ontario after an apparent debut in southern China.

"If people who are sick keep insisting on flying, then that poses a new threat and it gives a new meaning to the word 'globalisation,'" Singapore's Health Minister, Lim Hng Kiang, said at a recent news conference about SARS.

He was talking about a Singaporean woman who fell sick on a business trip to Hong Kong and Beijing, then went home — possibly infecting fellow airplane passengers, airport immigration officials and her taxi driver in the process. She moved fast, and it moved fast with her.

It's not just the physical contact that feeds this. The multi-

tude of connections that have become easier — e-mail, instant telephone communication technology that gives us a sense that things are nearer — are uniting people and making ties stronger. That in turn increases on an enormous scale, the contacts that people have — and eventually, pursue in person.

One look at the movement of SARS in recent weeks bears that out. Its spread appears in line with alliances in the business community — who travel where to buy and sell.

"Looking at this disease, you could probably plot the patterns of globalisation — who's related to who, who's investing with who, who visits who. This is what globalisation is," said an expert.

There was a time when most people stayed put, and the things they carried around — ideas, recipes, strange new diseases — largely stayed put too, or travelled far more slowly atop horse or aboard ship.

But for more than a century, the increasingly connected planet has created new dangers alongside the exciting innovations.

The 1918-19 Spanish flu epidemic, which killed some 40 million people worldwide, was believed to have been helped along by travelling World War I soldiers. And one of AIDS' very earliest patients — possibly the first in North America — was a flight steward who infected people in New York and Los Angeles. — AP



Nurses wear surgical masks as they carry out their chores at a hospital in Beijing on Monday. — AFP

8 APR 2003

THE HINDU

'Super-spreaders' can provide key to controlling Sars: WHO

Guangzhou (China): The key to controlling the rapid but seemingly erratic spread of Sars could lie in identifying highly infectious people known as "super spreaders," a World Health Organisation (WHO) official said.

In an effort to solve the puzzle, a WHO team is visiting hospitals and talking with experts in the southern Chinese province of Guangdong, where the epidemic of Severe Acute Respiratory Syndrome (Sars) began.

The four-member team is most interested in "the phenomenon of 'super spreaders' — people who seem to spread their disease to a lot of other people", said the WHO team leader, Dr Robert Breiman.

Figuring out why they are so infectious "may lead to public health approaches that will be very effective for control," he said, as new deaths were reported on Friday by Hong Kong and Malaysia.

Worldwide, Sars has killed at least 90 people and sickened 2,300 in more than a dozen countries. Symptoms include high fever,



Dr James Maguire of the World Health Organisation speaks to reporters after visiting a hospital which treats 200 Sars patients in Guangzhou on Sunday.

aches, dry cough and shortness of breath. No cure has been found.

Can Sars be stopped? As hard as public health officials work to stamp out the virus, many experts reluctantly conclude it is likely if not inevitable that it eventually will spread everywhere.

Experts acknowledge that the eventual course of any new disease is almost impossible to pre-

dict. Some frightening new infections have burned themselves out, while others, like AIDS, have become global disasters.

However, several features of Sars make epidemiologists, virologists and infectious disease experts fear total victory is unlikely.

"Will it explode into a major epidemic that will propagate over the years? or will it fizzle out or be contained at a low rate?"

"That's unknown," said Dr Lee Harrison of the University of Pittsburgh. "I suspect we will see this disease for at least the next several years. It's hard to imagine it will be over soon".

Perhaps the most ominous sign is the steep climb in new cases, especially in Hong Kong, which has had a nearly fourfold increase in just two weeks. Each person who gets it may spread the infection to several others before they even know they have it.

While many are infected through face-to-face contact, evidence is mounting that the virus may also spread through the air or be picked up from contaminated surfaces. Agencies

Patient infects hospital staff

HK hunt for virus victims

Hong Kong, April 4 (Reuters) — Hong Kong police launched a manhunt today for hundreds of people who were exposed to a deadly respiratory virus as World Health Organisation experts tried to nail down the source of the disease in southern China.

"If our health department colleagues think these people may infect other people, we'll use military force to send them to hospital for treatment," a police spokesman said.

The tough measure came after more than 10 staff at Hong Kong's United Christian Hospital contracted the disease from a patient, raising fears a new wave of infections was beginning and the epidemic in the territory was far from being contained.

Hong Kong reported 27 new cases of Severe Acute Respiratory Syndrome (SARS) today, bringing its total to 70, the highest number of infections after mainland China's nearly 1,200 cases. Shanghai said it had one confirmed SARS infection.

The disease, which can lead to pneumonia, has killed 82 people and infected over 2,400 worldwide, prompting concerns and leading economists to trim growth forecasts for parts of Asia after a plunge in tourist arrivals and sharp fall in airline flights.

More countries imposed tougher restrictions on visitors to try to stem the spread of the disease, which scientists say is caused by a previously unknown virus that might have originated in animals.

Thailand added Canada to its list of high-risk areas and said its doctors would board all flights from there on arrival to test passengers for symptoms of the virus. Canada has the third highest number of cases in the



A masked baby with her mother in Guangzhou, southern China. (Reuters)

world and has had seven deaths.

Malaysia said all visitors would be required to make health declarations with immediate effect after a man died earlier this week, apparently from a flu-like virus.

Japan urged its citizens to exercise caution on trips to areas including Singapore, Hanoi, Taiwan, Macau and Toronto.

In Hong Kong, police hunted members of 113 families who had fled an apartment block in the crowded Kowloon district after a sudden outbreak of infections there.

Burn Your Worries
World Class
Personna
TRAINING

5 APR 2003

Mystery pneumonia virus continues to baffle WHO

Stephen Pincock
London, April 4

SCIENTISTS SCRAMBLING to pin down the cause of the frightening respiratory illness spreading worldwide are nearing an answer, but the picture remains decidedly uncertain.

The prime suspect is a coronavirus that probably originated in animals, said World Health Organisation expert Dr Wolfgang Preiser, but current theories about severe acute respiratory syndrome (SARS) hint that another recently discovered virus and even a new form of chlamydia might also play a role in some patients.

"It's a very varied picture, and it may already be outdated in two days' time because the evidence is rapidly evolving," he said.

The German researcher is one of five experts on a WHO mission to learn more about SARS at the epicenter for the disease in China's southern Guangdong province. His laboratory in Frankfurt was involved in treating three patients in Germany.

One day after they arrived in Guangdong, the WHO group has



Chinese women wear masks in Guangzhou, capital of Guangdong province, on Friday. WHO experts arrived in Guangdong where the flu-like SARS first appeared.

confirmed that the outbreak of "atypical pneumonia" reported by Chinese authorities last year is the same thing as SARS.

But other crucial questions, like what causes the disease and where it came from, are unanswered. The first step for the WHO network of laboratories was to rule out known infectious

agents as the cause of SARS. That has now been ascertained, thanks to a molecular technique called polymerase chain reaction, which can detect tiny pieces of genetic material.

"We are quite certain that we were dealing with a new agent," Preiser said. "This is something that has not been described before in humans or animals."

The collaborators then set about trying to grow the agent in the laboratory. Several labs around the world identified coronavirus in their local patients, and a comparison showed they were highly genetically related.

