



REGIONAL OFFICE FOR THE WESTERN PACIFIC
BUREAU RÉGIONAL DU PACIFIQUE OCCIDENTAL

REGIONAL COMMITTEE

Seventeenth Session
Manila
21-27 September 1966

WPR/RC17/5
1 July 1966

ORIGINAL: ENGLISH

Provisional agenda item 12

SMALLPOX ERADICATION PROGRAMME

1 INTRODUCTION

The Regional Committee at its sixteenth session adopted resolution WP/RC16.R4, the text of which is given in Annex 1.

The urgency and desirability of a global programme for smallpox eradication was unanimously reaffirmed by resolution at the Nineteenth World Health Assembly. The text of this resolution appears in Annex 2.

According to available reports there have been no cases of smallpox reported in the Western Pacific Region since 1961. (See Table attached giving information on cases and deaths reported during the period 1950 to 1961.)

Although smallpox is not endemic in the Region, most countries and territories have maintained a vaccination programme based on past experience with the disease, but full details of these programmes and other preventive measures employed are not yet available.

2 OBJECTIVES OF THE REGIONAL SMALLPOX ERADICATION PROGRAMME

It is believed that the following should be the objectives of the regional programme:

2.1 To verify, if possible, the absence of smallpox, particularly in those areas where smallpox was last reported or where there have been recent reports of suspected cases and where reliable reports from the whole area are difficult to obtain.

2.2 To collect information on the smallpox vaccination programme and other measures employed to prevent the introduction of smallpox from the endemic areas. This would include information on quarantine procedures in use.

/2.3 To assist ...

2.3 To assist governments with planning and implementing programmes for the prevention of the introduction of smallpox.

2.4 To encourage governments to contribute to the global smallpox eradication programme so that eradication can be achieved as early as possible and thus make the need for maintaining an expensive preventive programme no longer essential.

3 PLAN OF ACTION

3.1 The epidemiological information on smallpox in the Region, available in the Weekly Epidemiological Record, will be collected and summarized. It is proposed that this should be checked, if necessary, by a WHO medical officer during visits to countries to review the situation, particularly the reporting from remote areas. The medical officer would also verify the diagnosis of reported suspected cases and the absence of smallpox from possibly suspected infected areas.

3.2 The WHO medical officer might also survey samples of the population to obtain information on their immunity status to smallpox, review the vaccination programmes in operation, as well as the quarantine services, and obtain estimates of the costs of national preventive programmes.

3.3 For many areas the required information could probably be obtained by questionnaires sent to governments for completion, but it would appear desirable for personal visits to be made to some. Field teams in the countries, e.g., malaria, tuberculosis, or yaws teams, might also be able to obtain much useful information.

3.4 Laboratory support will have to be provided for the WHO medical officer undertaking the surveys. In the past, the University of Singapore has undertaken tests for the laboratory diagnosis of smallpox. Arrangements could possibly be made for this service to be given again and reference laboratories in Australia and Japan might be approached to provide the service for their respective areas.

3.5 The use of heat-stable freeze-dried vaccine should be encouraged, particularly in the rural areas where there are inadequate cold storage facilities.

3.6 The governments which undertake production of their own freeze-dried vaccine should be assisted, if necessary, with technical advice and also supplies and equipment to enable them to produce a potent vaccine which meets WHO specifications. If governments request this assistance, every effort will be made to provide several consultant months for freeze-dried smallpox vaccine production. Fellowships might also be provided to train local staff in this technique. It is suggested that governments assisted in this way might be willing to contribute vaccine to the global programme.

3.7 The WHO medical officer will prepare a plan whose objective will be the prevention of the introduction of smallpox. This plan will have to be feasible and economical and will have to provide the degree of effectiveness desired. At the same time he will draw to the attention of governments the cost of such a programme and the need for maintaining it until smallpox is eradicated from the endemic areas of the world.

