

From: Chief, Smallpox Eradication
To: Smallpox Staff
Subject: Target Zero - Progress Report 1

1 December 1972

I Introduction

The "final phase" of the global programme has now been launched with Seminar discussions in Addis Ababa, New Delhi and Karachi. In general, the present status and plans for programmes in most endemic countries appeared to me, if anything, to be more encouraging than I had expected. However, one must bear in mind that this is only the beginning of the smallpox season and a time when optimism rather than smallpox tends to be epidemic. I would recall, for example, that in October 1971 only nine states in India reported cases - the total being only 194. As you know, surveillance activities were far from optimal and the opportunity to eliminate the few known existing foci at the low point in the season was lost. By February, 14 states reported over 2 400 cases and a vintage year for smallpox followed. The next few months are critical - there is no time to lose, however few the cases may appear to be at this particular time.

II Target Areas

In the course of discussions at the Seminars, some modification and refinement of the original 31 March goals which were communicated to you earlier seemed desirable. Thus, at this time, I would like to redefine these goals and to distribute with each mailing to you some measurement (or lack thereof) of our progress in reaching these goals. Again, however, I would request your assistance in redefining these goals if they do not seem realistic.

The target is defined in terms of areas which are anticipated to be endemic as of 31 March with the expectation that all cases occurring outside of these areas after this date should be clearly and definitively identified as resulting directly or indirectly from importations.

Expected endemic areas as of 31 March:

1. Ethiopia - Begemdir, Gojjam, Tigre and Wollo Provinces.
2. Pakistan - Sind Province (except Karachi and Thatta Districts).
3. India
 - Uttar Pradesh State - 31 Districts
Shahjahanpur, Farrukhabad and Etawah Districts and all Districts east of this.
 - Madhya Pradesh State - 7 Districts
Bhind, Datia, Chatarpur, Tikamgarh, Gwalior, Morena and Shivpuri Districts.
 - West Bengal State - 11 Districts
Birbhum and Murshidabad Districts and all others south.
4. Bangladesh - 4 Districts
Faridpur, Jessore, Khustia and Khuina Districts.

1.1 Cases occurring within target area

	<u>Sept.</u>	<u>Oct.</u>	<u>Nov.</u>
Ethiopia	82	497	279
Pakistan	87	125	135
India	583	287	179
Bangladesh	327	243	218

1.2 Cases occurring outside target area but specifically traced to importations

	<u>Sept.</u>	<u>Oct.</u>	<u>Nov.</u>
Afghanistan	14	5	1
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1.3 Total of all cases in categories 1.1 and 1.2

	1 093	1 158	812
Percent of world total cases in categories 1.1 and 1.2	66%	55%	60%

2.0 Cases occurring outside target area

	<u>Sept.</u>	<u>Oct.</u>	<u>Nov.</u>
Botswana	26	48	2
Sudan	9	5	9
Nepal	8	0	16
Ethiopia	147	268	270
Pakistan	115	262	55
India	134	292	95
Bangladesh	112	80	92
Total of all cases in category 2.0	551	955	539
Percent of all cases in category 2.0	34%	45%	40%

Note: data as of 28 November 1972

III Reporting

Prompt reporting at all levels is, of course, essential. By 28 November, reports from all areas should have been received by WHO through week 46 (week ending 18 November).

The following endemic areas were in default:

	<u>No. of weeks</u>	
Afghanistan	1	
Bangladesh	1	
Pakistan - NWFP	1	(Received 29 November)
India - Arunachal Pradesh	3	
Assam	1	
Meghalaya	8	
Nagaland	5	
Tripura	1	
Chandigarh	2	
Delhi	1	
Himachal Pradesh	2	
Jammu & Kashmir	3	
Punjab	2	
Rajasthan	1	
Bihar	1	
Uttar Pradesh	1	
Kerala	3	

Additionally, considering the previous highly endemic status of Bihar and West Bengal States, all reports for weeks 41 to 46 must be considered as grossly suspect and incomplete. The still greatly delayed and incomplete reports from India are noted with real concern.