"They are virtually indistinguishable," Preiser said. Coronaviruses can cause common cold in humans, and serious diseases in animals. In some patients, SARS spreads extremely aggressively and causes severe disease — killing about 3.5 per cent of those infected. But others recover quickly and do not seem to have infected many other people.

"We don't know why that should be," he said. "It's obvious that they've been exposed to the same agent."

Reuters

5 APR 2003

SARS spreads, Govt breathes easy

TOUFIQ RASHID
NEW DELHI, APRIL 3

NON alarmistic attitude is the phrase officials at the Health Ministry are using to describe how they are going about combating the SARS virus threat. Reason: "They don't want to create undue panic". Logic: "It's not yet been reported in the country."

In the same breath, the Ministry also claims, that it is "adequately equipped for handling any outbreak in the country". The hurriedly held press conference at Nirman Bhavan today, however, only underlined the complacency among health officials.

This in spite of the fact that Australia and Belgium are the

new entrants in the list of countries affected with the deadly disease. The officials claimed to have sensed the people regarding SARS and said the hospitals have been asked to gear up. They also said adequate measures are being taken to prevent spread of the disease through air traffic.

According to them, hospitals have been asked to treat all patients who show symptoms of the disease and have visited the affected countries as "possible cases" and give barrier treatment. "The doctors have been asked to exercise barrier nursing which means completely disinfect themselves before attending other patients," said Dr Shw Lal, Director of National Institute of Communicable Diseases.



People leave the York Region's SARS Assessment Clinic after being examined in Toronto. Reuters

However, the facts seemed contrary to the claims. The Ministry is yet to put in practice what was promised in the past few days. The much publicised

proforma for the traveller disembarking card. The proforma might come into force from tomorrow," said Bhavani Thyayagrajan, Joint Secretary in the Ministry.

The request for supply of 20 to 25 diagnostic kits to the WHO is yet to be made. "The bug is yet to be identified with certainty but some diagnostic kit has been devised in Germany. We are likely to make a request soon," said Dr Lal.

Speaking to *The Indian Express* the airport authorities said that the Health Officer has sent the immigration staff

Meanwhile, Health Minister Sushma Swaraj on Wednesday visited the three Central government run hospitals which were identified to treat the disease.

UK journalist becomes first Sars victim in Brazil

Sao Paulo: A British journalist who had just returned from Malaysia has become the first suspected case of severe acute respiratory syndrome (Sars) in Brazil, officials said.

Secretary of state for health Luis Roberto Barradas said the 42-year-old woman, whose identity was not given, had been isolated in a hospital in Sao Paulo.

Latin America has largely been spared the spread of Sars around the world but a man who died in Panama is also suspected to have had the virus. The journalist "showed symptoms of the illness: a cough, difficulty in breathing and fever and had come from the region affected by the epidemic," said Mr Barradas. The official said the journalist had been in Malaysia to cover the Formula One Malaysian Grand Prix motor race and had stopped

over in Singapore before arriving in Brazil on Monday to prepare for the Brazilian Grand Prix on Sunday.

China asserted that the outbreak of 'flu' in the country is "under effective control" as the Chinese cabinet gathered to discuss the killer disease which has caused 46

- Newsmen was in Malaysia to cover Grand Prix
- Outbreak of 'flu' is under control, asserts China

deaths in the communist nation and over 70 worldwide.

"Effective measures have been taken by the Chinese government to bring the epidemic under control and to ensure that foreign visitors in China will not be infected," Chinese health minister Zhang Wen Kang said in a rare interview on state television and other state-run

media. He claimed that China's efforts to curb the outbreak of the flu-like virus have resulted in "a rise of recovered patients and a drop of new patients."

Also, the Chinese cabinet meeting, which took place on Wednesday, was presided over by recently appointed premier Wen Jiabao and decided on a series of priorities, including efforts to stop the spread of the disease, Xinhua news agency reported. The meeting also called for stepping up cooperation with the WHO to prevent the spread of the disease and to establish a national emergency mechanism.

China has been criticised for dragging its feet in reporting new cases and suppressing information about the disease from the public as well as the Geneva-based WHO since the outbreak. Agencies

4 APR 2003

THE TIMES OF INDIA

Virus clue hunt at fountainhead

Miscellaneous
6-3

Hong Kong, April 3 (Reuters): A World Health Organisation (WHO) team hunted for clues in southern China, the origin of a global virus outbreak, as Thailand vowed today to quarantine plane loads of tourists if anyone on board displayed symptoms.

In Hong Kong, which now has the largest number of reported daily cases of Severe Acute Respiratory Syndrome (SARS), the government said more children and school staff had been diagnosed with the disease and that schools would remain shut.

The government announced 26 new infections today, bringing the total to 734. One more person died, raising the death toll to 17.

With no medical proof yet of what causes the deadly, flu-like disease, or how it is spread, the WHO has issued a worldwide warning against travel to China's Guangdong province and neighbouring Hong Kong. More countries also announced new precautions.

Thailand, a top tourist destination, said visitors from high-risk countries would be quarantined for 14 days if anyone on board their aircraft was found with SARS symptoms.

The virus has infected 2,300 people across 18 countries. Nearly 80 people have died.

Indonesia, the world's fourth most populous nation, declared SARS an infectious disease today, allowing tough regulations. Health minister Ahmad Sujudi said three people were being treated as though they had SARS.

After being criticised for its silence on the disease, China allowed the WHO visit to Guangdong yesterday, but the UN body does not appear to have unrestricted access.

"At the moment, it's basically up for negotiation," WHO



Fashionable masks worn by people in Hong Kong as protection from the Severe Acute Respiratory Syndrome. (Reuters)

spokesman Chris Powell said from Guangdong.

Chinese health minister Zhang Wenkang declared China a safe place to travel today, but amplified his earlier statements that SARS was under control in China. "I said it was under effective control. I didn't say it was stamped out," he told a news conference. "Society is stable and it is safe to work, live and travel."

The loss of business and a slump in tourist arrivals in Asia are already being seen by some industries, such as retail and airlines, as having a bigger negative impact than the Iraq war.

Germany was the latest major economy today to urge its citizens to postpone non-essential visits to Guangdong and Hong Kong. India said it was on alert for cases at airports.

The Taiwan Association of Travel Agents said about 98 per cent of 1,138 tour groups to China have been cancelled in April, when many Taiwanese traditionally visit their ancestors' graves for the Tomb Sweeping festival on April 5.

"SARS hit us really, really hard," chairman Bright Yang said today. "People are in a panic. They don't want to fly. They don't want to go anywhere."

In Hong Kong, where 16 people have died and more than 700 have been infected, the rapid spread of the virus has turned the once-bustling city into something of a ghost town.

Desperate to draw customers, more shopkeepers are now selling detergents and masks. Popular karaoke bars and restaurants are almost empty.

APR 3 2003

APR 3 2003

FLU KILLS 2,50,000-5,00,000 PEOPLE EVERY YEAR

News
4/4

A flu(ke) not as deadly as influenza

Maggie Fox

WASHINGTON 3 APRIL

IT jumped from ducks to farmers in the densely populated southern provinces of China, spreading via jet to the whole world within a year and killing half a million people. SARS? No — just ordinary influenza. Fluke!

