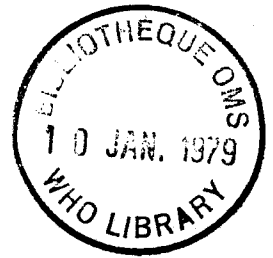




EXECUTIVE BOARD

Sixty-third Session

Agenda item 12.2



SMALLPOX ERADICATION PROGRAMME

Report by the Director-General

No naturally occurring cases of smallpox have been detected anywhere for 14 months. Two cases in August and September 1978 were associated with a laboratory and will not affect the schedule for global certification by December 1979.

The Global Commission for the Certification of Smallpox Eradication has been charged by the Director-General with judicious verification of the current apparent interruption of smallpox throughout the world and the recommendation of measures to ensure that smallpox has been permanently eradicated. The recommendations made by the Global Commission at its first meeting are reproduced in Annex 2.

Paragraph 9 contains a draft resolution for consideration by the Executive Board.

1. Current activities for the certification of smallpox eradication are summarized in the Weekly Epidemiological Record published on 5 January 1979 (Annex 1).<sup>1</sup>

Transmission of naturally occurring smallpox apparently interrupted for 14 months

2. Over 14 months have passed since the last case of smallpox, with onset of rash on 26 October 1977, in southern Somalia. Intensive surveillance has not detected any further cases in the Horn of Africa or anywhere else.

3. In August and September 1978 there were two cases of smallpox, associated with variola virus retained in a laboratory in Birmingham, United Kingdom. This will not affect the global certification of smallpox eradication scheduled for December 1979, when two full years will have elapsed since the last naturally occurring case of smallpox.

Retention of variola virus stocks

4. Considerable efforts have been made by WHO and national health administrations to reduce the number of laboratories retaining variola virus from 76 in 1976 to 10 at the end of 1978. Efforts will continue to reduce the number to not more than four by 1980.

Global Commission for the Certification of Smallpox Eradication

5. The Global Commission, established by the Director-General, held its first meeting in December 1978; its recommendations are reproduced in Annex 2. It identified 79 countries and areas requiring special certification procedures and 121 countries and areas requiring only a formal statement of their smallpox-free status. Of the 79 countries and areas, the

<sup>1</sup> Weekly Epidemiological Record, 54: No. 1 (1979).

Global Commission certified eradication in 64, on the basis of reports from International Commissions, from the countries themselves, from visits of Commission members or of WHO staff. Formal statements covering an additional 46 countries and areas were accepted. Specific recommendations leading to certification in the remaining countries and areas were made.

6. The Global Commission also made recommendations concerning longer-term obligations to be undertaken by WHO to ensure that, once smallpox eradication had been certified, the situation would be maintained.

#### Vaccine reserves and vaccination policy

7. With the global certification of smallpox eradication the termination of routine vaccination is foreseen. Accordingly the distribution of smallpox vaccine through WHO is expected to be terminated in 1980, except in the case of an emergency. A vaccine reserve sufficient to vaccinate 200 to 300 million persons was recommended by the Health Assembly, but stocks, including pledges, have fallen to a level sufficient to vaccinate only 90 million persons; further donations of smallpox vaccine are therefore required.

#### Contributions to smallpox eradication activities

8. Cash contributions received or pledged to date should be adequate to maintain currently scheduled activities through 1981.

#### Draft resolution

9. The Executive Board may wish to adopt a resolution along the following lines:

The Executive Board,

Having examined the report of the Director-General on the smallpox eradication programme;

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;
4. URGES all institutions still retaining stocks of variola virus to destroy or transfer them to WHO collaborating centres with adequate safety facilities.



