

Twitter Thread by Gilles Demaneuf

Gilles Demaneuf

@gdemaneuf



@K G Andersen @stgoldst @RozSofia @Ayjchan @K G Andersen please note that there were 11 infections in the Beijing 2004 leaks, not 8.

The 8 you are mentioning are for the main chain of infection with 3 levels from one primary case in April.

But there were 3 more primary cases for a total of 11 cases.

@Ayjchan @K G Andersen @stgoldst @RozSofia All were linked to the heavily contaminated CDC P3 lab (the top P3 in China at the time).

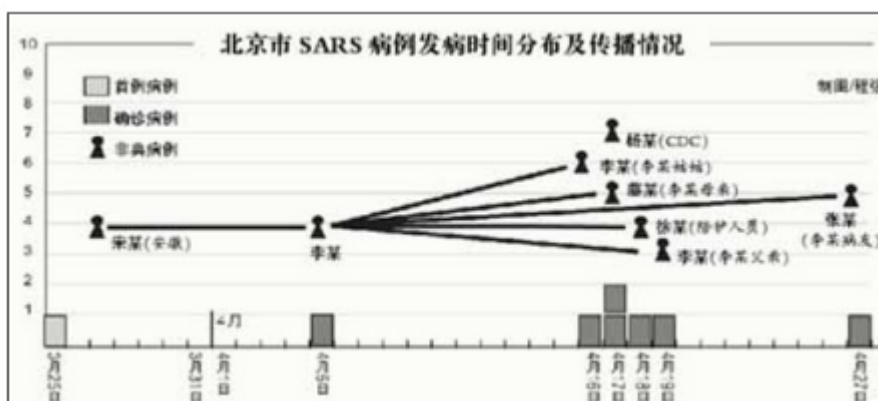
The cases are typically separated between:

- The February ones (Cui and Ren) which seem to have been covered up by the CDC Institute of Virology. Also we only have pseudonyms for these 2.

@Ayjchan @K G Andersen @stgoldst @RozSofia - The April ones-9 infections (1+8, officially the 'Beijing-Anhui Apr-2004 breakout'.

The official Chinese report only focussed on the April infections - keeping very quiet about the February ones. Here is the main April chain of infection.

Here is are the 9 from Apr 2004:



@Ayjchan @K_G_Andersen @stgoldst @RozSofia And here are the 9 people infected in Apr 2004:
(4-22 in the title -> April chain with alarm raised on the 22nd):

附表一 “4·22”SARS 确认病例时间分布

分类	患者姓名	发病时间	疑似诊断时间	确诊时间
首发病例(病毒所?)	宋某	3.25	4.22	4.23
宋某二代病例	李某	4.5	4.22	4.23
宋某二代病例	魏某	4.8	4.22	4.29
李某之父	李某	4.19	4.24	5.3
李某之母	滕某	4.17	4.24	4.28
李某之姑	李某	4.16	4.24	4.28
李某之病友	张某	4.19	4.27	5.3
李某之病友陪护	徐某	4.18	4.24	5.3
病毒所?	杨某	4.17	4.22	4.30

附表二 8 名非典病例潜伏期均在理论最长潜伏期内

病例	代数	接触时间	发病时间	潜伏期	理论潜伏期
宋某	I	?	3月25日	?	14天
宋母魏某	II	4月3日	4月8日	5天	14天
李某	II	3月31日	4月5日	6天	14天
李父	III	4月8日	4月19日	11天	14天
李母滕某	III	4月8日	4月17日	9天	14天
李某姑母	III	4月8日	4月16日	8天	14天
李某同病房病友张某	III	4月12日	4月19日	7天	14天
张某陪护徐某	III	4月12日	4月18日	6天	14天
杨某	?	?	4月17日	?	14天

@Ayjchan @K_G_Andersen @stgoldst @RozSofia The WHO eventually correctly mentioned 11 cases:
<https://t.co/a1HvuT0C8z>

Since July 2003, there have been four occasions when SARS has reappeared. Three of these incidents were attributed to breaches in laboratory biosafety and resulted in one or more cases of SARS [Singapore (10–12), Taipei (13) and Beijing (14,15)]. The most recent laboratory incident resulted in 9 cases, 7 of which were associated with one chain of transmission and with hospital spread. Two additional cases at the same laboratory with a history of illness compatible with SARS in February 2004 were detected as part of a serosurvey of contacts at the facility. The fourth incident [Guangzhou,

@Ayjchan @K_G_Andersen @stgoldst @RozSofia We know about the initial 2 Feb 2004 simply because of a report in the Chinese press at the time (Caijing).