As world health officials scramble to identify and contain the outbreak of Severe Acute Respiratory Syndrome (SARS), they are drawing constant parallels with flu, a much more familiar — and so far deadlier — foe. SARS has killed an estimated 78 people and made 2,151 ill, the World Health Organisation said in its latest update.

In contrast, influenza kills anywhere between 2,50,000 and 5,00,000 people every year

around the world. In the United States, with a vaccine and modern medical care widely available, flu kills at least 36,000 people a year.

New strains regularly pop up, with varying degrees of lethality. The "Spanish flu" pandemic of 1918 killed between 40 million and 50 million worldwide, most of them young, healthy adults. The "Asian flu" and "Hong Kong flu" pandemics of 1956-1957 and 1967-1968 killed a combined 4.5 million people.

The SARS outbreak is tiny in comparison, said Dr Richard Duma, head of infectious diseases at the Halifax Medical Center in Daytona, Florida, and a member of the board of the National Foundation for Infectious Disease. "I think it is frightening a lot of people but I don't

think it will produce the mortality that influenza will produce," Dr Duma said.

In fact, when SARS cases were first reported in Guangdong early this year, experts assumed it was another outbreak of a deadly strain of influenza known as H5N1.

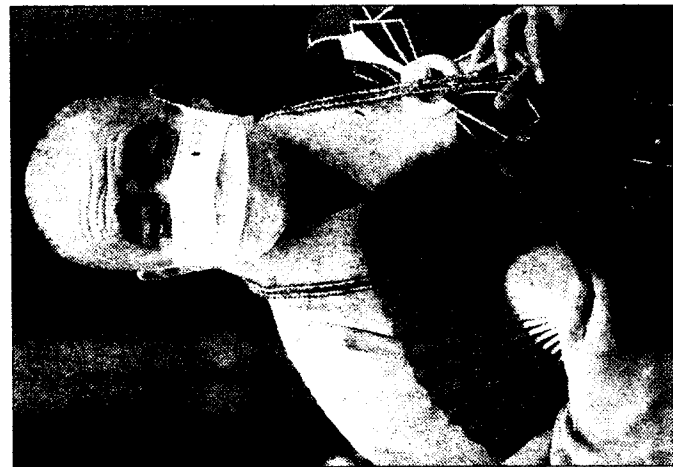
In 1997, Hong Kong authorities slaughtered more than a million chickens and ducks to stem the epidemic of "bird flu" that came to be known by its genetic nickname of H5N1. It killed six people and infected 18.

Richard Webby, an influenza virus expert at St Jude Children's Research Hospital in Memphis, noted that three members of a Hong Kong family who visited Fujian Province in southern China became infected with H5N1 early this year and two of them died. —Reuters

Doctors adopt unproven drug, transfusions

With 26 new cases and hundreds ill, HK resembles a ghost town

REUTERS
HONG KONG, APRIL 3



Scientists work to solve the mysterious reasons on the front lines to treat it. Doctors are claiming success with therapies: a cocktail of antiviral drug and plasma from recently ill patients, Toronto, where the virus is growing, doctors are trying to determine if the antiviral drug being used is effective.

FROM THE JOURNAL

Doctors aren't leaping to tactics. The treatment Hong Kong haven't used many US officials advised right now, antiviral therapy, or other agents that are of any benefit like Gerberding, di-antana. It is that Hong Kong is made up of Ribavirin drug used to and high doses of

selling detergents and masks. Popular karaoke bars and restaurants are almost empty. Streets in one of the world's most densely populated cities are quiet. Over half the population wear masks. In one golf gear shop in the central business district, disinfectants, surgical masks, health supplements and sprays have replaced golf clubs and balls in the shop window. Thailand said visitors from high-risk countries would be quarantined for 14 days if anyone was found with SARS symptoms. Indonesia declared SARS an infectious disease on Thursday, allowing tough regulations. Germany also urged citizens to defer visits to Guangdong and HK. In Canada, doctors said a number of cancer surgeries have been delayed because of SARS cases. Brazil reported its first suspected case on Wednesday. Vietnam also reported a new case.

708 SARS patients are taking the cocktail. The city has even begun distributing Ribavirin pills as a pre-emptive medicine to healthy people exposed to SARS. Majority of Hong Kong's current

A Hong Kong monk at a prayer meet on Wednesday. Reuters

steroids. Many doctors prescribing the drug cocktail acknowledge there is no way of knowing whether it works. But officials in Hong Kong say they can't afford to wait months for trials. "We're not

MEANWHILE

Security Council to discuss North Korea nuke crisis on April 9

UNITED NATIONS: Almost three months after North Korea announced its decision to withdraw from the Nuclear Non-Proliferation Treaty, the UN Security Council will hold discussions on Pyongyang's nuclear crisis for the first time on April 9 next week.

The Council could impose economic sanctions but North Korea has warned that it would treat any embargo as an "act of war". North Korea had announced on January 12 its decision to withdraw from the treaty and barred the UN nuclear watchdog agency, International Atomic Energy Agency (IAEA), from inspecting its facilities. Six weeks ago, the IAEA had referred the matter to the Council.

Nepal Maoists arrive for peace talks

KATHMANDU: Security was tight in Nepal's capital Kathmandu on Thursday as hundreds of activists arrived to attend the first public rally here to be addressed by senior Maoist leaders in seven years. The rebels hope up to 100,000 supporters and members of the general public will attend the meeting — the first allowed since the Maoists turned their backs on politics and began their struggle for a republic in 1996. Both sides had declared a ceasefire on January 29.

Lanka for referendum on Tamil peace bid

COLOMBO: Sri Lanka is considering a referendum on its controversial Norwegian-backed peace bid with LTTE as the dialogue process moved to highly contentious issues, a senior minister said today. Constitutional Affairs Minister G.L. Peiris said the government was considering holding a nation-wide plebiscite on the peace process. —Reuters

THURSDAY, APRIL 3, 2003

FEAR OF FLU

hirrellman

INDIA HAS FINALLY woken up to the threat from SARS, the deadly virus that has killed over 60 people and infected at least 2,000 worldwide. The measures announced by the Centre are largely in the form of procedures to screen passengers arriving at international airports and seaports. Among other things, they include a new requirement for visitors, who from now on must sign an undertaking in the form of a questionnaire that elicits certain details about their health. It is doubtful whether such general measures will serve their intended objective — namely, preventing the spillover of this new form of flu into India. However, they do constitute the first steps towards raising public awareness about the danger that the Severe Acute Respiratory Syndrome could pose to this country. They could also form the basis around which a more comprehensive battle plan for tackling the virus could be developed. Not a single case of SARS has been reported in India until now, but this is hardly a reason for complacency given the manner in which it has been spreading. The illness is very much on the move and, at last count, as many as 16 countries have reported suspected cases of the deadly syndrome.