WORLD HEALTH ORGANIZATION  
GENEVA

ORGANISATION MONDIALE DE LA SANTÉ  
GENÈVE

# WEEKLY EPIDEMIOLOGICAL RECORD RELEVÉ ÉPIDÉMIOLOGIQUE HEBDOMADAIRE

*Epidemiological Surveillance of Communicable Diseases*  
Telegraphic Address: EPIDNATIONS GENEVA Telex 27821

*Service de la Surveillance épidémiologique des Maladies transmissibles*  
Adresse télégraphique: EPIDNATIONS GENÈVE Téléc 27821

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Téléc 28150 Genève suivi de ZCZC et FRAN pour une réponse en français

5 JANUARY 1979

54<sup>th</sup> YEAR — 54<sup>e</sup> ANNÉE

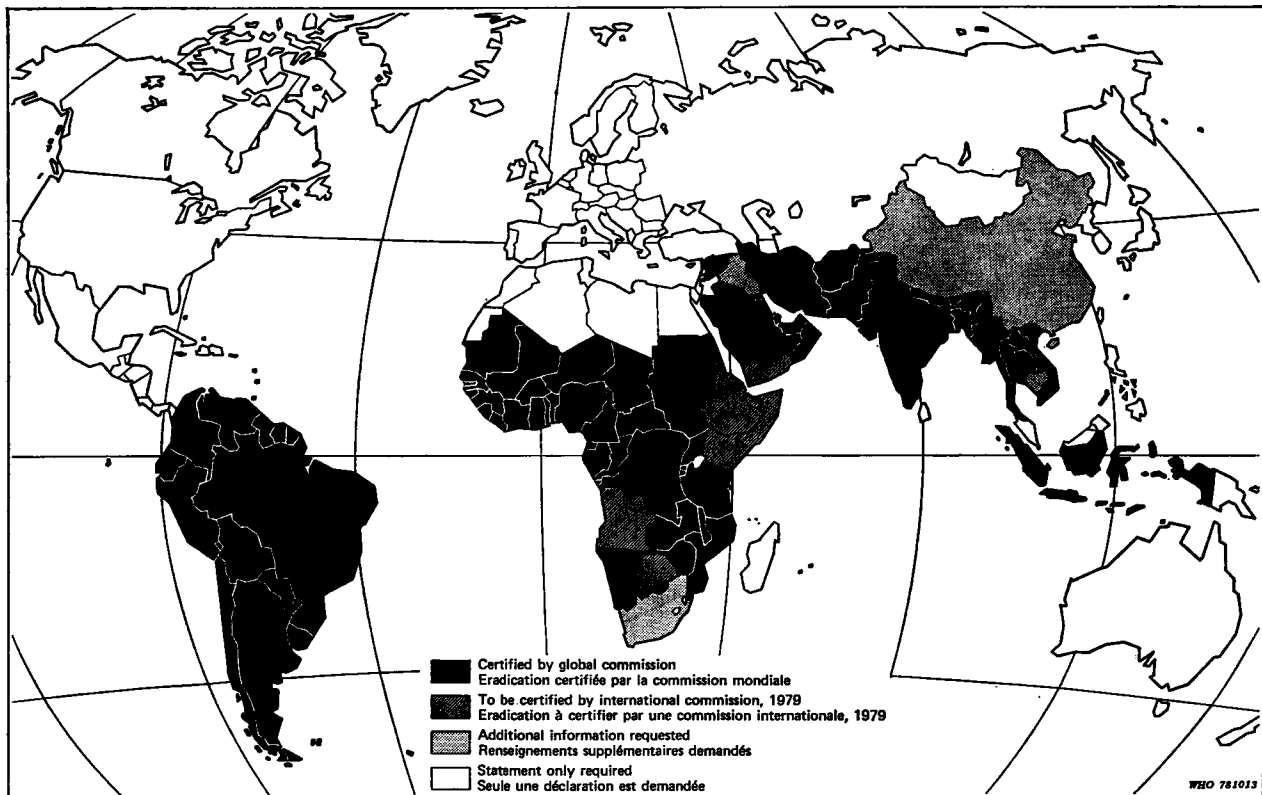
5 JANVIER 1979

## SMALLPOX SURVEILLANCE

## SURVEILLANCE DE LA VARIOLE

FIG. 1

GLOBAL CERTIFICATION OF SMALLPOX ERADICATION BY THE END OF 1979  
LA CERTIFICATION MONDIALE DE L'ÉRADICATION DE LA VARIOLE D'ICI LA FIN DE 1979



Epidemiological notes contained in this number:

Influenza Surveillance, Smallpox Surveillance.

List of Newly Infected Areas, p. 6.

Informations épidémiologiques contenues dans ce numéro:

Surveillance de la grippe, surveillance de la variole.