3.8 Since smallpox has been absent from the Region for some time, health personnel will probably not be familiar with clinical smallpox and there is a need to arrange for at least key health officers from the different countries to visit smallpox areas to observe and study clinical smallpox and the control programmes in operation. It is suggested that a travelling seminar for health officers to Madras or other smallpox endemic areas might be arranged. The implementation of this activity would depend on government interest and the availability of funds.

4 MEASURES TO PREVENT THE INTRODUCTION OF SMALLPOX

4.1 Strict enforcement of accepted quarantine measures, particular attention being paid to arrivals from smallpox-infected areas and those in the groups most at risk of being infected.

4.2 Training of health personnel, not only those working in the quarantine service but also health officers and hospital staff, particularly those in infectious disease hospitals. Training would include the clinical and preventive aspects.

4.3 Surveys of samples of the population to determine their immunity status. The history of vaccination and the response to revaccination will have to be studied and perhaps serologic tests for vaccinia antibodies will need to be employed.

4.4 The routine vaccination of pre-school children with, if possible revaccination at school entrance and again when leaving school or entry into high-school, as well as the vaccination of health personnel, including quarantine staff, health services staff, hospital staff and personnel of essential services - policemen, ambulance drivers, etc. This is recommended particularly for those areas where the health services are still in the developing stage and where vaccination is probably one of their routine activities. In areas with highly developed health services, the health authorities may feel able to bring any outbreak rapidly under control and may wish to vaccinate only the personnel attached to the key services.

5 CONCLUSIONS

There is at the moment no provision in the regular programme and budget for any of the activities proposed. Amounts have, however, been included in 1967 and 1968 under the Special Account for Smallpox Eradication. The implementation of proposals under this account are, however,

/subject to the ...

subject to the availability of contributions to the Special Account. It is, therefore, suggested that governments interested in receiving the assistance proposed should include requests for such in their future programme requests to the Organization.

ANNEX 1

SMALLPOX ERADICATION PROGRAMME

The Regional Committee,

Having considered resolution WHA18.38 adopted by the Eighteenth World Health Assembly on the smallpox eradication programme;

Noting:

- (1) that the Director-General has estimated that smallpox might be eradicated with international assistance; and
- (2) that the World Health Assembly has declared the world-wide eradication of smallpox to be one of the major objectives of the Organization;

Noting further that the World Health Assembly has requested:

- (1) Member States to give the programme greater support than in the past and to provide the substantial contributions essential for its execution; and
 - (2) governments which carry on bilateral programmes of aid to include smallpox eradication in their programmes of assistance;
1. BELIEVES that smallpox eradication should be one of the long-term objectives of the regional programme so that the funds formerly spent on the prevention and treatment of this disease can be used to solve other important public health problems;
 2. INVITES all Member States within the Region to give the fullest possible support to the world-wide smallpox eradication programme;
 3. SUGGESTS that those Member States which are free from smallpox should consider investment in a world-wide effort to eradicate smallpox from those areas where it exists and to prevent its reintroduction;
 4. BELIEVES that the first and most important step to be taken is for the Director-General to develop a global plan which will contain an effective and systematic analysis of where the difficult areas lie, as well as the areas where eradication has already been achieved.

TABLE. NOTIFICATION OF REPORTED CASES AND REGISTERED DEATHS FROM SMALLPOX COUNTRIES AND TERRITORIES OF THE WESTERN PACIFIC REGION, 1950-1961
 TABLEAU. DECLARATION DES CAS DE VARIOLE ET DES DECES ENREGISTRES DANS LES PAYS ET TERRITOIRES DE LA REGION DU PACIFIQUE OCCIDENTAL, 1950-1961