Medical scientists are racing against time to understand more about SARS, which was first detected in February and which is widely believed to have originated in China's heavily populated southern province of Guangdong. Although there is still a lot that remains unknown, there is much that has already been learnt about what till only recently was described as a mystery illness. For instance, scientists have all but confirmed that the disease is caused by a crown-shaped virus (which is possibly a part of the coronavirus family that causes the common cold). We also know that the virus is passed through droplets when infected persons cough or sneeze but what remains to be discovered is the best possible treatment for

MM-10 279 ✓

this killer disease. No cure for the illness has been identified so far, but the good news is that there are many reports of patients responding positively to a combination of drugs, which includes antivirals and steroids. Most patients eventually recover from SARS but the statistics suggest that between three and four per cent of those infected die. This is a worrying figure given the ease with which the virus spreads and the importance of keeping those infected in segregated environments.

Another worrying aspect of the disease is that the symptoms (high-grade fever and cough with the possible addition of headaches, loss of appetite, etcetera) are extremely general or non-specific. As a result, it is possible for SARS to be confused with common ailments, a risk that is much higher in countries such as India where levels of awareness are low and where ordinary viral fevers with similar symptoms are prevalent. At the moment, Hongkong and China (which has been criticised for being slow and unforthcoming in reporting cases) have registered the maximum number of deaths. But the pattern of incidence clearly suggests that SARS is already a global epidemic, with reported cases in three other continents, North America, Europe and Australia. Just exactly where else and how quickly this illness will spread are two of the many unknown questions about SARS. As is usually the case, poor or underdeveloped countries face the greatest risk from the spread of such a disease. The lack of adequate medical infrastructure and the lower levels of public awareness are a dangerous combination in the face of a deadly viral infection that resembles ordinary fevers and that can spread on close contact. The best weapon against SARS in a country such as India is knowledge about how it spreads and what people need to do to protect themselves. Having acknowledged the threat of SARS, the quicker the Government readies itself to disseminate such information the better.

THE HINDU

3 APR 2003

Killer pneumonia: Centre yet to get its act together

By P.Sunderarajan

10-12
397

NEW DELHI, APRIL 2. As fresh cases of the pneumonia-like disease called 'Severe Acute Respiratory Syndrome' continue to be reported from different parts of the world, the Centre still is struggling to get its act together for preventing its entry into the country.

Two days back, a high-level meeting of experts convened by the Union Health Minister, Sushma Swaraj, to take stock of the situation in the country, recommended a set of measures to be taken "immediately". These include screening of passengers coming from countries affected by the disease. But, till this evening, some of the key suggestions remain on paper, with the files concerned making the rounds — from one officer to another — in the Union Health Ministry.

A critical recommendation, which is yet to be translated into action relates to an advisory that was to be sent to Indian embassies in all the disease-affected countries to be extra

careful while issuing visas.

Another key suggestion, which is still to be acted upon, relates to a written declaration to be made by air passengers coming from the affected countries as to whether they had by any chance been in contact with the disease afflicted person.

The aim was to keep such passengers under surveillance for some days, since the incubation period of the disease was found to be between two to 10 days.

Acknowledging delay, a senior Ministry official this evening said that the wordings of the advisory and the pro forma for the declaration were being finalised and expected to be ready by tomorrow.

While the advisory would be then sent to the Ministry of External Affairs for despatch to the embassies, the pro forma would be sent to the Civil Aviation Ministry to be forwarded to the airports.

Meanwhile, public health experts are dismayed that the authorities are concentrating on

the air-route, when there was a possibility for the disease to enter the country through the land route also.

It should be remembered that large numbers of people move across the border between India and Nepal and also between Nepal and China and there is every chance for the

disease spread through the land route. Importantly, China accounted for the maximum number of SARS cases.

According to WHO, out of the worldwide total of 1,804 cases and 62 deaths due to the disease reported so far, China accounted for 806 cases and 34 deaths.

Mumbai airport on high alert

By Our Special Correspondent

MUMBAI, APRIL 2. Mumbai's Sahar International Airport, which handles several thousand passengers from across the world, is now on a high alert to cope with possible cases of Severe Acute Respiratory Syndrome (SARS) cases.

The airport authorities and the city's civic body have put in place an arrangement that they claim is foolproof. Screening has been made mandatory for all airport arrivals, especially from destinations in Asia that have been hit hard by the disease. The Mumbai Municipal Corporation has asked the cabin crew on all incoming flights to study the passengers for any tell-tale signs and alert Mumbai to be ready to deal with such cases immediately on arrival. Mumbai is a key disembarkation point and the large number of flights and passengers makes for chaotic conditions, which may well stretch the resources of the surveillance mechanism. There have been no problems with the health checks so far. The Kasturba Infectious Diseases Hospital and the V.N. Desai Hospital have segregated some wards for dealing with any possible case of SARS. At the airport itself, an isolation facility has been created and the staff, operating in four shifts, has been asked to be extra vigilant. They have been asked to be "quite stringent" in the screening procedures.

THE HINDU

3 APR 2003

SARS battle enters quarantine mode

PTI & The Nation/ANN

BANGKOK, April 1. — Asian governments are taking stricter measures to contain the Severe Acute Respiratory Syndrome (SARS) outbreak. Thailand has resorted to emergency quarantine regulations for suspected patients, as Hong Kong reported another death and 75 new infections of the disease that has killed about 62 and infected over 1600 globally.

Thailand's public health ministry said that it has declared SARS a severe communicable disease.

The only person to die of SARS in that country was a WHO doctor from Italy who arrived there from Vietnam.

Health officials will be posted at international airports in the country to look for patients arriving from China, Hong Kong, Singapore, Vietnam and Taiwan. Of the 1600 people infected globally, most deaths have occurred in Hong Kong.

Chinese authorities have asked physicians treating SARS to disinfect everything they touch and wear 12-layer surgical masks.

Scientists have not been able to identify the flu-like disease whose symptoms include fever, a dry mouth and shortness of breath.

Malaysia, Sweden and Germany also reported first suspected cases of SARS.

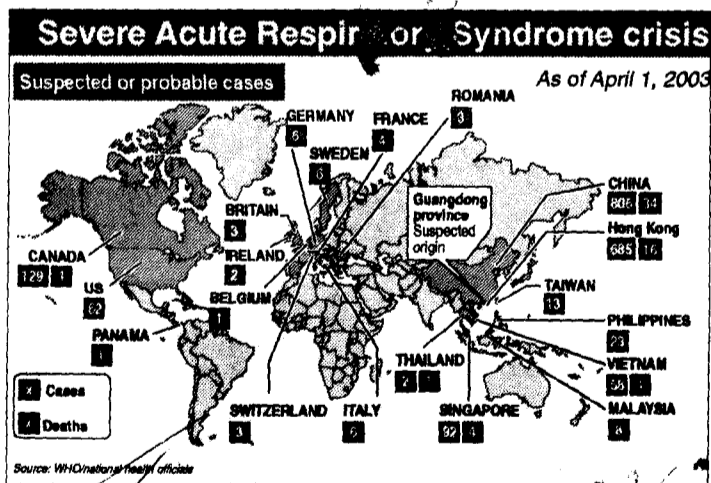
The World Economic Forum today postponed a Beijing meeting of business and government leaders because of concern over SARS. Indonesia announced today increased measures to prevent the entry of SARS into the country.

A senior US health official told the CNN today that SARS could spread through the air, making it far more contagious than previously thought. Health officials previously believed SARS was transmitted from contact with a coughing patient.

Australia reports first SARS case: The first confirmed case of SARS in Australia is a Briton who has recovered and flown home without spreading the virus to anyone.