Liste des zones nouvellement infectées, p. 6.

## Global Certification of Smallpox Eradication

The month of October 1977 was marked by two important events: *first*, an Informal Consultation on Worldwide Certification of Smallpox Eradication (Consultation Group) was held from 11-13 October, a body which essentially became the Global Commission for the Certification of Smallpox Eradication (Global Commission) in 1978; and, *second*, the world's last known case of endemic smallpox occurred in southern Somalia, with onset of rash on 26 October. The Consultation Group laid down recommendations for global certification, which were endorsed by the Sixty-first Executive Board and the Thirty-first World Health Assembly. These recommendations have been implemented by joint WHO and national efforts. At the same time, worldwide smallpox surveillance activities have continued with special emphasis on countries in the Horn of Africa. There has been no further endemic transmission detected throughout the world although a laboratory-associated smallpox outbreak of two cases occurred in August/September 1978 in the United Kingdom.

### Certification Progress

Of 200 countries and areas identified, 79 countries and areas were considered to require special procedures to ensure certification of smallpox eradication (Fig. 1 and Table 1). The remaining 121 countries and areas were requested to submit formal statements of smallpox eradication. The classification of countries was based on the recommendations made by the Consultation Group. At that time they examined individual country situations in terms of the extent of past endemicity of smallpox, the risk of importation which might establish continuous transmission, and the availability of data indicating the sensitivity of smallpox surveillance. The first meeting of the Global Commission in December 1978 reviewed the progress made and formulated recommendations on how best to ensure that global certification may be completed by the end of 1979.

### Seventy-Nine Countries and Areas Requiring Special Procedures

*Africa:* In 1976-1977, 24 countries in West and Central Africa were certified by International Commissions. In 1978, Malawi, Mozambique, Sudan, Uganda, the United Republic of Tanzania and Zambia were certified by International Commissions. Namibia and Southern Rhodesia were certified by the Global Commission in December after reviewing data from visits by Commission members or WHO consultants, country reports and special field survey reports. Countries still requiring certification procedures in 1979 are Angola (scheduled in February 1979), Botswana, Lesotho and Swaziland (scheduled in March 1979), and Djibouti, Ethiopia, Kenya and Somalia (scheduled in October 1979). Global Commission certification for Madagascar and South Africa is pending receipt of additional surveillance data.

*Americas:* Thirteen countries of South America were certified by an International Commission in 1973. The remaining countries and areas have submitted statements of smallpox eradication. Thus, certification has been completed in the Americas.

*Asia and the Eastern Mediterranean:* Indonesia (1974), Afghanistan and Pakistan (1976), and Bangladesh, Bhutan, Burma, India and Nepal (1977) have been certified by International Commissions. In 1978, the Global Commission certified the Lao People's Democratic Republic, Thailand and Viet Nam in south-east Asia. In the Eastern Mediterranean, Bahrain, Iran, Kuwait, Oman, Qatar, Saudi Arabia, the Syrian Arab Republic and the United Arab Emirates were certified. In each country, detailed reports on past eradication activities were available as were reports of visits by Global Commission members/WHO consultants, with the exception of the Lao People's Democratic Republic and Viet Nam, where the country reports were considered to be sufficient evidence for certification by the Global Commission. Countries remaining to be formally certified are Democratic Yemen and Yemen (scheduled in June 1979). Additional information is being sought from China, Democratic Kampuchea and Iraq before the Global Commission approves certification.

### Formal Statements

As of 31 December, statements covering 56 countries and areas have been received.

## Certification mondiale de l'éradication de la variole

Le mois d'octobre 1977 a été marqué par deux événements importants. *Premièrement*, une consultation sur la certification mondiale de l'éradication de la variole (Groupe de consultation) — organe qui pour l'essentiel allait devenir la Commission mondiale pour la certification de l'éradication de la variole (Commission mondiale) en 1978 — s'est réunie du 11 au 13 octobre et, *deuxièmement*, le dernier cas de variole endémique connu dans le monde, dont l'éruption a eu lieu le 26 octobre, s'est produit en Somalie méridionale. Le Groupe de consultation a formulé des recommandations pour la certification mondiale qui ont été approuvées par le Soixante et Unième Conseil exécutif et la Trente et Unième Assemblée mondiale de la Santé. Ces recommandations ont été mises en application grâce aux efforts conjugués de l'OMS et des pays. Parallèlement, les activités de surveillance mondiale de la variole se sont poursuivies en axant plus particulièrement les efforts sur les pays de la Corne de l'Afrique. Aucune autre transmission endémique n'a été décelée dans le monde, bien que deux cas de variole associés à un laboratoire se soient déclarés en août-septembre 1978 au Royaume-Uni.

