Credible Voice:
WHO----Beijing and the SARS Crisis
Epilogue

As the tension at the press conference heightened, World Health Organization (WHO) Representative to China Henk Bekedam decided that something more credible must be said. After his deputy, Alan Schnur, offered to report a higher number of suspected SARS cases in Beijing, Bekedam stood up. He told the assembled journalists that the team had found Dr. Jiang Yanyong’s figures “very credible.” He added that “we have clearly told the [Chinese] government the international community does not trust their figures.”¹ He explained that WHO did have some additional information, and gave the floor to Schnur.

Schnur chose his words carefully. He told the press that, “given the inadequate surveillance system, and the hospital practice of maintaining cases as ‘under investigation’ when they actually met the case definition for ‘probable cases,’ there could be 100----200 probable cases—or 3----6 times more than ... reported. In addition to about 1,000 cases still ‘under investigation.’”² The global media promptly ran the story that Beijing had as many as 200 SARS cases. “WHO: China still not reporting all SARS cases,” ran the headline on an Associated Press story.³ “Experts say China has greatly underestimated virus cases,” reported the New York Times.⁴

Only four days later, on April 20, China made an about----turn in its attitude toward SARS. Instead of keeping data quiet until forced to reveal it, China’s leadership became proactive. They called for an accurate daily count of patients and issued a strong warning against hiding them. The change was stark: new numbers started pouring in to the WHO---Beijing office. Beijing authorities announced that SARS cases now stood at 339—a striking leap from the 37 reported on April 14. Also on April 20, the government made examples of

¹ World Health Organization, SARS: How a Global Epidemic was Stoppedited. (Manila: WHO Western Pacific Region Publications), 2006, p.80
² Ibid., p.31.

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Health Minister Zhang Wenkang and Beijing Deputy Mayor Meng Xuenong and dismissed them. Says Bekedam: “By sacking [the deputy mayor and minister], and also the wording that they used, it was clear that they said OK, a few things might not have gone right... I felt very sorry for the mayor because he was only a few weeks in the post.”

President Hu Jintao and Prime Minister Wen Jiabao appeared on television and announced that officials who failed to report SARS cases would be punished. The government instituted draconian containment measures. It launched a massive public information campaign. It quarantined thousands. It instituted checks for fever of all travelers. Beijing closed cinemas, libraries, schools, cafes, pools and other public gathering places. A 1,000---bed hospital for SARS cases in Beijing was built in a week; it opened at the end of April. Once notified of the risks, the populace also took action, for example blocking cars from Beijing from even entering their towns and villages.

Nonetheless, by early May, Beijing had over 2,000 cases, with 100 new ones reported daily, and the disease had spread to poor rural provinces with inadequate medical facilities. There were fears that the Chinese public health response had come too late and that SARS was out of control. However, early May proved the height of the epidemic in China. Thanks to the mass mobilization, cases were quickly identified, isolated and treated. Infection rates plummeted.

On June 24, 2003, WHO lifted the travel advisory for Beijing—the last Chinese area to be cleared; the epidemic had been contained. As of August 7, 2003, SARS had infected 8,422 people and killed 916 of them in 30 countries plus Hong Kong. Of those, 63 percent were in China: 5,327 cases and 349 deaths. China took measures to guard against a repeat occurrence. On May 9, the State Council issued a new regulation on public health emergency response, which strengthened surveillance even of new diseases, and improved reporting and response measures. In August 2004, a revised National Law on Communicable Diseases Prevention and Control provided additional protection against future epidemics.

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5 Author’s interviews with Dr. Henk Bekedam on October 30 and 31, 2012, in Beijing. All further quotes from Bekedam, unless otherwise attributed, are from these interviews.