China denial: China, which has reported a total of 806 cases of SARS, today refuted international criticism of its apparent attempt to cover up the spread of the disease. It has denied that there was a delay in the government's response to the crisis.

Livestock: According to WHO, livestock in southern China may be the source of SARS.



THE STATE...

City survives brush with killer flu

By Rekha Dixit
TIMES NEWS NETWORK

Micell
GM

Mumbai: It was touch and go, and Mumbai was simply lucky. The Cathay Pacific flight carrying the first Canadian suffering from Severe Acute Respiratory Syndrome (Sars) had touched down in the city on March 6.

Although there were no Mumbai-bound passengers on the Hong Kong-Vancouver flight (CX 838), many had disembarked during the two-hour stopover and visited the transit lounge at Sahar terminal's mezzanine floor. Several airport staff had also entered the aircraft for cleaning and other chores.

The Delhi-based National Institute of Communicable Diseases informed the state health authorities about the Canadian passenger on March 24. Incidentally, Canada has the largest number of Sars cases outside Asia—129. Four deaths have been reported so far.

The state government has put the airport staff who handled the flight under surveillance. "Since the aircraft landed nearly a month ago, and since the incubation period of Sars is about a week, we can now safely assume that no one in Mumbai was affected," said Subhash Salunke, the state's director of health services.

Six passengers from Mumbai had boarded the flight for Vancouver and were seated very close to the Canadian. While one of them, Anjan Das, subsequently returned to Kolkata, the others are still in Canada. "We've got in touch with all these passengers, and they are all in good health," Dr Salunke said.

After this close shave, the state directorate of health is now preparing a contingency plan for the city. It held a meeting with public health experts last week to chalk out the city's plans to battle the killer flu.

The Brihanmumbai Municipal Corporation has been made the nodal agency and the V.N. Desai Hospital at Santa Cruz (E) and Kasturba Gandhi Hospital for Infectious Diseases at Bombay Central have been earmarked for accommodating any suspected patient. The BMC has also tied up with



Tourists from mainland China wear face masks outside Hong Kong's Convention and Exhibition Centre on Tuesday as a precaution against the Sars virus that has killed 16 people and affected 700 others in that city.

the port and airport health authorities to screen passengers returning from south-east Asia and Canada.

All civic hospitals have been alerted to watch out for early symptoms and have been instructed about the isolation measures to be followed in the event of a suspected case. Training in barrier nursing is also being imparted to hospital staff, since several health care staffers in Hong Kong, Canada and China were infected while treating patients. "We shall also be interacting with private practitioners," said BMC executive health officer R.M. Kathuria.

Public health experts noted that there was no reason for the people of Mumbai to panic. "The public health department and the airport authorities needed to get their act in order. But at this stage, the city is under no overwhelming risk," said Haffkine Institute director S.M. Sapatnekar.

He noted that with the authorities of

the affected countries being on the alert now, the chances of the disease spreading through an infected patient were "slim". "Also, while the death toll continues to rise in those countries, it seems to be more from those already infected than from a fresh spurt of infection," said Dr Sapatnekar.

However, since the disease trend changes every day, the public health department could not take it lightly, said experts. "We don't even know what actually causes the disease. While some scientists feel the virus is related to the measles-mumps group, another school of thought believes it to be related to the common cold virus. There are also theories that it could be a combination of the two, or that it is an entirely different virus," Dr Sapatnekar said.

Sars has a hospital-based case-fatality of 3.8 per hundred patients. In comparison, for typhoid, the fatality is two per hundred.

— Dr James Young, Commissioner of Public Security, Ontario

SARS Wars

India's tepid reaction to a potential killer-pandemic outbreak is unsurprising. Thanks to a similar attitude towards the AIDS virus, today we have the world's second largest HIV-infected population. SARS (Severe Acute Respiratory Syndrome) has already claimed more than 62 lives, and infected nearly 1,700 people worldwide. Is there a way out of the impending catastrophe? Admittedly, we are far from a scientific breakthrough. In this situation, the most cost-effective prophylactic against SARS would be information-sharing. Information is crucial to ward off the coming danger — whether for health service authorities or the ordinary people. Indeed, ignorance only deepens panic and fear. That's how SARS fanned out from South China's Guangdong area to Hong Kong, Singapore, Thailand, Vietnam, Canada and other countries across the globe. Once SARS turned into killer pneumonia, the Chinese authorities were forced to inform the World Health Organisation (WHO), which promptly put out a global health alert. Yet, few reacted with urgency. Hong Kong, the 'Gateway to China', is finally taking the SARS strain seriously — after more than 180 cases were traced to a single housing estate in Kowloon district. Schools have been ordered shut, but only after a worried but vigilant Singapore did so. Many countries have issued travel advisories.

In today's global economy, SARS is much more than a health risk — it could well create another South East Asian economic crisis with businesses and airlines closing down in rapid succession. Sensitive industries like tourism will take a beating, and markets have started to register low sales. A single SARS-death in Singapore pushed the government towards stringent preventive measures, including tracking down the entire transmission chain, so that health workers could identify and quarantine possible victims. Canada, too, is dealing with SARS on a war-footing, fumigating and equipping hospitals to deal with SARS-related emergencies on a priority basis. While WHO and official Canadian and Singaporean websites provide detailed information on the new virus — symptoms, precautions and preventive care — in India, we are blase as usual. Till now, there's no SARS vaccine — traditional influenza vaccines are ineffective against the new, mutant coronavirus. If SARS has already gained a foothold in India, we might not get to know until it's too late — as happened with AIDS. Hospital and airport/airline/hotel staff should wear protective masks; they need to be trained to detect and deal with the SARS-infected. To prevent another AIDS-like volcano from erupting in our midst, immediate action on these fronts should be taken.

THE TELEGRAPH

1999-03-18

SARS origin: Probe examines 3 factors

Laurie Garrett
WASHINGTON, APRIL 1

AS THE number of cases of Severe Acute Respiratory Syndrome continued to climb on Tuesday, experts said there are three basic theories about the origin of the virus. Understanding where the microbe came from would aid health authorities in determining how to limit further spread.

The three emerging theories involve:

- A man-made virus
- An ancient animal virus that has mutated into a form capable of infecting humans
- An old human virus that went undetected until it had the opportunity to spread rapidly.

The notion of a man-made origin was initially played down by WHO officials and ruled out by US Centers for Disease Control and Preven-



A Chinese fan collects the refunded money of the Rolling Stones concert in Shanghai. Doctors said Tuesday that the disease could be airborne. Reuters

tion director Dr Julie Gerberding. But in an interview on Monday, Dr James Hughes, director of the CDC's National Center for Infectious Diseases, when asked about those early dismissals, said: "We are keeping an open mind." He went on to say: "It's behaving like a natu-

rally arising organism. I've not heard any information that this is anything but naturally acquired." Hughes noted that news reports out of Hong Kong indicated the first case there was a Chinese infectious diseases researcher who visited from Guangdong province — an area suspected as the origin of the disease.

Again, five years ago, a man-made virus was created in Australia to kill wild rabbits. The virus leaked from the manufacturing laboratory and swept across Australia and New Zealand, killing millions of rabbits. More likely, experts say, is a natural zoonotic event. Zoonosis describes the movement of microbes from one species to another, such as from pigs to humans, experts said.