### Progrès de la certification

Sur les 200 pays ou zones retenus, on a estimé que 79 pays ou zones étaient justiciables des procédures spéciales permettant de garantir la certification de l'éradication de la variole (Fig. 1 et Tableau 1). Les 121 autres ont été priés de produire des déclarations officielles d'éradication de la variole. Le classement des pays s'est fondé sur les recommandations formulées par le Groupe consultatif. La situation de chaque pays a été examinée en tenant compte de l'ampleur de l'endémicité de la variole dans le passé, du risque d'importation susceptible d'établir une transmission continue et de l'existence de données révélatrices du degré de sensibilité de la surveillance. Au cours de sa première réunion en décembre 1978, la Commission mondiale a fait le point des progrès réalisés et formulé des recommandations sur les meilleurs moyens de faire en sorte que la certification mondiale puisse être achevée à la fin de 1979.

### Soixante-dix-neuf pays ou zones justiciables des procédures spéciales

*Afrique:* En 1976-1977, 24 pays d'Afrique centrale et occidentale ont été certifiés par des commissions internationales. En 1978, le Malawi, le Mozambique, l'Ouganda, la République-Unie de Tanzanie, le Soudan et la Zambie ont été certifiés par des commissions internationales. La Namibie et la Rhodésie du Sud ont été certifiées par la Commission mondiale en décembre, après examen de données résultant de visites effectuées par des membres de la Commission ou des consultants de l'OMS, de rapports de pays et de rapports spéciaux d'enquête sur le terrain. Les pays qui, en 1979, sont encore justiciables des procédures de certification sont l'Angola (prévue en février 1979), le Botswana, le Lesotho et le Swaziland (prévues en mars 1979), ainsi que Djibouti, l'Éthiopie, le Kenya et la Somalie (prévues en octobre 1979). Pour Madagascar et l'Afrique du Sud, la certification par la Commission mondiale est subordonnée à la réception d'un complément de données de surveillance.

*Amérique:* Treize pays d'Amérique du Sud ont été certifiés par une commission internationale en 1973. Les autres pays ou zones ont produit des déclarations d'éradication de la variole. De ce fait, la certification est achevée dans les Amériques.

*Asie et Méditerranée orientale:* L'Indonésie (1974), l'Afghanistan et le Pakistan (1976), ainsi que le Bangladesh, le Bhoutan, la Birmanie, l'Inde et le Népal (1977) ont été certifiés par des commissions internationales. En 1978, la Commission mondiale a certifié la République démocratique populaire lao, la Thaïlande et le Viet Nam en Asie du Sud-Est. Dans la Méditerranée orientale, le Bahreïn, l'Iran, le Koweït, Oman, Qatar, l'Arabie saoudite, la République arabe syrienne et les Emirats arabes unis ont été certifiés. Pour chacun de ces pays, on a disposé de rapports détaillés sur les activités d'éradication entreprises dans le passé, ainsi que de rapports faisant suite à des visites de membres de la Commission mondiale ou de consultants de l'OMS, à l'exception de la République démocratique populaire lao et du Viet Nam pour lesquels on a jugé que les rapports de pays constituaient une preuve suffisante pour la certification par la Commission mondiale. Les pays en attente de certification officielle sont le Yémen démocratique et le Yémen (prévues en juin 1979). Des compléments d'information sont attendus de la Chine, du Kampuchea démocratique et de l'Iraq, avant que la Commission mondiale approuve la certification.

### Déclarations officielles

Au 31 décembre, l'OMS a reçu des déclarations officielles concernant 56 pays ou zones.

