

From: Chief, Smallpox Eradication  
To: Smallpox Staff  
Subject: Target Zero - Progress Report 10

5 June 1973

Copies of the provisional summary records of debate at the Assembly as well as the resolution adopted are enclosed. Considering the now limited extent of the endemic areas, it was proposed that an even higher priority be given to the programme in order to interrupt transmission as rapidly as possible. In fact, a number of measures have already been proposed and agreed upon to enable the Organization to provide more substantial assistance to the remaining endemic countries during the critical year ahead. Included are additional personnel, both consultant and long term, as well as supplies and equipment. Intensified "autumn campaigns" are being planned for all remaining endemic areas with the hope that as many foci as possible might be eliminated early in the season when they are still limited in extent. If the autumn campaigns can be successfully conducted, the extent and intensity of smallpox in the remaining endemic areas should be far more readily coped with during the normal season.

The Regional Advisers met immediately after the Assembly to discuss progress, plans, needs and possible targets over the next 12 months. With the additional support provided to the programme by the Organization and assuming that the remaining endemic countries similarly accord the programme high priority as requested in the Assembly resolution, (and such now appears to have been done by at least 3 of the 4 countries), it seemed not unreasonable to expect that essentially a nil incidence of smallpox could be reached by end June, 1974. A comprehensive "mopping-up" active surveillance phase would, of course, need to be continued during the following two years during which limited residual foci might well be found. However, it was felt that even these could be identified and contained by the end of 1974. This is admittedly a highly ambitious goal which will demand a most intensive effort to be achieved. Such an achievement, however, would not be unprecedented as a similarly ambitious and intensive programme in the 20 countries of western and central Africa achieved a similar objective in just 12 months.

An interim target for end December, 1973, was discussed and it was agreed that it was not unreasonable to expect the endemic areas to be confined to the following by that time:

Targets: end December, 1973 - remaining endemic areas

Ethiopia	Begemdir and Gojjam Provinces
India	Uttar Pradesh, Bihar and West Bengal Provinces
Bangladesh	Dacca, Faridpur, Barisal, Jessore, Khulna, Kushtia and Patuakhali Districts
Pakistan	Sukkur, Nawabshah, Khairpur and Larkana Districts

As shown under section 2.0, about 80% of all cases in March, April and May occurred in these areas or could be clearly attributed to importations

At present, it would appear highly probable that the programmes in Pakistan and Ethiopia would meet these targets; that the programme in Bangladesh would do so only with considerable effort; in India, however, a truly heroic effort will be required. Thus, while additional support is being provided to each of the programmes, considerably more is being allocated for India and Bangladesh.

In the meantime, programmes in each of the countries bordering the endemic areas, particularly Nepal, Afghanistan, Sudan and Somalia, will need to be especially alert and active to detect and contain importations as early as possible. The reintroduction and reestablishment of endemic transmission such as occurred in the past two years in Bangladesh and Botswana, must be prevented at all cost.

The next 12 months, while the most critical yet for the smallpox programme, should at the same time be the most exciting.

2.0 Target Areas - December 31

2.1 Cases occurring within

<u>December 31 target area</u>	<u>Mar</u>	<u>Apr</u>	<u>May</u>
Bangladesh	3 154	4 314	2 054
Ethiopia	159	299	54
India	7 380	7 950	8 159
Pakistan	362	404	339

Cases occurring outside target area but specifically traced to importations

Afghanistan	-	11	3
Nepal	11	13	13
India (Haryana, H. Pradesh, Orissa, Mysore, Maharashtra, Tamil Nadu)	292	305	109
Japan	1	-	-
United Kingdom	4	1	-
Somalia	-	-	1
<u>Total of all cases in category 2.1</u>	<u>11 363</u>	<u>13 297</u>	<u>10 732</u>
<u>Per cent of world total cases in category 2.1</u>	<u>82</u>	<u>79</u>	<u>82</u>

2.2 Cases occurring outside target area

Bangladesh	916	1 859	1 134
Botswana	8	4	-
Ethiopia	369	530	131
India	702	768	411
Pakistan	478	355	660
<u>Total all cases in category 2.2</u>	<u>2 473</u>	<u>3 516</u>	<u>2 336</u>
<u>Per cent of all cases in category 2.2</u>	<u>18</u>	<u>21</u>	<u>18</u>

Note: Data as of 28 May 1973

### 3.6 Reporting

By 28 May, reports from all areas should have been received by WHO through week 20. Deficiencies continue in India where the cumulative number of weeks for which all states are in arrears is 19. While this is a decided improvement over the situation observed earlier in the year, much remains to be done before a system evolves which fully meets the needs of a true eradication programme.

India	Andhra Pradesh	1
	Assam	3
	Bihar	1
	Chandigarh	2
	Haryana	2
	Jammu and Kashmir	2
	Kerala	2
	Madhya Pradesh	1
	Manipur	1
	Meghalaya	2
	West Bengal	1
	Delhi	1