



Sixty-third Session

EB63.R5

17 January 1979

PROPOSED PROGRAMME BUDGET FOR THE  
FINANCIAL PERIOD 1980-1981: PROGRAMME REVIEW

SMALLPOX ERADICATION PROGRAMME

The Executive Board,

Having examined the report of the Director-General on the smallpox eradication programme;<sup>1</sup>

Recognizing that, while global certification is proceeding satisfactorily, certain measures must be taken by the Organization to ensure that smallpox has been permanently eradicated;

1. CONGRATULATES those countries and areas where smallpox eradication has been certified by the Global Commission;
2. COMMENDS the Director-General on establishing a Global Commission which has produced such a comprehensive review on the status of global certification;
3. ENDORSES the recommendations made by the Global Commission at its first meeting as presented by the Director-General and set out in the annex to this resolution, including the need for continuing surveillance activities as recommended by the Global Commission;
4. URGES all institutions still retaining stocks of variola virus to destroy or transfer them to WHO collaborating centres with adequate safety facilities.

Twelfth meeting, 17 January 1979  
EB63/SR/12



<sup>1</sup> Document EB63/WP/1.

ANNEX

GLOBAL COMMISSION FOR THE CERTIFICATION  
OF SMALLPOX ERADICATION: RECOMMENDATIONS

The recommendations made by the Global Commission for the Certification of Smallpox Eradication at its first meeting, held in Geneva from 4 to 7 December 1978, were as follows:<sup>1</sup>

1. Global certification of smallpox eradication

1.1 Countries preparing for certification by International Commissions should be encouraged to proceed with the timely preparation of the necessary documentation.

1.2 WHO should proceed with the collection and review of the additional information sought from China, Democratic Kampuchea, Iraq, Madagascar and South Africa. The requirements for certification are described in the comments about each of these countries. Global Commission members should be kept informed of further developments.

1.3 All countries which have not yet submitted formal declarations of freedom from smallpox should be requested to do so as promptly as possible.

2. The Birmingham smallpox outbreak

2.1 An ad hoc committee should be established to review the report of the governmental inquiry into this outbreak and report to the Global Commission at its next meeting.

3. Orthopoxviruses

3.1 WHO should support studies applying the new techniques of DNA analysis to variola virus and related orthopoxviruses.

3.2 A Study Group on Orthopoxviruses should be appointed by WHO, and this group should meet periodically.

3.3 White pock clones (reported as derived from monkeypox virus) should be further characterized by polypeptide and DNA analysis and attempts should be made to confirm these findings in other centres as soon as possible, under WHO's coordination.

3.4 The proposed epidemiological study in Zaire, a project in which WHO is cooperating, and which is designed to investigate the natural history of monkeypox and whitepox viruses, was endorsed.

3.5 Selected Member States and research institutions should be encouraged to lend their full support to the recommendations concerning orthopoxviruses.

4. Retention of stocks of variola virus and safety in laboratories holding them

4.1 WHO should continue its efforts to reduce the number of laboratories retaining stocks of variola virus with the objective that by 1980 not more than four laboratories should retain stocks. These laboratories should be WHO collaborating centres with maximum containment facilities. The full collaboration of the national health administrations concerned is needed for this action.

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<sup>1</sup> Document WHO/SE/78.132.

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4.2 An expert group to report to the Global Commission should be convened by WHO during 1979, to investigate whether retention of stocks of variola virus is justified after global smallpox eradication has been completed and, if it is justified, to identify the need for and nature of any research to be conducted.

4.3 Although national governments have the responsibility of ensuring safety in laboratories retaining variola virus, each such laboratory should be visited at intervals of not more than two years by WHO staff and consultants in order to evaluate its safety on the basis of WHO guidelines.<sup>1</sup>

4.4 WHO should periodically publish the names of all laboratories with stocks of variola virus, indicating which laboratories are retaining virus for purely archival purposes and which are conducting research, and whether they meet WHO safety standards.

## 5. Vaccination policy

5.1 As more than one year has elapsed since the last known naturally occurring cases of smallpox and smallpox eradication has already been certified in most countries, the Global Commission considers that routine vaccination is unnecessary, except in countries of, and adjacent to, the Horn of Africa, and in those countries awaiting certification by an International Commission. The Global Commission recognizes that between the present time and final certification each government will need to assess its routine vaccination policy, depending on its own assessment of the risks and benefits.

5.2 Since there is no smallpox-infected country anywhere in the world, smallpox vaccination certificates should not be required for international travel.

5.3 In those countries where human cases of monkeypox have been detected the incidence and transmissibility of this disease are so low, even amongst unvaccinated persons, that there is no justification for wide-scale vaccination. The complications and deaths associated with countrywide vaccination would be expected to exceed those due to the monkeypox infections.

5.4 All persons entering laboratories holding variola virus stocks should be revaccinated every year. Routine vaccination of persons who do not enter such laboratories is unnecessary.

## 6. Vaccine reserves

6.1 Provision should be made by WHO for storage in Geneva, New Delhi and Toronto of a total of approximately 300 million doses of smallpox vaccine and materials needed for emergency use.

6.2 WHO should seek information about the location, size and potential availability of national stocks of smallpox vaccine.

## 7. Surveillance after global certification

7.1 To assist countries in investigating reports of suspected cases of smallpox WHO should maintain selected WHO collaborating centres for examination of laboratory specimens.

7.2 To further assist in investigating such reports WHO should maintain a current list of epidemiologists with knowledge of smallpox who could be available at short notice to assist where necessary with the prompt investigation of rumours.

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<sup>1</sup> Document SME/77.2.

Annex

7.3 WHO should continue to fund and support a human monkeypox surveillance programme, particularly in Zaire, for at least five additional years (1980-1985).

7.4 Other African countries, especially those where human monkeypox has occurred in the past, should be encouraged to continue active surveillance of patients with fever and rash to promote the recognition of cases of monkeypox. Specimens should be obtained from suspected cases for laboratory investigation.

7.5 WHO should retain or recruit staff, located at WHO headquarters, to ensure the investigation of all suspected cases of smallpox. Additional staff responsibilities would include the maintenance of vaccine reserves, the monitoring of safety in laboratories retaining variola virus, the coordination of research on orthopoxviruses and the supervision of all surveillance activities. An additional responsibility would be participation in the documentation of the smallpox eradication programme.

8. Documentation of the smallpox eradication programme

8.1 Complete documentation of the smallpox eradication programme should be prepared, to provide necessary information for the meeting of the Global Commission in December 1979, for Member States, and for other purposes. It is recognized that completion of full documentation will extend beyond 1979 and continued WHO support should be provided.

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