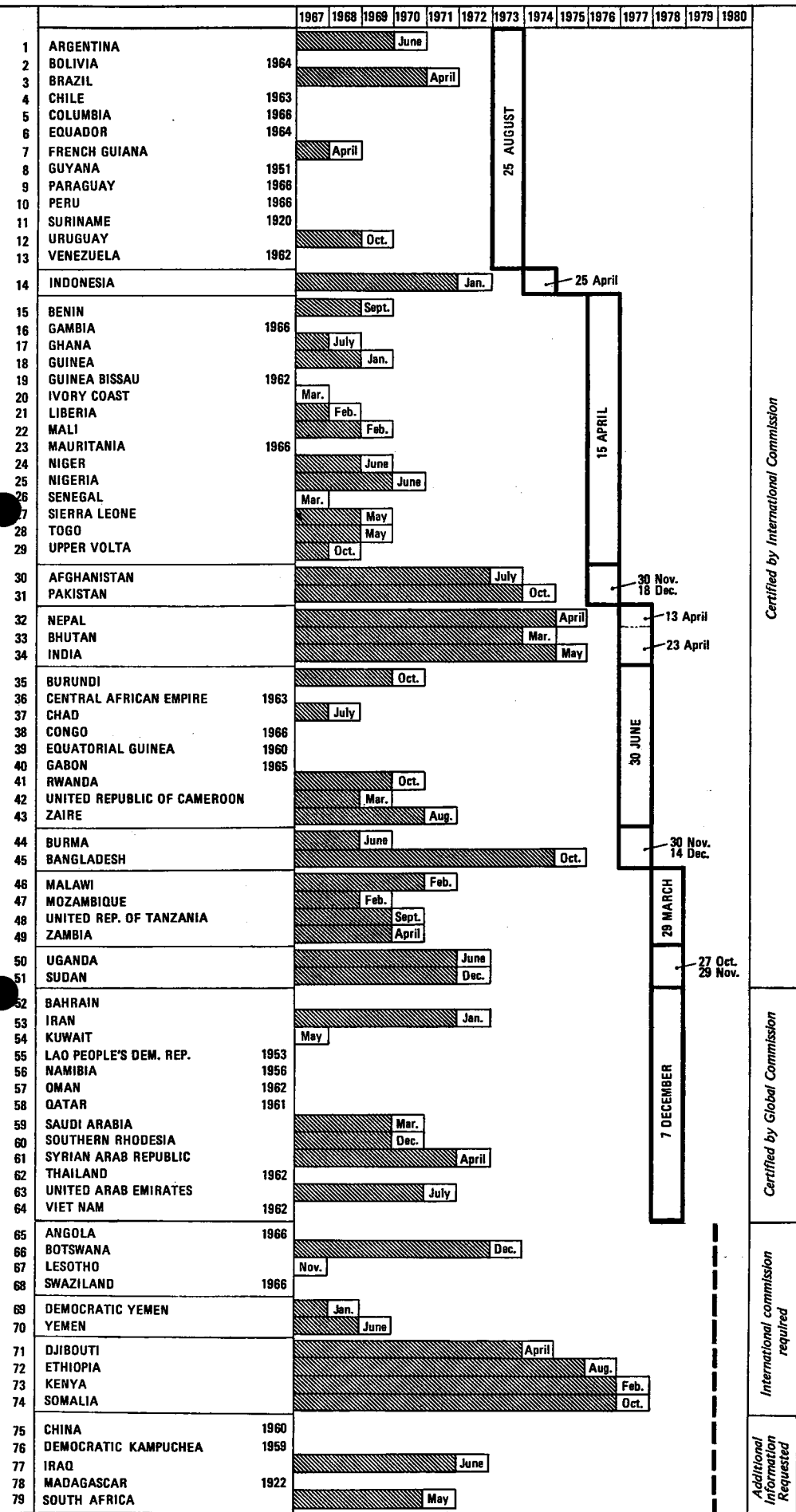


TABLE 1

79 COUNTRIES AND AREAS DESIGNATED BY THE GLOBAL COMMISSION AS REQUIRING SPECIAL PROCEDURES FOR CERTIFICATION OF SMALLPOX ERADICATION. THE TABLE SHOWS THE DATE OF THE LAST KNOWN CASE OF SMALLPOX AND THE DATE OF CERTIFICATION OF 64 COUNTRIES AND AREAS. ONLY 15 COUNTRIES REMAIN TO BE CERTIFIED IN 1979.

