

Inter-Regional Seminar on Surveillance
and Assessment in Smallpox Eradication
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RECOMMENDATIONS OF THE CONFERENCE

RECOMMENDATIONS

The following recommendations are submitted by the participants for action which should be continued or introduced and as guidelines for programme planning and execution:

1. In conformity with WHO global SE strategy in countries where smallpox is still endemic, Governments should give priority to smallpox eradication programmes.
2. Except in a national emergency, organization of smallpox eradication programmes should not be interrupted by diverting SE personnel and resources to other programmes.
3. Integration of the smallpox eradication programme with other public health control programmes should not be introduced before the country has become smallpox-free.
4. The directorates of smallpox eradication programmes at all levels should be adequately staffed and given enough authority and administrative and financial support to be able to execute the programme efficiently.
5. As surveillance and containment of outbreaks are the most important components of the smallpox eradication programme,
 - (a) the reporting systems should be improved to ensure uniform and prompt notification of any suspect or confirmed smallpox case;
 - (b) special teams trained for surveillance and containment measures should be created at central and provincial levels as required and the necessary transport should be allocated to them on a permanent basis. Such teams should be engaged full-time in surveillance activities to carry out epidemiological investigation and containment of every outbreak.
6. Cases may be isolated at home to avoid dissemination of the infection by hospitalization.
7. Potent and stable freeze-dried vaccine should be exclusively used for smallpox vaccination.
8. The multiple puncture technique using the bifurcated needle is recommended.
9. The site chosen for primary and revaccination should be made uniform, preferably the left upper deltoid. A single insertion is recommended.

10. Neonatal vaccination should be a high priority; experience has shown that vaccination of this age group is safe and effective.
11. Regular vaccination of all hospital staff and vaccination of patients on admission is recommended with the exception of moribund cases.
12. Although routine primary vaccination and revaccination of the population is recommended where necessary, all efforts should be made to attain the highest coverage possible of children below 15 years of age.
13. Regular assessment of the programme at all levels and in particular its surveillance component should be carried out to ensure the progress made and to take corrective measures where necessary.
14. In countries where the incidence of smallpox is very low or nil, laboratory facilities should be made available for the diagnosis of all suspect cases.
15. All records such as vaccination sheets, scar survey and epidemiological forms should be uniform throughout one country and should be simple enough to include only essential data.
16. An intensive training in the methodology of surveillance and containment should be imparted to all categories of supervisory staff.
17. Health education must be stimulated so that all categories of medical and paramedical personnel are involved in the reporting of cases. In addition, volunteer participation of village leaders, school teachers, etc. should be promoted.
18. Inter-country agreement on measures taken to assure close technical coordination is an urgent necessity, especially for those countries encountering frequent "border-crossing problems". These measures should facilitate prompt cross-notification to the local and central authorities in the bordering country so that in the event of an outbreak the necessary action can be taken simultaneously in both countries involved. Strong surveillance action should be continuously assured in border areas.
19. WHO is requested to assist in the organization of inter-country coordination meetings.