Otherwise China kept very quiet about them, and on purpose did not include them in its investigation with the WHO (never fully released).

See <https://t.co/4uK6xnWu9G>

@Ayjchan @K_G_Andersen @stgoldst @RozSofia Nor did China ever SARS mention that the sample fridge had been moved *outside* of the lab as it was at 2 or 3 times capacity being full on students unqualified in biosafety. We learnt that via Caijin and other mainland newspapers citing witnesses.

@Ayjchan @K_G_Andersen @stgoldst @RozSofia Some Chinese paper also mentioned 11 cases (paper impossible to access, I asked the authors in vain):

> Biomed Environ Sci. 2006 Dec;19(6):445-51.

Severe acute respiratory syndrome--retrospect and lessons of 2004 outbreak in China

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PMID: 17319269

Abstract

Objective: To summarize lessons learned from an outbreak of severe acute respiratory syndrome (SARS) in China during the spring of 2004.

Methods: Data of SARS cases were officially reported by Beijing Municipal Center for Disease Control and Prevention (BCDC) and Anhui Provincial Center for Disease Control and Prevention (APCDC) and results of epidemiological investigations were collected and analyzed.

Results: Three generations of 11 cases of SARS were identified during the outbreak. Initial two cases were most likely to be infected in Diarrhea Virus Laboratory of National Institute of Virology, China Centers for Disease Control and Prevention and main mode of transmission was direct contact with SARS patients. Delay in detecting initial case resulted in spread of the illness at hospitals and communities with two generations of secondary cases.

Conclusions: SARS outbreak in 2004 has yielded following lessons for public health globally. (1) Lab bio-safety programs should be made and should be strictly abided by. Studies in highly pathogenic viruses such as SARS coronavirus should be utmost cautious. (2) Management systems of occupational exposure to virus and disease surveillance need to be strengthened to take all risk factors into account so as to detect potential patients with infectious disease as early as possible.

@Ayjchan @K_G_Andersen @stgoldst @RozSofia Anyway going back to the silence about the 2 primary cases in Feb 2004, this was due to the fact that the Chinese authorities had visited that lab in January 2004 (following the Singapore/Taiwan SARS leak) and ordered a strengthening of biosafety measures.

Nothing happened.

@Ayjchan @K_G_Andersen @stgoldst @RozSofia The CDC P3 management team (Hong Tao, Dong Xioping, Wong Jianwei) just ignored them.

So the government would have looked very bad if the Feb 2004 cases had been publicised, since they were ignored and they did not follow up.

@Ayjchan @K_G_Andersen @stgoldst @RozSofia Anyway, the best part of all is that Dong Xioaping - who was officially sanctioned at the time for his role in the Beijing lab leaks - was #2 on the Chinese side of the Feb 2020 WHO mission. Only

in China...

@K_G_Andersen @PeterDaszak prove me wrong on any of the points I made..

Annexes

A. WHO-China Joint Mission Members

Bruce ATWARD	Team Lead WHO-China Joint Mission on COVID-19, Senior Advisor to the Director-General, World Health Organization, Geneva, Switzerland
Wannian LIANG	Team Lead WHO-China Joint Mission on COVID-19, Head of Expert Panel, National Health Commission
Xiaoping DONG	Director and Researcher, Center for Global Public Health, Chinese Center for Disease Control and Prevention

@Ayjchan @K_G_Andersen @stgoldst @RozSofia @PeterDaszak Even the recent @StateDept factsheet about the WIV got it wrong and mentioned only 9 cases during the leak.

A good example of the value for China of obfuscating the truth.

<https://2017-2021.state.gov/fact-sheet-activity-at-the-wuhan-institute-of-virology//index.html>