TABLEAU 1

SOIXANTE-DIX-NEUF PAYS ET ZONES POUR LESQUELS LA COMMISSION MONDIALE A ESTIMÉ QUE LA CERTIFICATION DE L'ÉRADICATION DE LA VARIOLE DEVAIT FAIRE L'OBJET DE PROCÉDURES SPÉCIALES. LE TABLEAU INDIQUE LA DATE À LAQUELLE LE DERNIER CAS CONNU DE VARIOLE A ÉTÉ DÉCOUVERT AINSI QUE LA DATE DE CERTIFICATION POUR 64 PAYS ET ZONES. L'ÉRADICATION N'A PLUS À ÊTRE CERTIFIÉE QUE DANS 15 PAYS EN 1979.

**Laboratory Confirmation of Smallpox Suspects**

Laboratory testing of specimens from suspect cases continues at high level. This provides further confidence that patients with rash and fever or chickenpox cases occurring in high risk areas are not smallpox. While in 1975, 871 specimens from 22 countries were tested, in 1978, 4 577 specimens from 36 countries were tested indicating extensive surveillance activities covering a large geographical area.

**Variola Virus Stocks in Laboratories**

Extensive surveys conducted by WHO and national health authorities identified 76 laboratories retaining variola virus in 1976. Currently, the number has declined to ten laboratories (Table 2). Of these ten laboratories, of which four are WHO Collaborating Centres, four are retaining the virus for research and six are keeping the virus for archival purposes. Six laboratories have been visited by Global Commission members or WHO staff in 1977 and 1978 for discussions on the disposal of virus and to discuss whether the facilities meet WHO safety recommendations as established in 1977. Efforts are continuing to reduce the number of laboratories retaining variola virus to no more than four by 1980. This will require the full cooperation of national authorities and the laboratories concerned. In 1979 it is planned to convene a special meeting of experts to decide whether retention of variola virus is justified in the post-eradication era.

**Confirmation en laboratoire des cas suspects**

L'expertise en laboratoire de prélèvements provenant de cas suspects se poursuit à un niveau élevé. On est ainsi plus certain que les malades présentant une éruption accompagnée de fièvre, ou les cas de varicelle se produisant dans des zones à haut risque, ne sont pas des cas de variole. Alors qu'en 1975, 871 spécimens venant de 22 pays avaient été analysés, 4 577 spécimens provenant de 36 pays ont été analysés en 1978, témoignant ainsi de l'ampleur d'une surveillance qui s'étend sur une vaste zone géographique.

**Stocks de virus variolique dans les laboratoires**

Des enquêtes de grande envergure menées par l'OMS et les autorités sanitaires nationales ont permis de recenser 76 laboratoires conservant du virus variolique en 1976. Actuellement, il n'en reste plus que dix (Tableau 2). Sur ces dix laboratoires, dont quatre sont des centres collaborateurs de l'OMS, quatre conservent le virus pour la recherche et les six autres pour leur collection. Des membres de la Commission mondiale ou des fonctionnaires de l'OMS se sont rendus dans six laboratoires en 1977 et 1978 pour discuter des possibilités de se débarrasser du virus et voir si les installations correspondaient aux conditions de sécurité fixées par l'OMS en 1977. Les efforts se poursuivent pour réduire le nombre des laboratoires conservant du virus variolique à quatre au maximum en 1980. Cela nécessitera l'entière collaboration des autorités nationales et des laboratoires intéressés. En 1979, il est prévu de convoquer une réunion spéciale d'experts qui décidera si la conservation du virus variolique se justifie au cours de la période de post-éradication.

