



VISIT REPORT OF THE MEMBERS OF THE
INTERNATIONAL COMMISSION FOR THE
CERTIFICATION OF SMALLPOX ERADICATION

INDEXED

SYRIAN ARAB REPUBLIC

15 - 22 October 1978



CONCLUSION

After deliberate consideration of all available data regarding smallpox and smallpox eradication activities in Syrian Arab Republic members of the Commission conducted field investigations. These investigations included review of all additional information available and discussions with national officials and field staff of health units. Visits were made to nine of the existing 14 governorates.

On completion of these activities the Commission members concluded that:

1. there is no evidence that smallpox has occurred in the Syrian Arab Republic since 1972;
2. the structure of the health services in regard to the detection, recording and reporting of communicable diseases is sufficiently reliable that should an outbreak of smallpox have occurred it would have come to the notice of the central public health authorities;
3. the requirements for smallpox eradication, as established by the WHO Expert Committee on Smallpox Eradication (1971) have been fully met, thus the eradication of smallpox from the Syrian Arab Republic can be considered to have been achieved.

RECOMMENDATIONS

1. The surveillance system should be reinforced so as to detect and report a greater proportion of all occurring cases of communicable diseases.
2. The use of facilities available through WHO for the laboratory examination of specimens from atypical chickenpox or suspected smallpox cases should be continued.
3. In accordance with International Health Regulations vaccination certificates for smallpox should be required only from those persons arriving, within 14 days of leaving a smallpox infected country. At this date no country is known to be infected.

The issue of this document does not constitute formal publication. It should not be reviewed, abstracted or quoted without the agreement of the World Health Organization. Authors alone are responsible for views expressed in signed articles.

Ce document ne constitue pas une publication. Il ne doit faire l'objet d'aucun compte rendu ou résumé ni d'aucune citation sans l'autorisation de l'Organisation Mondiale de la Santé. Les opinions exprimées dans les articles signés n'engagent que leurs auteurs.

COMMISSION MEMBERSHIP AND ACTIVITIES

The two International Commission members Drs. R. Netter^a and M. Chamsa^b accompanied by Dr. J. Tulloch^c arrived in Damascus on 15 October 1978. Discussions were held on that day with His Excellency Dr. Nouri Ramzi, Vice-Minister of Health and the visit programme organized. For the field investigations two teams were proposed and a programme designed to cover the main population centres and routes of communication (Annex 1). This programme was approved by His Excellency, Dr. Madani El-Khyami, The Minister of Health.

The field programme did not include Der ez Zour governorate, where the last known smallpox occurred in 1972, as this area had been visited by one of the group in May 1978 (Annex 2).

At the conclusion of the field visits the Ministry of Health convened a meeting attended by the appropriate senior health officials. These included a representative of the armed forces medical services who confirmed that no suspected case had been seen and that the Ministry of Health was notified of any communicable disease outbreaks which occurred. It was stated that, in view of the annual pilgrimage of many Syrians to Mecca, Saudi Arabia, a policy of compulsory smallpox vaccination would be maintained until the global eradication of smallpox was announced.

The Commission members evaluated the following items:

1. Communicable Disease Reporting System

The basis of the communicable disease reporting system is an individual case reporting form which should be filled for each case at the time of initial examination and sent immediately to the Directorate of Health in each governorate. This is normally the only type of report from health units except in the case of emergency, when a telephone or telegram report is made. In most instances no consolidated monthly report concerning communicable disease is made. It was noted that some health units were not reporting all cases of notifiable diseases seen and in fact in some units the individual case form is not utilized at all. The individual case reports are compiled at governorate level in a quarterly report which is sent to the Ministry of Health.

In the case of communicable disease among school children it was observed that cases were reported to the Ministry of Education if detected by school health service officers. Moreover chickenpox and measles are included under the general heading of "other skin diseases" and thus cannot be specifically identified in the monthly report. Plans are now in progress to bring the school health services under the control of the Ministry of Health. It is essential that the same classification of diseases is used by all reporting units including the school health services.