COUNTRY OR TERRITORY PAYS OU TERRITOIRE	1950		1951		1952		1953		1954		1955	
	C	D	C	D	C	D	C	D	C	D	C	D
Cambodia - Cambodge	-	-	720	176	1 748	363	1 788	376	435	107	485	145
China (Taiwan) - Chine (Tafwan)	-	-	7	-	39	-	14	-	9	1	-	-
Hong Kong	-	-	-	-	3	-	-	-	-	-	-	-
Japan - Japon	5	2	86	12	2	-	6	-	2	-	1	-
Laos	-	-	16	-	30	8	15	30	-	-	-	-
Malaysia (Malaya) - Malaisie (Malaya)	-	-	2	-	2	-	5	-	-	-	-	-
Niue	0	0	0	0	0	0	0	0	0	0	-	...
Republic of Korea - République de Corée	-	-	43 213	11 530	1 313	277	3 349	571	790	127	2	-
Ryukyu Islands - Iles Ryu-Kyu	-	-	-	-	1	-	-	-	-	-	1	1
Singapore - Singapour	-	-	-	-	-	-	-	-	-	-	0	0
Viet-Nam [†]	173	79	2 640	1 598	2 235	1 077	1 582	704	3 588	1 518	923	200

NOTES:

SOURCES:

+ = Up to July 1954, including North Viet-Nam
 Jusqu'en juillet 1954, y compris le Viet-Nam du Nord

++ = The International Quarantine Unit of WHO has received directly notification of the following case; Cambodia, 1961: 1
 Le Service de la Quarantaine internationale de l'OMS a été informé directement du cas suivant; Cambodge, 1961: 1

s = Suspected case - Cas suspect

- = Nil or magnitude negligible - Nul ou négligeable

... = Data not available - Données non disponibles

1950 - WHO Annual Epidemiological and Vital Statistics Report
 Rapport épidémiologique et démographique annuel

1951-1963 - WHO Epidemiological and Vital Statistics Report -
 Vol. 17, No. 10, 1964
 Rapport épidémiologique et démographique, Vol. 17,
 No. 10, 1964

COUNTRY OR TERRITORY PAYS OU TERRITOIRE	1956		1957		1958		1959		1960		1961	
	C	D	C	D	C	D	C	D	C	D	C	D
Cambodia - Cambodge	523	70	125	11	18	1	4	-	-	-	+	-
China (Taiwan) - Chine (Taïwan)	-	-	-	-	-	-	-	-	-	-	-	-
Hong Kong	-	-	-	-	-	-	-	-	-	-	-	-
Japan - Japon	-	-	-	-	-	-	-	-	-	-	-	-
Laos	-	-	-	-	-	-	-	-	-	-	-	-
Malaysia (Malaya) - Malaisie (Malaya)	-	-	-	-	2	1	38	2	15	7	-	-
Niue	-	...	-	...	-	...	-	...	^s 1	...	-	...
Republic of Korea - République de Corée	9	-	10	1	6	2	-	-	3	-	1	-
Ryukyu Islands - Iles Ryu-Kyu	-	-	-	-	-	-	-	-	-	-	-	-
Singapore - Singapour	0	0	-	-	...	1	10	2	-	-	-	-
Viet-Nam	256	56	83	35	30	11	12	3	-	-	-	-

NOTES:

SOURCES:

- + = Up to July 1954, including North Viet-Nam
Jusqu'en juillet 1954, y compris le Viet-Nam du Nord
- ++ = The International Quarantine Unit of WHO has received directly notification
of the following case: Cambodia, 1961; 1
Le Service de la Quarantaine internationale de l'OMS a été informé directement
du cas suivant : Cambodge, 1961 : 1
- s = Suspected case - Cas suspect
- = Nil or magnitude negligible - Nul ou négligeable
- ... = Data not available - Données non disponibles

- 1950 - WHO Annual Epidemiological and Vital Statistics
Report
Rapport épidémiologique et démographique annuel
- 1951-1963 - WHO Epidemiological and Vital Statistics Report -
Vol. 17, No. 10, 1964
Rapport épidémiologique et démographique,
Vol. 27, No 10, 1964