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ORIGINAL: ENGLISH

Agenda Item 15

CAMPAIGNS AGAINST SMALLPOX

The Regional Committee at its sixth session, having considered the report of the Regional Director on the smallpox survey carried out in the Region[1] and the resolution of the Eighth World Health Assembly relating to the conduct of campaigns against smallpox[2], adopted a resolution[3] urging the health administrations of the countries and territories concerned to report at the seventh session of the Committee on the steps they had taken to implement the recommendations made as a result of the regional survey.

While two territories, Hong Kong and Sarawak, replied that their representatives did not intend to present a report on this matter, information on the implementation of the recommendation has been received from North Borneo, the Philippines, Singapore and Viet Nam, the reports of which are appended herewith. Any additional reports received will be issued as addenda to this document.

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[1] Unpublished document WP/RC6/16

[2] Resolution WHA8.38, Off. Rec. Wld Hlth Org. 63, 38

[3] Resolution WP/RC6.R15

REPORT OF THE GOVERNMENT OF NORTH BORNEO

CAMPAIGN AGAINST SMALLPOX

The Report of the WHO Consultant on Smallpox, Dr. C.W. Dixon, was received with great interest and has been closely studied. All medical officers in the service of the Government have been circularised with a copy of the Consultant's report and particularly instructed to take action in regard to the technique of vaccination and the methods by which the case of smallpox, if introduced, can be isolated and the public protected from the spread of the disease.

2. A special hospital for the treatment of tuberculosis will shortly be constructed in Jesselton and a similar hospital is anticipated in Sandakan. Although primarily intended for the reception and treatment of tuberculosis patients, these hospitals could in emergency be applied to the purposes of an isolation hospital for smallpox patients.

3. The various other recommendations in the Report relating to the methods of storage of vaccine lymph, the use of the international forms and the training of multi-purpose public health workers are being implemented insofar as local conditions permit.

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REPORT OF THE GOVERNMENT OF THE PHILIPPINES

CAMPAIGNS AGAINST SMALLPOX

The campaign against smallpox in the Philippines is an integral part of the Public Health Program of the Department of Health. This phase of the program is being carried out directly under Program I, - Rural Health Services of the Bureau of Health. Since 1948 there has been no known case of smallpox in the Islands; during that year a small smallpox outbreak was registered in the province of Mindoro. It started in March 1948 and was put under control barely four weeks after, with very few residual cases. The source of infection was traced to be a Chinese mestizo who returned to the Philippines from Amoy, China, and spread the disease in that province, the population of which were susceptible to the disease because of the effects of World War II, which disturbed and altered the vaccination campaign in that province and rendered the general population vulnerable to this disease.

Since then no case of smallpox was registered in the Philippines inspite of the prevalence of this disease in the neighboring countries. This can be attributed to properly organized and systematic mass vaccination and re-vaccination of the people every five years, and rigid enforcement of quarantine control measures. This five-year smallpox vaccination program is carried out by the different health agencies of the Bureau, like the 27 Vaccinating Parties composed of 270 Vaccinators and Sanitary Inspectors, and the 53 Provincial Health Officers and 27 City Health Officers and their corresponding sanitary personnel which started vaccination work as early as 1916.

From July 1, 1948 up to June 30, 1951, the said health agencies performed a total of 16,717,355 Vaccinations with 13,213,374 inspections and 9,067,123 positive (Primary and Accelerated takes only) or a total of 44.90% positive in relation to the population of the Philippines. From July 1, 1951 up to March, 1956, the health agencies accomplished 17,772,428 positive (Primary and Accelerated takes only) or a total of 38.54% in relation to the total population.

This apparently low percentage of positive takes in relation to the total population for the two five-year periods was due to our conservative policy of reading vaccination reactions. We consider a reaction as positive only when the result is found to be either "Accelerated Type" and "Primary Reaction", while the "Immune Reaction" is read and recorded as negative. This policy finds support in the opinion of Dr. Dixon, WHO Consultant and Senior Lecturer on Preventive Medicine of the University of Leeds, who maintained and recommended that the so-called "Immune Reaction" should be recorded as negative and only those found with true vesiculation of the "Primary" and "Accelerated Type" occuring after 48 hours and usually from 3-7 days after vaccination should be regarded as positive. (Page 8, Survey Report on Smallpox in the Philippines, November 11, 1955).

In order to increase our vaccination work and systematize operation procedures and put more scientific supervision on the vaccination and immunization activities of this Bureau, all Vaccinators with the exception of those belonging to Mobile Vaccinating Party I and II, and other personnel who are performing vaccination work will be integrated with the Rural Health Services effective this Fiscal Year 1957. With this integration, all the sanitary personnel under the Provincial Health Officers and City Health Officers which have to do with vaccination work, would be required to perform a total of 4,800,000 vaccinations every year, so that in five years or by 1960 all population should have been vaccinated.

