

From: Chief, Smallpox Eradication
To: Smallpox Staff
Subject: Progress and Plans - The Final Phase

28 September 1972

On 18 September at the Smallpox Seminar in Addis Ababa, we inaugurated the final phase of the global programme. As pointed out in an earlier memorandum, the objective is to reach a nil incidence of smallpox in 18 months, i.e. by 18 February 1974. (This, of course, should not be interpreted as the target date to terminate activities for, as pointed out by the Expert Committee, a further two years of active search for unrecognized foci will still be required).

From reports presented at the Seminar and from discussions with programme personnel, this goal for Sudan and Ethiopia appears to be well within reach. In Sudan transmission is believed to have been interrupted in 6 of 9 provinces and in the 3 remaining provinces is reported now to be confined essentially to populations living in comparatively inaccessible areas outside of the main towns and villages. With the cessation of the rainy season in November, it is believed these can be rapidly dealt with. In Ethiopia, no cases have been detected in 6 of the 14 provinces for periods of 2 to 6 months. Additional personnel have just been added to the programme with the expectation that 9 of the 14 provinces will be able to interrupt transmission by December of this year. This would permit programmes in the remaining provinces to be strengthened and thereby accelerated. In Botswana, the only other endemic country in Africa, excellent progress is being made and, barring wholly unforeseen problems, the interruption of transmission by the end of the year would appear to be virtually certain.

A clearer view of the status of programmes in Asia awaits the seminars in India and Pakistan, in October and November.

However, it would seem advisable at this time to establish an intermediate target 6 months hence, i.e. for 30 March, to assist in further planning and development of this final phase. From information available here, it would seem reasonable to expect that transmission in Asia could be essentially interrupted by 30 March in Pakistan, in all except the four central states of India and in all except the six southwestern districts of Bangladesh. In Africa, it would be expected that continuing transmission would be confined to four of the northcentral provinces of Ethiopia. Importations into other areas, we would expect to be rapidly contained.

While we must not establish unreasonably optimistic goals, neither should we set our sights too low. Subject to further comment and reasonable amendment by programme staff, let us accept them as provisional goals for 30 March and assess our performance accordingly at that time.