**Table 2. Laboratories Retaining Variola Virus (7 December 1978)**  
(Underlined laboratories are WHO Collaborating Centres)

**Tableau 2. Laboratoires conservant du virus variolique (7 décembre 1978)**  
(Les laboratoires dont le nom est souligné sont des Centres collaborateurs de l'OMS)

Laboratory — Laboratoire	City/Country Ville/Pays	Current Status Situation actuelle		Visit by Global Commission or WHO Visite par la Commission mondiale ou l'OMS	Comment — Observations
		Archival Collection	Research Recherche		
1. Bayerische Landesimpfanstalt	Munich, FRG Munich, RFA		Yes — Oui	December 1977 Décembre 1977	Does not meet WHO safety recommendations. — Ne ré- pond pas aux recommanda- tions de sécurité OMS.
2. <u>Center for Disease Control</u>	Atlanta, USA Atlanta, EUA	Yes — Oui	Yes — Oui	June 1978 Juin 1978	Meets WHO safety recom- mendations. — Répond aux recommandations de sécurité OMS.
3. <u>St Mary's Hospital Medical School</u>	London, UK Londres, Royaume-Uni	Yes — Oui	Yes — Oui	May 1978 Mai 1978	Meets WHO safety recom- mendations. — Répond aux recommandations de sécurité OMS.
4. <u>Research Institute of Viral Preparations</u> <u>Institut de recherche sur les préparations virales</u>	Moscow, USSR Moscou, URSS	Yes — Oui	Temporarily stopped Temporaire- ment inter- rompue	June 1978 Juin 1978	Major modifications planned so that will meet WHO safety recommendations. — Des mo- difications importantes sont prévues en vue de répondre aux recommandations de sécurité OMS.
5. American Type Culture Collection	Rockville, USA Rockville, EUA	Yes — Oui		Postponed to 1979 — Re- portée à 1979	Negotiations in progress to have all US strains at labo- ratory No. 2. Does not meet WHO safety recom- mendations. — Les négocia- tions se poursuivent pour que toutes les souches des Etats- Unis soient conservées au laboratoire N° 2. Ne répond pas aux recommandations de sécurité OMS.

Table 2 (contd)

Tableau 2 (suite)

Laboratory — Laboratoire	City/Country Ville/Pays	Current Status Situation actuelle		Visit by Global Commission or WHO Visite par la Commission mondiale ou l'OMS	Comment — Observations
		Archival Collection	Research Recherche		
6. Institut für Schiffs- und- Tropenkrankheiten	Hamburg, FRG Hambourg, RFA	Yes — Oui		May 1977 Mai 1977	Planning to transfer or des- troy strains at the time of, or before, global eradication is certified. Meets WHO sa- fety recommendations. — Pré- voit de transférer ou de dé- truire les souches au moment où l'éradication mondiale sera certifiée ou même avant. Répond aux recommanda- tions de sécurité OMS.
7. Institute for the Control of Drugs and Biological Products Institut pour le contrôle des médicaments et des produits biologiques	Peking, China Pékin, Chine	Yes — Oui		Not yet Pas encore	Detailed information on sa- fety measures awaited. — Renseignements détaillés sur les mesures de sécurité attendues.
8. National Institute of Virology Institut national de virologie	Sandringham, South Africa Sandringham, Afrique du Sud	Yes — Oui		February, October 1978 Février, octobre 1978	Maximum containment labo- ratory being constructed (not for variola virus, but strains could be stored there). Does not meet WHO safety recommendations. — Labo- ratoire à sécurité maximale en construction (pas pour le virus variolique, mais les sou- ches pourraient y être conser- vées). Ne répond pas aux recommandations de sécurité.
9. <u>Rijks Instituut voor de Volksgezondheid</u>	Bilthoven, Netherlands Bilthoven, Pays-Bas	Yes — Oui		Postponed Reportée	Planning to transfer or des- troy at the time of, or before, global eradication is certified. Does not meet WHO safety recommendations. Prévoit de transférer ou de détruire les souches au moment où l'éra- dication mondiale sera certi- fiée, ou même avant. Ne répond pas aux recomman- dations de sécurité OMS.
10. United States Army Medical Research Institute for Infectious Diseases	Frederick, USA Frederick, EUA	Yes — Oui		Postponed to 1979 Reportée à 1979	Negotiations in progress to have all US strains at labo- ratory No. 2. Detailed in- formation on safety measures awaited. — Des négociations sont en cours afin que toutes les souches des Etats-Unis soient conservées au labora- toire N° 2. Renseignements détaillés sur les mesures de sécurité attendues.