The other possibility is that the virus has been around for a long time, causing occasional infections and that some event in China facilitated a dramatic spread. —LATWP

Measures to detect new strain of pneumonia stepped up

By Kalpana Jain
TIMES NEWS NETWORK

measures

New Delhi: In view of the global threat posed by a new and virulent strain of pneumonia, the government has decided to step up measures at airports and seaports across the country to detect possible carriers of the lethal virus. Embassies are also being asked to issue a travel advisory while issuing visas.

Passengers coming into the country would be required to fill up an additional form, along with the disembarkation card, to help officials identify whether they are suffering from the disease, now known as severe acute respiratory syndrome (Sars). Officials of the Union health ministry were working on a proforma till late Monday evening.

The decision was taken at a high-level meeting chaired by Union health minister Sushma Swaraj. Among those who attended the meeting were officials from the home and shipping ministries, Airports Authority of India, World Health Organisation (WHO), All-India Institute of Medical Sciences (AIIMS) as well as the Union health secretary and the director-general of health

- **Foreigners coming into the country will have to fill up an additional form along with the disembarkation card**
- **Experts say that unless a case comes to the AIIMS, the possibility of a diagnosis as Sars is remote**
- **WHO has asked people to be aware of symptoms and signs of this pneumonia**

services.

However, with the time between a person acquiring the infection and the appearance of symptoms stated to be between five and seven days, it is not clear how a more careful check could prevent the entry of the virus into the country. Experts also say that unless a case comes to the AIIMS, the possibility of a diagnosis as Sars is remote. This is because no efforts have been taken to have short-duration courses for private practitioners to whom most people go.

At the meeting, it was decided that a team of doctors will help provide additional training to the airport health officials as well as immigra-

tion officers. Airline crew would also be instructed to alert ground staff in case they suspect a Sars case on the flight. In case of passengers leaving the country, airline officials would be authorised to ask them to return if they are suspected to have symptoms of the disease. Health officials said any passenger with symptoms of the disease would be sent to hospitals where they could be kept in isolation.

Those travelling to or returning from Hong Kong, China, Vietnam, Singapore and Canada have been urged to be careful as the infection is said to be spreading fast in these areas.

The WHO has asked people to be aware of the main symptoms and signs of this pneumonia, which include high fever, one or more respiratory symptoms, including cough, shortness of breath and difficulty in breathing. Those who have had close contact with a person diagnosed with this pneumonia as also those who have recently travelled to areas reporting cases have been asked to report to the nearest hospital if they have these symptoms. The WHO had on March 12 issued a global alert on the new strain of pneumonia.

Doctor dies of illness he identified

GENEVA, MARCH 29. The World Health Organisation said that the doctor who was the first to identify an outbreak of a deadly mystery illness died of the disease on Saturday.

The Italian Dr. Carlo Urbani (46), a WHO expert on communicable diseases, died in Thailand where he had been receiving treatment after becoming infected while working in Vietnam.

Mr. Urbani, who worked in the public health programmes in Cambodia, Laos and Vietnam was the first to identify the disease — known as Severe Acute Respiratory Syndrome — in an American businessman who had been admitted to a hospital in Hanoi, where he later died.

WHO said Mr. Urbani's work had allowed it to increase its surveillance of the disease rapidly and many new cases were identified and isolated before they infected hospital staff.

"Carlo was a wonderful human being and we are all devastated," said Pascale Brudon, WHO's Representative in Vietnam. "Carlo was the one who very quickly saw that this was something very strange. When people became very concerned in the hospital, he was there every day, collecting samples, talking to the staff and strengthening infection control procedures."

Mr. Urbani, who was married with three children, was also president of Doctors Without Borders-Italy.

To date, SARS has killed at least 55 people and sickened 1,485, with the biggest number of cases and deaths in China's Guangdong province, where an earlier outbreak began in November.

Fears spread

In Hong Kong, fears spread among residents on Saturday after 58 new cases of the deadly flu-like disease were reported in just one day. Global health officials called Hong Kong the most severely affected area and as bank offices closed and much activity ground to a halt.

The Hong Kong Health Secretary has warned that more people will get sick, but did not predict how soon the illness could be contained.

Worries about severe acute respiratory syndrome, or SARS, have gripped the former British colony, where at least 425 people have been infected and 11 have died. SARS has sickened 1,485 people globally and killed at least 54.

Thousands of Hong Kongers are wearing surgical masks around town, but many aren't going around at all — ominously slowing down an already feeble economy.

The WHO says the disease is spreading via international travellers, and as scientists rush to find the cause and cure, Hong Kong "remains the most affected area."

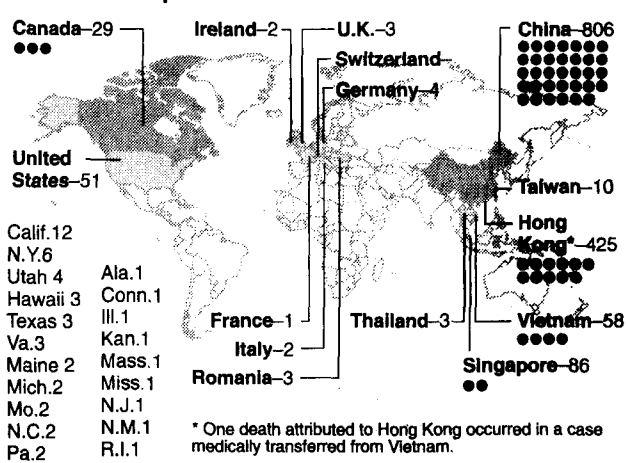
Hong Kong health secretary Dr. Yeoh Eng-kiong said Friday

that more residents will become sick. Figures released late Friday showed Hong Kong's biggest one-day increase since the WHO issued a global health alert this month, with 58 new cases. There were 51 a day earlier. — AP

Illness spreads despite quarantines

The number of reported cases of severe acute respiratory syndrome, or SARS, has dramatically increased to 1,485 worldwide. With more than 50 reported deaths, mostly in Asia, thousands of people are under quarantine as health officials attempt to contain the outbreak.

Number of reported SARS cases



SOURCES: World Health Organization; Centers for Disease Control and Prevention AP

THE HINDU

30 MAR 2003

28 MAR 2003

INDIAN EXPRESS

PAGE 1 ANCHOR

From his ICU, Dr Tom Buckley alerted the world about fatal pneumonia

Doctor's e-log maps lonely battle against virus

MATT POTTINGER
HONG KONG, MARCH 27

AFTER dropping his kids off at school on Wednesday, March 12, Dr Tom Buckley drove to Hongkong's Prince of Wales Hospital and downed his first cup of coffee for what he expected to be a routine day on the job.

The intensive-care unit where he works as a physician had a handful of patients — folks recovering from surgery, mostly. But in the early afternoon, a nurse informed him they were expecting a bad respiratory case from one of the hospital's patient wards. Dr Buckley, a



People queuing up for surgical masks in HK

patient two weeks ago, Prince of Wales Hospital as of Wednesday had 163 patients with severe acute respiratory syndrome, or SARS, six

of whom have died. About 60 per cent of the patients are health-care workers and medical students from the institution where they now lie sickened with pneumonia, dosed with antiviral drugs, and in some cases hooked to respirators to push air into their damaged lungs. Worldwide, the disease has claimed 50 lives and infected more than 1,300 people in recent months.