Overall the communicable disease reporting system requires improvement.

^a Dr. R. Netter, Member of the Global Commission for Certification of Smallpox Eradication, Director General, National Laboratory of Health, Paris, France.

^b Dr. M. Chamsa, Assistant Director, Organization of Medical Services, Red Lion and Sun Society of Iran.

^c STC, SME WHO HQ Geneva.

2. Health Units

Three urban health centres, in Hama, Idlib and Tartous, were visited and ten rural health centres, in Al Qarba, El Bab, Haffe, Jisrushoghoor, Masyaf, Palmyra, Qaratein, Rweiha, Sadad, Salkhad, Sheik el Baidr and Slumfe. In general the urban centres were found to be more efficient and more frequented by patients than the rural centres.

All units were performing smallpox vaccinations and in recent years a record has been kept against a list of registered births in the area. Vaccination coverage of children born in 1977 and 1978 varied considerably from one health unit to another.

The only separate Infectious Diseases Hospital in Syria, which is located in Aleppo, was visited. It is constructed to accommodate 250 beds but at present has only 100 of which about one third were occupied at the time of visiting. The staff is adequate in number and the facilities well maintained. One case of typical chickenpox was seen, a child of six years, but this was said to be exceptional as such cases are generally not admitted unless necessitated by complications.

There are mobile teams attached to many of the rural health centres to visit surrounding villages, mainly to perform vaccinations.

In Hama a section of the city inhabited by a large and long-established community of Palestinian refugees was visited. It appeared that health services and schools were available to the same extent as in other areas of the city.

3. School Visits

Twelve primary schools and kindergartens were visited. In the examination of 3873 children 6 - 12 years old and 180 children 3 - 5 years old only one child was found with five or more facial pockmarks. It was claimed that this boy, now 9 years of age, had suffered smallpox in Haffe in 1971. Two teachers, one in Hama and one in Idlib, had pockmarks resulting from smallpox more than 30 years ago. These, and two other persons over 45 years old seen in the street were the only persons observed with pockmarks throughout the visit.

Vaccination coverage was less than 15% in the one kindergarten visited, around 50 - 60% in the majority of first grade primary school classes and 80 - 95% in higher grades.

In addition to those children examined in schools a number were also seen, along with adults, during visits to markets in Damascus, Hama and Lattakia. No additional persons with facial pock marks were seen.

At the final meeting in Damascus a statement was provided by the Director of School Health Services concerning the examination for facial pockmarks of children entering school in Damascus city and Der-ez-Zour Mohafazat in September 1978 (Annex 3).

