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CAMPAIGNS AGAINST SMALLPOX

Attached ~~are~~ reports received from the Governments of Macau and
Timor with regard to their campaigns against smallpox.

REPORT OF THE GOVERNMENT OF MACAU

CAMPAIGN AGAINST SMALLPOX

The recommendations contained in Dr. C.W. Dixon's report would ultimately result in overcoming the difficulties mentioned and would permit unified procedure and action in the very delicate field of prevention of smallpox and control of the disease. However, these principles cannot be adopted rigidly when the conditions for their practical application do not exist. The Health Services of Macau have tried to follow the recommendations put forward by Dr. Dixon, but there has almost always been a need to adopt a different procedure in view of the abnormal circumstances found in the Orient. Through mass vaccination - using vaccines of good quality and an appropriate technique as far as possible - we have tried, without however assessing the results in each case, to maintain the highest possible degree of immunity within the population and in spite of the fact that we were not able to reach a hundred per cent, we think that these techniques also adopted by public health administrations of neighbouring territories, which have the same enormous movements of population and the same abnormal conditions, contributed to a great extent to the total or quasi-total absence of smallpox.

In 1946, the smallpox epidemic in Hongkong recorded 1998 cases and 1365 deaths. In Macau, during the same period, we counted 41 recognized cases of smallpox without any deaths. Owing to the intense movement of Chinese between Hongkong and Macau during that year, we think that we would have had many deaths if the population, or at least a great part of it, had not been submitted to mass vaccination.

As a result of the lack of co-operation on the part of the Chinese population which is unwilling to go to the vaccination centres which are permanently opened, and the impossibility of requesting all persons entering the Province to bring evidence of such vaccination, periodic general vaccination campaigns have had to be carried out.

The magnitude of this complex problem - the health problem being one of the most important - caused by a very intense movement of population under most precarious health, economic and social conditions can neither be assessed, nor fully understood by people who do not face the facts. In 1953-1954-1955, 491 211, 485 170 and 703 072 Chinese, respectively, entered the already overcrowded Province of Macau, and only 408 098, 436 182 and 612 452 left. Therefore, during the same years 83 113, 48 988 and 90 620 remained in the territory. If the movement of the Chinese between Macau and Hongkong does not give too much trouble with respect to the import of communicable diseases, since we are aware of the public health measures taken in the Colony, we are quite concerned about the population coming from other parts, i.e., from Continental China. During these same years 350 000 Chinese came from China and only 300 000 left. Therefore, some 50 000 remained in the Province.

The diagnosis of smallpox cases is always assessed by the health authority and the isolation and treatment of the cases made by the health services and in the State hospital. Based on information obtained, cases of variola minor have been classified as non-acute smallpox; such a designation gives however, only an idea of the clinical form and no indication of a different epidemiological behaviour, since the same measures have been used in these cases as for variola major. In spite of all measures taken upon declaration of smallpox, we are still being informed too late of certain cases, since the people try first - and this is the traditional approach of a large portion of the population - to call upon quack or herb doctors, and also to avoid the isolation of the patient from his family. It is, however, extremely difficult to change the mentality, customs, beliefs and habits which are the basis for this behaviour.

Vaccination limited to families, to those living with the family or to possible contacts, is the procedure which is adopted in all cases where such a method is to be used. But the fact that these cases are generally known too late forced us to apply this measure to larger or smaller portions of the population as the case occurred.

Vaccination is not compulsory but the health authorities inform the population through all possible means of the need and benefit of getting vaccinated as early as possible. These appeals have not yielded satisfactory results and we are therefore forced to organize periodic vaccination campaigns. The school population is being vaccinated in the schools by teams of the health services and it is to be noted that certain schools have already made requests for the vaccination of their pupils.

The staff used for this vaccination is composed of excellently trained health visitors who use the latest vaccination technique. These health officials also deal with the prevention of diseases and carry out health education in the families. This work will be intensified with a view to having the small children successfully vaccinated. As far as the vaccination technique goes, one should as far as possible avoid washing the skin with alcohol. However, this method is preferable to washing with soap and water, since the first method enables the skin to be washed more thoroughly and to dry more quickly. Parallel and short incisions will be used in the future instead of the cross incisions since the latter may produce a large scar.

It is not possible to obtain vaccine in Canton. The one we use is produced in Hongkong and sent directly through the producing laboratory, maintained in refrigerators at the health centres, that is to say, placed under conditions which ensure safe handling. The results obtained from these vaccines are satisfactory, a fact which is ascertained periodically through tests performed on small children. So far, the results of vaccination and re-vaccination have not been assessed and this has been a great gap in our system. We realize that without these assessments, it is hardly possible to evaluate the results obtained or the

immunity rate of the various portions of the population. One year ago, however, systematic incision vaccination was introduced with a view to having the results on record.

We have appreciated the objective and open manner in which Dr. Dixon has observed and assessed in his remarks. It is always agreeable to discuss problems and to know the expert's point of view in order to find a solution. The suggestions and recommendations of Dr. Dixon are useful and some of them will be taken into consideration with a view to eliminating the gaps mentioned. Others, however, will only be taken into consideration each time circumstances permit.

REPORT OF THE GOVERNMENT OF TIMOR

CAMPAIGN AGAINST SMALLPOX

Smallpox vaccinations are performed annually and intensively all over the Province, the time selected being that when the census is taken as the population of the Province gathers in certain places.

Since 1951, we have not had one case of smallpox in the Province but we do not want to pretend that this is due to constant smallpox vaccination and re-vaccination services.

These duties are performed by medical officers and nurses who work in the fifty-three health stations all over the Province.

Dry vaccine in tubes of fifty doses provided by Portugal or imported from other countries is used for vaccinations.