WHO/SE/71.30 page 2 Inter-Regional Seminar on Surveillance and Assessment in Smallpox Eradication New Delhi, India, 30 Nov - 5 Dec 1970 World Health Organization 1971 WHO/SE/71.30 pp 2-4

PREFACE

From 30 November to 5 December 1970, a Seminar on Surveillance and Assessment in Smallpox Eradication was convened in New Delhi, India, under the sponsorship of the World Health Organization.

At the time of the Conference, the intensified global programme of smallpox eradication was completing its fourth year of operation. Despite an estimated four-fold improvement in the completeness of notification, smallpox incidence had at the same time declined from 131 000 cases in 1967 to 54 000 cases in 1969, and it was estimated that only 30 000 cases would be recorded in 1970. This represented the lowest number of cases ever recorded by the World Health Organization. During this period of four years, smallpox transmission had been totally interrupted in the 20 countries of western and central Africa, comprising a population of more than 120 million persons. In the remaining areas of Africa, it appeared probable that within a matter of months, all countries except Sudan and Ethiopia would also be free of the disease. In the Americas, smallpox incidence had declined dramatically and it appeared that here, too, transmission would be interrupted within months. In Asia, only five countries remained endemic for smallpox and substantial progress was being made. However, in 1970 the countries of Asia continued to constitute the principal reservoir of smallpox, reporting fully 85% of the world total of cases.

Considerable experience had been acquired during the first few years of the eradication programme which indicated clearly the importance of the shift in the strategy of the programme from one which originally emphasized mass vaccination to one in which surveillance was the dominant element. In fact, it had been noted that to date, in every country where a concerted effort had been made to improve reporting and where every suspect case had been promptly investigated, its source traced and containment action taken, smallpox transmission had been interrupted within two years or less. This change in strategy, perhaps more than any other single factor, was felt to have played the principal role in the unexpectedly rapid progress in the programme to date.

The New Delhi Seminar was intended to permit key persons responsible for smallpox eradication activities in Asia to discuss and compare their experiences in implementing surveillance programmes and at the same time, to learn various approaches employed in surveillance operations in the countries of Africa and the Americas. Participating in the Conference were: official participants and observers from Afghanistan, Burma, India, Indonesia, Nepal and Pakistan; WHO Headquarters, regional and country staff; and consultants from Ghana, India, Sierra Leone, USA and USSR.

Papers presented at the Conference, appropriately edited for brevity and clarity, are included in this document. The teaching problem and syllabus, illustrating methods for outbreak investigation, as well as the document on techniques of assessment, both of which were discussed at the Seminar, will be distributed separately.

WHO/SE/71.30 page 3

TABLE OF CONTENTS

•

STATUS OF THE SMALLPOX ERADICATION PROGRAMME	
Summary - Status of the Global Programme	6
Review of the Status of Smallpox in the South-East Asia Region Status of Smallpox Eradication Programmes in the Eastern Mediterranean	13
Region	24
AFRICA	
The Smallpox Eradication Programme in Sierra Leone	32
Reccurrence of Smallpox in Nigeria 1970	45
Problems of Border Areas in West Africa	52
BRAZIL	
Surveillance in the Brazilian Smallpox Eradication Programme 1970	60
Investigation of Hospital-Associated Smallpox - Vitoria, Espirito Santo	71
AFGHANISTAN	
Smallpox Surveillance in Afghanistan	80
Special Problems Relating to the Smallpox Eradication Programme in	
Afghanistan	92
Assessment of the Smallpox Vaccination Programme in Afghanistan	98
BURMA, NEPAL	
International Cooperation in the Smallpox Eradication Programme	104
Importation of Smallpox Cases Into Nepal	108
INDONESIA	
The Establishment of an Effective Reporting System for Smallpox in	
Indonesia	112
Is Routine Vaccination Necessary in a Smallpox Eradication Programme?	117
The Twenty Years and the Twenty MonthsLow Level Transmission of Smallpox in a Well Vaccinated Area, Pasar	126
Minggu, Djakarta, Indonesia (February-August 1970)	130
Smallpox in Djakarta Residency, 1970	134
What went Wrong in Loning?	140
INDIA	
Observations during Special Investigations in Rajasthan	146
Development of the Smallpox Surveillance Programme in Andhra Pradesh	
State, India	161
The Pattern of Urban Smallpox - Calcutta	174

WHO/SE/71.30 page 4

Page	•

PAKISTAN	
Surveillance of Smallpox in East Pakistan	182
Surveillance Activities of the Smallpox Eradication Programme in West Pakistan	195
Pakistan	195
TECHNICAL CONSIDERATIONS	
Vaccination of Hospitalized Patients and Newborns: Contraindications	
to Vaccination	208
Vaccine Production, Storage and Handling	219
Tools and Techniques in Smallpox Vaccination	223
RECOMMENDATIONS OF THE CONFERENCE	229
LIST OF PARTICIPANTS	233