From: Chief, Smallpox Eradication

To: Smallpox Staff

Subject: Progress Report 33 - Target Zero 22 March 1976

1.0 Introduction

The countdown in Ethiopia during the past several weeks stalled at the 50 mark but in week 11 commenced a fairly brisk downward trend as only 4 new outbreaks and 31 cases have been discovered during the past three weeks. In fact, the hope (although faint) persists that the last known case will be detected and isolated by the end of April.

The contrast between March 1975 and March 1976 is remarkable but, lest we forget the problems of but one year ago, the tabulation of infected villages at the end of week 10 and the total cases through week 10 () is a reminder:

	at end week 10-1975	at end week 10-1976
Bangladesh	958 (3 301)	0
Nepal	4 (80)	0
India -		
Bihar	53 (778)	0
Uttar Pradesh	16 (291)	0
Other States	20 (172)	0
Ethiopia	80 (514)	50 (374)
Total	1 131 (5 136)	50 (374)

Clearly, we are in the "Realm of the Final Inch" (Progress Report 32) - "the work has almost been completed, the goal almost attained, everything seems completely right and the difficulties overcome. But the quality of the thing is not right . . . In that moment of fatigue and self-satisfaction it is especially tempting to leave the work without having attained the apex of quality".

While Ethiopian staff endeavour to detect and contain the last outbreaks, operations to assure ourselves and the world that eradication has indeed been achieved are now in full swing. The work involved in certification is far less exciting and dramatic than that which involved detection and containment of outbreaks, but it is no less essential. Until and unless global certification is completed, the task is not finished.

2.0 Certification of eradication

2.1 West Africa - The International Commission for West Africa meets in Abidjan, Ivory Coast from 23-28 March for initial review of the programme. After field visits to the 15 countries involved, they will convene in Brazzaville from 12-15 April to decide whether or not they are satisfied that eradication has been achieved. Members of the Commission are:

Dr. S. Badaya-Ngaro, Inspecteur des Services de Santé, Bagui, Republique Centrafricaine.

Dr. W. Koinange Karuga, Director of the Division of Communicable Diseases Control, Nairobi, Kenya.

Dr. I. Ladnyi, Chief, Central Board for Quarantinable Diseases, USSR Ministry of Health, Moscow, USSR

Dr. R. Lekie, Directeur Général de la Campagne Nationale de l'Eradication de la Variole, Kinshasa, Republique du Zaire

Dr. R. Netter, Acting Director-General, Laboratoire National de la Santé Publique, Paris, France

Dr. M. I. D. Sharma, Director, National Institute of Communicable Diseases (NICD), Delhi, India.

Dr. P. F. Wehrle, Director of Pediatrics, Los Angeles County, University of Southern California/Medical Center, Los Angeles, California, USA

2.2 Plans for activities in the francophone countries of Central and Southern Africa will be discussed at the conclusion of the Brazzaville meeting. It is expected that the Commission for Central Africa will be able to be convened early in 1977 and for Southern Africa about the middle of the year.

2.3 The International Commission for Pakistan-Afghanistan will meet in September-October 1976. Drs. Meiklejohn and Shafa have just completed a six weeks tour in the two countries to review the programme of activities and to discuss additional measures which need to be taken.

2.4 The Commission for India-Nepal-Bhutan will convene about mid-April 1977 and the Commission for Bangladesh-Burma in November 1977.

2.5 The last of the Commissions will deal with Ethiopia, Sudan and the East African countries. How soon this final Commission can be convened is, of course, still uncertain.

3.0 Consultation on Monkeypox and other related viruses of the Orthopoxvirus group

From 10-13 February, a group of 24 WHO Consultants and staff met in Geneva to discuss recent findings in regard to such as the monkeypox and white-pox viruses, as well as other recent observations in regard to other ortho-poxviruses. Plans for future activities were developed. A summary of their observations and recommendations, a list of those who attended and an index of the papers presented was distributed with Smallpox Surveillance Report No. 125 in February.

4.0 Funding of the Programme

The ever-chronic problem of funds looks somewhat less critical than it did a few months ago, but because of a recent sharp increase in expenditures in Ethiopia and some delays in receipt of contributions, there are still difficulties in sustaining the flow of assistance required. Indications of further support from several donors may soon alleviate this problem for 1976, in major part. Cash contributions received or pledged since the first of the year are as follows:

Sweden - 13.6 million Kroner ($3 097 950) for India:
USA Public Health Service - $1 000 000 for Ethiopia:
Denmark - 3.5 million Kroner ($569 105) for Bangladesh:
Netherlands - 1 000 000 Guilders ($375 000) for general support: and
United Kingdom - £150 000 ($305 000) for general support.

5.0 Publicity

With the day rapidly approaching when we will detect the world's last case of smallpox, there has been increasing publicity throughout the world and more, of course, may be anticipated. The most extensive coverage in recent weeks has been in the Netherlands, where a series of full page articles was published in De Telegraaf based on a visit to Ethiopia by one of their reporters. A Dutch television crew also visited Ethiopia and produced an excellent 12-minute film which has been shown in Holland and Belgium and, we are told, soon will be shown in Austria. An English language version of this has been promised to us. An hour long documentary film is being produced by the USA Educational Television Network (NOVA series) which will be shown on 6 June. Also, a special exhibit on the smallpox eradication programme has also been set up at the Smithsonian Institute in Washington as part of the USA Bicentennial Celebration.

As noted in the previous Progress Report, publicity such as this, although personally gratifying to all of us, really serves a most valuable role in educating the public and politicians alike as to what has been done and how, so that decisions in regard to national vaccination policies and international requirements for vaccination can be taken with a more rational understanding. Support to those preparing material for the news media thus is an important responsibility for us all and should not be regarded, as some may be inclined, as only a necessary evil which distracts us from the business at hand.

6.0 Conclusion

Based on my observations during my trip to Ethiopia two weeks ago, the eradication programme activities there are very close to that point of excellence at which we may expect to see transmission interrupted at an early date. As an index of this is the fact that within but two or three weeks, we expect to be in a position to shift the routine reporting system to a daily telegraphic line listing of each new case found. However, because of the size of the country and the difficult geography, the end point will undoubtedly be less abrupt than in the Asian countries. It is probable that several weeks may well elapse without detecting cases, only to find yet another focus among nomads or in a remote mountain valley. The Ethiopian staff, appreciating this only too well, plan to celebrate "small '0'" when the last known infected village is crossed off the list, but with the hope that the small '0' will not need to be celebrated too often!