The latest move towards an effective campaign against smallpox is the plan of the Bureau to send beginning June 1, 1956, two Special Teams of Vaccinators and Sanitary Inspectors for Sulu Archipelago to effectuate the immunization and vaccination of the people in that area. This plan would at the same time bolster the status of immunity against smallpox, cholera, dysentery, typhoid and paratyphoid to a level commensurate with accepted public health standards, particularly considering the fact that the area of campaign comprise of the outlying groups of Islands and Islets considered vulnerable to the introduction of smallpox from without due to its proximity to Borneo and the Malay States. With the cooperation of the Philippine Navy and the Bureau of Quarantine we hope to vaccinate or immunize at least 85-90% of the 120,000 people living in the six groups of islands in the Sulu Archipelago, thus insuring these Islanders immunity against smallpox.

REPORT OF THE COLONY OF SINGAPORE

CAMPAIGN AGAINST SMALLPOX

Geographically Singapore is surrounded by numerous endemic centres of smallpox. It is also the centre of distribution trade for South East Asia, and is consequently one of the greatest ports in the British Commonwealth. These two circumstances - one, providing nodal centres of the disease and the other, immense facilities for the entrance of infected persons and virus to the Colony - expose Singapore peculiarly to visitations of both epidemic and endemic consequences.

Since the epidemic of smallpox which prevailed from May 1946 to March 1947 contributing 152 cases with 42 deaths and a further 5 cases in 1948, the Island has not witnessed any endogenous quarantinable disease. Nevertheless 12 cases of variola arriving from without were isolated in the quarantine station at St. Johns Island since that period.

Singapore depends for its immunity from the disease mainly on two measures: (a) prevention of entry of disease and (b) the maintenance of a high level of herd immunity in the population. Singapore maintains an efficient Port Health Service responsible for maritime and air quarantine work, and also has a quarantine station in St. Johns Island for the isolation of infected cases. New arrivals are subjected to inspection and, if necessary, to vaccination before release into the Colony. All ships arriving from infected areas must anchor at the quarantine anchorage and only leave after clearance by the Port Health Officer. It is compulsory for all travellers coming into Singapore to be in possession of valid certificates of vaccination.

Infant vaccination is carried out systematically and it is probably an under-statement to claim that 85% of the children born in the Colony have been immunised against the disease. Re-vaccination is done in the schools. In addition vaccination campaigns are conducted and generally the response to such campaigns has been satisfactory. The last such campaign was towards the end of 1952 when within a period of 3-1/2 months some 600,000 persons over the age of three years were vaccinated in a population which was then 1,077,000. Another campaign is due to be started next year.

The Colony does not possess a sufficient number of medical practitioners (Government or private) and there is no system of panel service. Consequently the early detection of any domestic case must still be largely a matter of chance. There is also reason to believe that while the population is much in dread of the disease it is never very anxious to report cases. It is therefore suggested that Singapore's immunity from this disease for over seven years has been due mainly to the two factors mentioned above - and not to early detection and consequent suppression of an outbreak.

Once the disease has come in, machinery does exist for its control. The Port Health staff and Medical Officers of Health, both of Government and the City Council as well as their Sanitary Inspectors have high professional ability and a number of them are specially trained in the control of smallpox.

Singapore is largely in agreement with Dr. Dixon's General Report, and in fact has in the past used precisely the methods he recommends in dealing with smallpox outbreaks; nevertheless we still believe that vaccination campaigns are of value. Every effort is made to stress the importance of early diagnosis; in the absence of the disease itself it is doubtful how effective theoretical instruction aided by photographs etc. would be when these men and women face actuality should it ever arise.

ORIGINAL: FRENCH

MEASURES TAKEN BY THE VIETNAMESE HEALTH ADMINISTRATION FOR THE IMPLEMENTATION OF THE SMALLPOX CONTROL CAMPAIGN

There are two kinds of measures:

- prophylactic
- curative

I PROPHYLACTIC MEASURES

1. Elimination of insanitary slums which are propagation centres for smallpox.

2. Improving the sanitation of highly populated town districts and urban centres by periodical DDT spraying with a view to destroying the pathogene carrying insects.

3. Mass education by means of conferences and talks, showing of pictures and films, circulation of pamphlets, etc. on hygiene in the house, collective, personal and other hygiene.

4. Compulsory notification of all smallpox cases.

5. Prohibition of person to person inoculation.

6. Case finding and isolation of smallpox patients.

7. Disinfection of the rooms in which smallpox patients were found, of bedding and personal belongings.

8. Compulsory smallpox vaccination during epidemics and optional vaccination during normal periods. Setting-up of mobile vaccination teams once every six months.

9. Owing to the endemicity of smallpox in Viet Nam, an international certificate of smallpox vaccination is required from travellers leaving the country and from those coming from contaminated areas.

10. Creation of sanitary cordons in cases of possible epidemics.

These preventive measures proved to be so efficient that in spite of the promiscuous way of life following migration of the population from the northern part of the country, smallpox is only to be found sporadically and has been controlled each time it tended to spread.

II CURATIVE MEASURES

Treatment of smallpox patients with all the means provided by modern therapeutics.

The smallpox patients are isolated in special pavilions reserved for contagious cases and they remain there until completely recovered.