4. Laboratory Visits

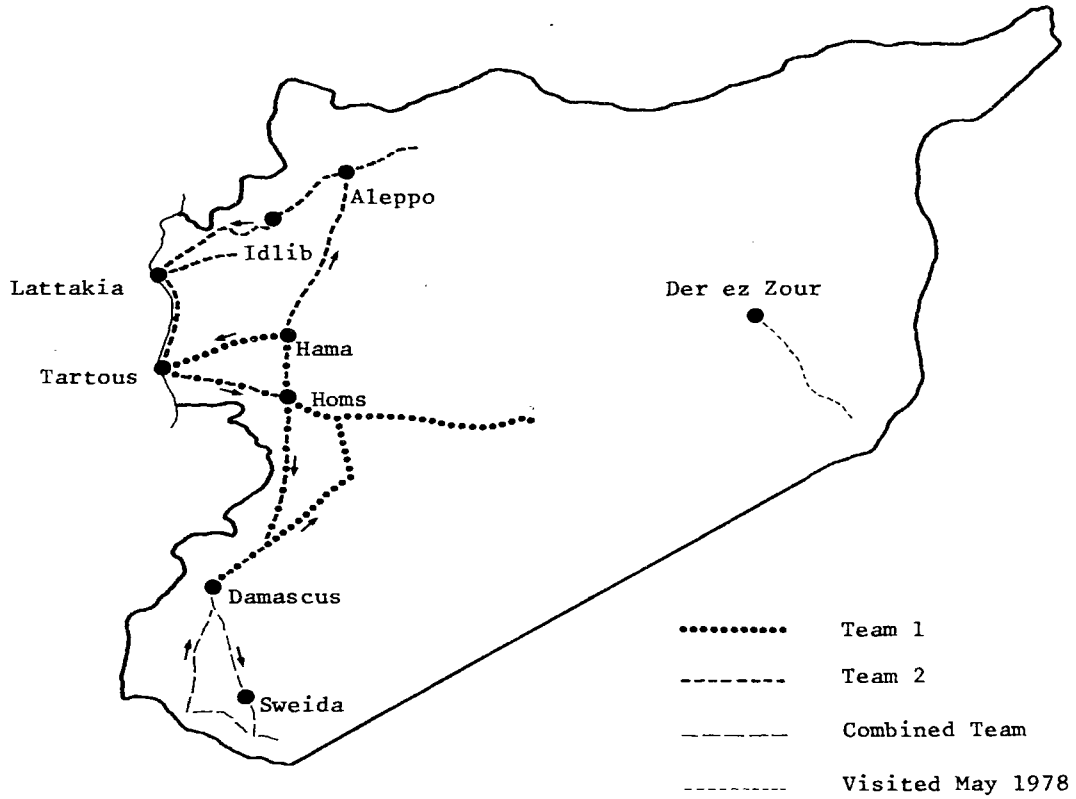
In the Central Public Health Laboratory no examinations for the diagnosis of smallpox are conducted. It was stated that in the case of suspected smallpox cases specimens would be sent to WHO for testing (Annex 4). It was confirmed that no variola virus nor specimens collected from smallpox patients were now held.

The vaccine production laboratory was visited and found to be producing vaccine of high quality as verified by regular control testing in WHO Collaborating Centres.

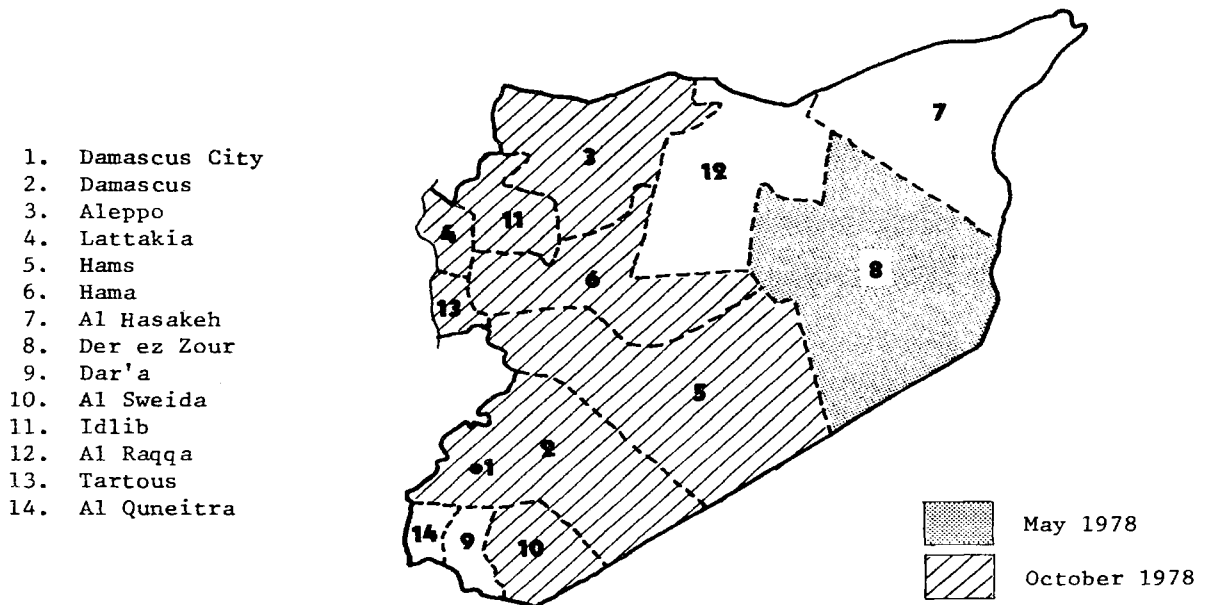
From discussions with health officers at different levels it was discovered that variolation has not been practised anywhere in the country during the last 10 years at least.