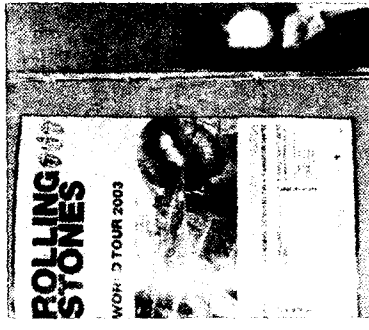
As Dr Buckley, 48 years old, struggled to cope with the influx of sick patients, he began sending daily e-mails to a list of more than 1,500 intensive-care doctors worldwide, describing the situation unfolding around him.

CONTINUED ON PAGE 2

Scientists identify virus

Killer pneumonia licks Stones' HK concerts

LOS ANGELES. The lethal pneumonia outbreak in southeast Asia has forced the Rolling Stones to postpone two concerts scheduled for this weekend in Hong Kong, a spokeswoman for the band said. The veteran British rockers, currently on the Asian leg of their Licks world tour, were scheduled to perform at the Hong Kong Convention and Exhibition Centre on Friday and Saturday. But increasing fears about SARS, prompted the band to change its plans. "Increases in the number of cases of SARS in Hong Kong and southern China and continued concern over large gatherings have created apprehension among fans and concern for their safety," a statement said. "The Stones plan to reschedule the concerts as soon as possible." A spokeswoman said the rest of the tour will proceed. The next scheduled show is in Shanghai on April 1, marking the band's first ever performance in China. Other first-time shows will follow in Beijing, Bangkok, Bangalore and Mumbai. — Reuters



A woman wearing mask walks past a poster of the programme. Reuters

avirus is the primary cause of the disease...it is possible of course that other viruses might also infect the same patient and

source of the disease.

The Hong Kong team also said they had developed a diagnostic test that would allow doctors to tell within eight hours if anyone was suffering from the disease.

Peiris said the infection was spread through coughing and sneezing, but also by touching droplets from infected people. Keeping hands clean was therefore an important precaution, he said.

Chances of recovery should be about 90 percent, if the victim was not suffering another dangerous disease, and was treated early. Victims were responding well to a cocktail of anti-viral drugs and steroids, the team added.

WHO experts answer FAQs about SARS in the Strait Times

■ WHEN is a person infectious?

A person passes the virus only after symptoms have appeared. The first signs are usually a high fever. Other symptoms are a dry cough, shortness of breath or breathing difficulties, aching muscles and a headache.

Even if he had touched a cup with his dirtied hand, and someone else picks up the cup, then wipes his mouth, the risk of transmission is there. Casual contact, such when as people pass one another on the streets, for example, is unlikely to cause infection.

■ WHAT is "close contact"?

This means living with an infected person, which presents many opportunities for the virus to be transmitted.

Anyone who looks after a patient faces the same risk.

The same goes for people who had somehow touched body fluids of a sick person, for example, his spit or mu-

cus. This can occur indirectly. If the infected person had wiped his nose, for example, then touched another person, the virus could be passed on.

Because they did not wear mask, gown or gloves while dealing with Sars patients.

■ WHY are some hospital workers still falling sick?

Because they did not wear mask, gown or gloves while dealing with Sars patients.

— Courtesy Strait Times

Threat of war spooks business

70 per cent drop in inbound travel feared

By Piya Singh
TIMES NEWS NETWORK

Mumbai: Indians may have become aviphobic as war clouds loom large but the domestic travel industry is more worried about inbound traffic as bookings from holiday-makers in the United States and Europe dry up.

"We are fearing a 70 per cent drop in business over the next two to three months as the war situation escalates. There is no movement at all in the inbound leisure market except from the Far East. While bookings from the West have stopped, the next ten days are crucial for business in the April-May period," says Sita Inbound division chief operating officer Himmat Anand.

Other travel operators are worried that apart from fewer bookings, foreigners may even decide to go in for cancellations. "We are worried that, leave alone new bookings, in case of a war, we will face a flood of cancellations," said Sunil Gupta, head of Thomas Cook's leisure division. The industry, however, seems less concerned about the impact of an impending war on outbound leisure travel. Zubin Karkaria, chief operating officer of Kuoni India's outbound division, said the country from Indians



Iraqis buy gauze masks at a Baghdad market on Monday. Some believe that the masks will protect them from gas or chemical weapons while others will use it in case of fire. President Saddam Hussein's regime blasted the US-led 'Summit of the Outlaws', which has set an ultimatum, and vowed fierce resistance against any invasion.

Exporters of garments may lose their shirts

TIMES NEWS NETWORK

Mumbai: Looming war clouds in the Gulf have put Indian exporters in trouble. Export growth which has been healthy is likely to take a beating if hostilities continue for some time. Garment exports, which currently total Rs 30,000 crore will be the first to be affected. Exports to the US constitutes 60 per cent of the total and Rahul Mehra, the former president of the Clothing Manufacturers Association of India estimates that Rs 3,000 crore of garment exports will be lost to the US and an additional Rs 400 crore to West Asia. The financial catastrophe will get reflected in the April-June quarter of the next financial year, says Kishore Bhaiji, managing director of Pantaloon's Garments. "Order books will shrink due to lower sales in US and Europe as the insecurity of the war will mean the purchasers to postpone the purchases thereby hitting the exporters from India," he added.

Vikram Rao, president, Madura Garments described the impact as "one step backward and two step forward." While he believes that post-war exports to the US will boom and in the immediate future there will be a drop. Some US and West Asian importers have already cancelled orders in anticipation of war leading to lower sales

Risk premia on cargo shoot up

By Olav Albuquerque
TIMES NEWS NETWORK

Mumbai: The threat of war between the US and Iraq has pushed up premia for sea and air cargo travelling through high-risk zones. During peace time, Indian ship-owners pay a so-called war-risk premium of eight cents per dollar on the value of their vessels, per year. But with war clouds gathering, they have to pay an extra 0.05 per cent per month if they want to transit 18 high-

These areas include Angola, Israel, Lebanon, Sri Lanka, Yugoslavia, the Gulf of Aden, Pakistan, Oman, Yemen, Syria, Algeria and Egypt. The premia have already gone up for vessels that travel in the sensitive Gulf waters. This has slowed shipping activity. Vishal Kalantari, an executive committee member from the All-India Association of Industries, said he could not find a ship to transport his cargo of bauxite to Russia. "The cargo is lying at Digbi port and because war risk premia have risen,

er NSE Nifty down 0.67 per cent. Elsewhere, prices soared a to safe havens. In the Mumbai market, standard purity started at Rs 5,455 on buying, but rose on fresh profit at Rs 5,420, still a gain of Rs 70 cents close of Rs

● War spoils bu



US soldiers watch as an Apache attack helicopter makes a pass over a US military position in the northern Kuwait desert near the Iraq border on Monday.

and other council nations would argue that they don't. Going to war without a UN resolution would have meant violation of international law.

