From: Chief, Smallpox Eradication 8 May 1973

To: Smallpox Staff

Subject: Target Zero - Progress Report 9

The smallpox eradication programme is again a topic for special debate at the Assembly this year. The report of the Director-General and the mid-year summary are enclosed. A summary record of the debate will be provided with the next mailing.

1.0 Present smallpox situation

The number of cases reported this year continues to mount. It would now appear that the number of cases recorded this year throughout the world will be the highest since 1967 with India and Bangladesh accounting for over 90% of all cases. Revisions of the estimates are now as follows:

		Estimates		
	1972	1973(16 Jan)	1973(26 Feb)	1973(4 May)
India	27 407	17 000	35 000	60 000
Bangladesh	10 754	5 000	15 000	35 000
Pakistan	7 053	4 000	4 000	4 000
Ethiopia	16 935	4 000	3 000	3 500
Sudan	827	200	100	0
Others	2 111	500	400	200
	65 087	30 700	57 500	102 700

1.1 Non-endemic areas

Several problems have erupted in recent weeks outside of the four remaining endemic countries but, by and large, these seem to be under control.

United Kingdom - one further case (variola sine eruptive) was reported in connection with the outbreak due to laboratory infection bringing the total of cases to four. No additional cases are expected.

Botswana - Since recognition of a residual focus of smallpox, a total of 18 cases have been identified. The onsets of the cases date back to November, 1972. The onset of the last known case was in late March, 1973. The area-wide search is continuing, however. Hopefully, this will prove to be the last residual focus in southern Africa.

Uganda - No virus was isolated from the two suspect cases reported earlier from Uganda and further epidemiological data now suggest strongly that the cases were chickenpox. The cases have accordingly been deleted from official reports.

Somalia - A single case in Mogadishu, imported from a known endemic area in Ethiopia occurred on 30 April. Vigorous containment measures have been taken.

Afghanistan - During the past two weeks, 11 cases have been reported in Ghazni and one case in Zhob - provinces which are in the direct route of passage of the nomadic groups who annually move from central Pakistan into Afghanistan. The areas in Ghazni were near the border with Pakistan and originated from Sind Province. Further epidemiological data are awaited.

Nepal - Nine additional cases were reported in April by Nepal, presumably originating from the heavily endemic foci in Bihar and Uttar Pradesh States, India. Details are awaited.

1.2 Endemic areas

Ethiopia - Smallpox incidence continued to decline during April as active search operations continued throughout the country. It is apparent, however, that a formidable effort is still required to reach a nil incidence. The remaining foci, while accounting for small numbers of cases, are widely scattered - many being located in mountainous terrain where communications are difficult, the population resistant to vaccination and where variolation is still widely practised. From my most recent review of activities with the staff (April), it would seem that a solid 12 month effort will be required to reach a nil incidence. In the meantime, active programmes of a calibre at least comparable to those now being conducted will need to be sustained in Sudan, Somalia, Kenya and Yemen.

Pakistan - The gratifying progress observed in NWFP and Punjab has yet to be matched by the other two provinces. The key to success in Pakistan now clearly lies with Sind which continues to record 175 to 200 cases per week with many exportations to the other provinces. With the efforts initiated this spring, it was hoped that a beginning decline in incidence might be observed during April but, as yet, incomplete containment activities have permitted many outbreaks to persist after detection. Much remains to be done.

Bangladesh - Efforts to control smallpox are being redoubled. An increased effort to improve reporting has been made (accounting, in major part, for the increase in cases in week 16) and, in recent weeks, it was decided that malaria staff would be assigned to full-time smallpox vaccination duties for a one month period. The results are cautiously encouraging - incidence in the Dacca urban area has dropped sharply and most areas in the Chittagong Division are now coming under tight control. The extent and intensity of efforts between now and October will govern the extent of the problem next winter.

India - There is little encouraging news from India. Smallpox incidence continues at very high levels in West Bengal, Bihar and Uttar Pradesh and, even then, is known to be under-reported from Primary Health Center and District levels; transmission in Rajasthan and Andhra Pradesh persists at low levels but is essentially unchanged from last year; multiple introductions into other states are occurring from these highly endemic foci without clear evidence that transmission is being stopped. What, if any, special measures are planned during the summer months are unknown. It is noted that the summer season is critical - especially so since smallpox staff are often diverted during this period to cholera control activities. The situation in India is viewed with increasing apprehension.

2.0 Target Areas

Fully one-third of all cases in April have so far been registered by areas lying outside the defined 31 March target populations. This, at best, must be considered as disappointing progress. However, I believe the priority direction of programme activities to endeavour to confine smallpox to the target areas earlier defined is sound in principle and should continue to be borne in mind during the coming months. If we were, in fact, able to reach this goal by the end of summer, the prospects for success in the coming year would be substantially brighter. Is it possible?

2.1 Cases occurring within original March 31 target area	Feb	Mar	Apr
Bangladesh	2 097	1 732	2 225
Ethiopia	167	167	204
India	4 912	5 089	4 005
Pakistan	640	746	492
Cases occurring outside target area but specifically traced to importations			
Afghanistan	-	-	11
Ethiopia	8	-	6
French Terr. of the Afars and Issas	1	-	-
Nepal	2	11	9
India	149	321	213
Japan	-	1	-
United Kingdom	-	4	1
Total of all cases in category 2.1	7 976	8 071	7 166
Per cent of world total cases in category 2.1	66	60	65

2.2 Cases occurring outside target area			
Bangladesh	1 846	2 338	2 422
Botswana	-	2	5
Ethiopia	513	292	201
India	1 565	2 675	1 126
Pakistan	229	94	68
Total of all cases in category 2.2	4 153	5 401	3 822
Per cent of all cases in category 2.2	34	40	35

Note: Data as of 1 May 1973

3.0 Reporting

By 1 May, reports from all areas should have been received by WHO through week 16. Deficiencies continue in India where the cumulative number of weeks for which all states are in arrears is 17. This is a decided improvement over the situation observed earlier in the year as, notably, only five of the listed States/Union Territories are two or more weeks in arrears (compared to 14 per Progress Report 4). Much remains to be done, however, before a system evolves which fully meets the needs of a true eradication programme.

India	- Arunachal Pradesh	1
	Assam	2
	Bihar	2
	Haryana	1
	Jammu and Kashmir	2
	Kerala	1
	Madhya Pradesh	1
	Manipur	3
	Nagaland	1
	Tripura	1
	West Bengal	1