TRAVEL ROUTES AND MAIN CENTRES VISITED

ANNEX 1



GOVERNORATES IN WHICH FIELD INVESTIGATIONS WERE CONDUCTED



REPORT ON VISIT TO MAYADIN DISTRICT
16 MAY 1978

In March and April 1972, 54 smallpox cases and 2 deaths were reported from Mayadin District. Containment measures were initiated and no further spread was reported.

Discussion with Medical Officer, Mayadin

Dr. Mahmoud Shohaiby who was present at the time of the 1972 outbreak and directly responsible for the containment and isolation of cases in Mayadin mentioned that of the 54 cases one was a nomad, one was from Kouria village and the remaining 52 were from Kechme village and a smaller village between Kechme and Sbekan.

Field Investigation

In the limited time available a sample pockmark survey among children in Mayadin and the infected and surrounding villages was conducted. The results are shown below.

Results of Sample Pockmark Survey, Mayadin District, 16.5.78

Location	Children examined		Pock marked children found by year of smallpox attack		
	0 - 5 years	6 years +	since 1972	1972	before 1972
Al Hussein Madrasha (Mayadin)		50	0	0	0
Mayadin Market	25	60	0	0	0
Mehkan Primary School		142	0	7	3
Kouria Primary School		160	0	0	0
Sbekan village	20	35	0	2	0
Kechme village	50	65	0	1	2
TOTAL	95	412	0	10	5

Discussion with Villagers

Most villagers recognized well the local term for smallpox and were aware of its presence in 1972. None claimed having seen it in more recent years.

Conclusions

1. No evidence was found of smallpox transmission having continued after 1972.
2. Some evidence was found (notably in Mehkan village) that more cases may have occurred in 1972 than were reported to the authorities.
3. There is some evidence that sporadic unreported cases may have occurred in the years 1966 - 1967, but no evidence of widespread outbreaks.

ANNEX 3STATEMENT CONCERNING EXAMINATION
OF SCHOOL CHILDREN FOR FACIAL POCKMARKS

In September 1978 two investigations in Damascus and Der ez Zour areas were carried out for detecting pockmarked persons among children 6 - 7 years old (entering school).

The total number of children who were examined in Damascus area was 28 072 in 197 schools. And the total number of children who were examined in Der ez Zour area was 11 320 in 207 schools.

No pockmarked person was found in either area.

School Health Director
Dr. H. Burhani

ANNEX 4

LINE LISTING OF SPECIMENS TESTED IN WHO COLLABORATING CENTRES IN 1978

SERIAL NUMBER	NAME	AGE	SEX	DATE RECEIVED	LABORATORY ^a	LABORATORY DIAGNOSIS		
						VARIOLA	HERPES VARICELLA	OTHER
1	Rema Kashlan	2½	F	11.08.78	Atlanta	negative	negative	negative
2	Shereen Awad	9 months	F	11.08.78	Atlanta	negative	negative	negative
3	Tujan Kherallah	2	F	20.09.78	Moscow	negative	negative	negative
4	A. Dweidi	15 months	F	20.09.78	Moscow	negative	negative	negative
5	Naim Abukura	15 months	M	12.10.78	Atlanta	negative	negative	negative
6	Raja Ashkar	2	F	20.10.78	Atlanta		<u>b</u>	

^a Testing Laboratories are WHO Collaborating Centres in Atlanta (Viral Exanthems Branch, Center for Disease Control) and Moscow (Research Institute for Virus Preparations).

^b Results pending.