American ambassador to the UN John D. Negroponte said the US fully backed the British statement.

At the same time, the White House announced that President George W. Bush would issue an ultimatum to Iraqi President Saddam Hussein on Monday night that he step down or face war.

"The United Nations has failed to enforce its own demands that Iraq immediately disarm. As a result, the diplomatic window has been closed," White House spokesman Ari Fleischer said.

Prez versus Prez



The White House said on Monday that President Bush would address

Americans (at 6:30 a.m. IST) and issue an ultimatum to Saddam Hussein to step down or face war.



A defiant Saddam Hussein declared that "if the enemy opens the battle on a wide scale, we will open wherever there is sky, land and water on the entire earth"

in charge of the defence of the nation. The decree placed Iraq on a war footing.

Meanwhile, the US, UK, Russia, Germany, Australia, China and several other countries asked their nationals and non-essential diplomats and their families to leave the war-risk zone.

India also moved out its embassy staff from Baghdad to Jordan. Indian ambassador B.B. Tyagi reached Amman by road late Sunday night. "There are no Indian staff now in the embassy," he said.

But 12 Indian businessmen were still there along with a student studying Arabic at Saddam University, who was undecided about leaving Iraq, he said.

Chief of Baghdad plans Stalingrad defence

By Uzi Mahnami and Tony Allen-Mills
London: Saddam Hussein has deployed 120,000 of his most reliable troops in three defensive circles around Baghdad in the hope of stalling an allied advance.

Satellite photographs taken last week and seen by *The Sunday Times* indicate that Saddam is in the final stages of preparing his defences. Analysts say his aim appears to be to turn Baghdad into a Mesopotamian version of Stalingrad, the city where more than a million Russians and Germans died in a

siege during the second world war. Fifty thousand elite Republican Guards equipped with 700 tanks have moved into Baghdad to fight for the city alongside three units of special forces totalling 45,000 men.

A further 20,000 Special Republican Guards and several thousand bodyguards have been assigned to protect the regime's most sensitive targets. Residents have spoken of an underground "city" beneath the city where heavy weaponry is being hidden in a vast network of tunnels, bunkers and caves.

Large pools of oil are also being prepared. Experts believe the Iraqi forces will set them ablaze in an effort to conceal tank and troop movements under a pall of dense smoke.

The Adnan Tulfah Mechanised Republican Guards division moved from the northern city of Mosul to Baghdad earlier this month. It was followed last week by another division from Kut, 100 miles south-east of Baghdad. A Republican Guard tank brigade also arrived from Fallujah, west of the city. Iraqi troop positions were

photographed last Israel's Ofek-5 spy close-up image of tanks in position in Israeli and American sources believe that aides to fight rather will try to draw them into a potentially prolonged messy urban battle for Baghdad. The sources say the chance of an intervention should the US and UN back in

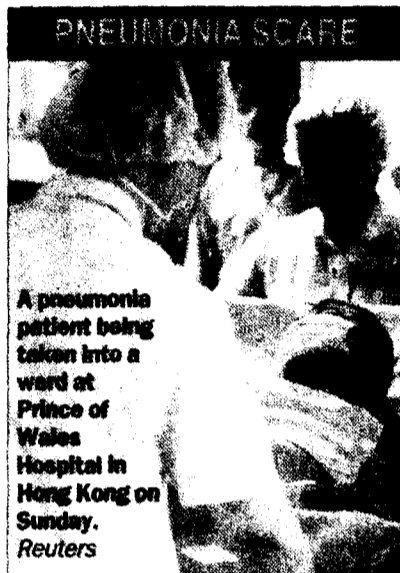
WHO issues global warning

THOMAS H. MAUGH
HONGKONG, MARCH 16

THE World Health Organisation on Saturday issued a rare emergency advisory cautioning travellers and airline employees to be on the alert for a severe form of pneumonia that has killed at least nine people and hospitalised hundreds of others, particularly in the Far East.

The advisory did not call for a halt in travel, but warned travellers to be alert for symptoms of the disease and to seek treatment immediately if they become apparent. "We want people to be aware that if they have symptoms, they should go to a doctor," said WHO's Christine McNab.

WHO said it has detected 150 new cases of the disease — which it is calling severe acute respiratory syndrome, or SARS — and expressed alarm at the speed with which it is spreading. Two deaths and several cases of SARS were reported in Canada last week, and on Saturday, a Sin-



A pneumonia patient being taken into a ward at Prince of Wales Hospital in Hong Kong on Sunday. Reuters

gaporean physician travelling from New York was hospitalised in Frankfurt, Germany, after falling ill on his flight.

Others on the flight were quarantined in Germany. Late on Saturday, it was re-

ported that another traveller, returning from Asia, had fallen ill aboard a flight from Atlanta to Canada. "SARS is now a worldwide health threat," said Dr Gro Harlem Brundtland, WHO's director general. Officials stressed that there is no evidence linking the outbreak to terrorism.

"The emergence of two clusters of this illness on the North American continent indicates the potential for travellers who have been in the affected areas of Asia to have been exposed to this syndrome," said Dr. Julie Gerberding, CDC director. "Therefore, we are instituting measures aimed at identifying potential cases among travellers returning to the US and protecting people with whom they may have come in contact."

Both WHO and CDC have sent teams of disease experts and other physicians to southeast Asia to help identify the cause of the outbreak and to assist in control efforts. The agencies are also sending masks, gowns, gloves, goggles and other hospital equipment to medical facilities to help break the transmission chain. —LATWP

17 MAR 2003

INDIAN EXPRESS

Global push for tobacco pact

RICHARD WADDINGTON

Geneva, March 1 (Reuters): In a global bid to quit a habit that kills almost five million people a year, nearly 170 countries backed today a tough pact against smoking, including advertising bans and pledges to boost tobacco taxes.

The Framework Convention on Tobacco Control, the world's first international treaty on health, was concluded after a marathon 18-hour final session at the end of two weeks of hard bargaining by World Health Organisation (WHO) member states.

However, the US and Germany, two of 171 countries attending the talks, said they could not accept parts of the deal, although they cannot stop it being endorsed by WHO's annual as-

sembly in May. The pact seeks to tackle the "devastating" consequences of tobacco use and exposure to smoke with measures ranging from a halt to advertising and sponsorship within five years to a crackdown on smuggling and a ban on cigarette sales to minors.

"The spread of the tobacco epidemic is a global problem with serious consequences for public health that calls for... an effective, appropriate and comprehensive international response," the treaty declared.

Many of the pact's policies are already applied in rich countries, but for much of the developing world, where deaths from tobacco-related disease are set to surge, it marks the first attempt to fight what WHO says is already the biggest cause of pre-

mature death.

"The convention we have agreed on is a real milestone in the history of global public health," said Dr Gro Harlem Brundtland, WHO director-general and former Norwegian premier.

"Due to the actions that will follow...millions and millions of lives will be saved," she said in a statement.

According to the UN health agency, the number of people dying each year from cancer, cardiovascular disease and other conditions linked to smoking has jumped to 4.9 million a year from four million when talks on the treaty were first launched in 1999.

By 2020, the figure could stand at over 10 million, with some 70 percent of the victims living in developing countries.

2 MAR 2003

THE TELEGRAPH