**Birmingham Outbreak in August/September 1978**

The outbreak consisted of two cases. The source of infection of the first case was associated with a laboratory in Birmingham. The first case subsequently infected her mother who was the second and last case. The outbreak was promptly and well-contained. The Global Commission decided that the outbreak would not affect the schedule for global certification.

**Research on Orthopoxviruses**

The current epidemiological picture continues to indicate that human monkeypox is not a public health problem.

A virus termed "whitepox virus" has been isolated on four occasions from tissue specimens from two primates and two rodents in Equateur Region, Zaire, during the period 1970 to 1978. The isolates were not distinguishable from variola virus with currently available laboratory tests. However, despite continuous sur-

**Poussée de Birmingham en août-septembre 1978**

La poussée de variole s'est limitée à deux cas. La source d'infection du premier cas était associée à un laboratoire de Birmingham. La première malade a ultérieurement infecté sa mère, second et dernier cas. La poussée a été rapidement et correctement endiguée. La Commission mondiale a décidé que la poussée ne modifierait pas le calendrier de la certification mondiale.

**Recherche sur les orthopoxvirus**

Le tableau épidémiologique actuel continue d'indiquer que le monkeypox humain ne constitue pas un problème de santé publique.

Un virus désigné sous le nom de virus du « whitepox » a été isolé à quatre reprises sur des spécimens tissulaires provenant de deux primates et de deux rongeurs dans la Région de l'Equateur (Zaïre) pendant la période allant de 1970 à 1978. Les isolations ne pouvaient être distingués du virus variolique à l'aide des épreuves de labora-





POSITION OF STATES  
UNDER THE INTERNATIONAL HEALTH REGULATIONS (1969)

on 1 January 1979

- I International Health Regulations (1969)
- II Additional Regulations, 1973

Unless otherwise indicated, the States listed are bound without reservations.

- R Bound with reservations
- Not bound
- ... Position not defined
- † For position of this State under previous Regulations, see third annotated edition (1966) of the International Sanitary Regulations, 1951, Annex I, p. 65.

	I	II		I	II		I	II
Afghanistan . . . . .			Greece . . . . .			Panama . . . . .		
Albania . . . . .			Grenada . . . . .			Papua New Guinea . . . . .	—	—
Algeria . . . . .			Guatemala . . . . .			Paraguay . . . . .		
Angola . . . . .			Guinea . . . . .			Peru . . . . .		
Argentina . . . . .			Guinea-Bissau . . . . .			Philippines . . . . .		
Australia . . . . .	—	—	Guyana . . . . .			Poland . . . . .		
Austria . . . . .			Haiti . . . . .			Portugal . . . . .		
Bahamas . . . . .			Holy See . . . . .	...†	...†	Qatar . . . . .		
Bahrain . . . . .			Honduras . . . . .			Republic of Korea . . . . .		
Bangladesh . . . . .			Hungary . . . . .			Romania . . . . .		
Barbados . . . . .			Iceland . . . . .			Rwanda . . . . .		
Belgium . . . . .			India . . . . .	R	R	Samoa . . . . .		
Benin . . . . .			Indonesia . . . . .			Sao Tome and Principe . . . . .		
Bolivia . . . . .			Iran . . . . .		—	Saudi Arabia . . . . .		
Botswana . . . . .			Iraq . . . . .			Senegal . . . . .		
Brazil . . . . .			Ireland . . . . .			Sierra Leone . . . . .		
Bulgaria . . . . .			Israel . . . . .			Singapore . . . . .	—	—
Burma . . . . .			Italy . . . . .			Somalia . . . . .		
Burundi . . . . .			Ivory Coast . . . . .			South Africa . . . . .	—†	—†
Byelorussian SSR . . . . .			Jamaica . . . . .			Spain . . . . .		
Canada . . . . .			Japan . . . . .			Sri Lanka . . . . .		
Cape Verde . . . . .			Jordan . . . . .			Sudan . . . . .		
Central African Empire . . . . .			Kenya . . . . .			Suriname . . . . .		
Chad . . . . .			Kuwait . . . . .			Swaziland . . . . .		
Chile . . . . .			Lao People's Democratic . . . . .			Sweden . . . . .		
China . . . . .	...†	...†	Republic . . . . .			Switzerland . . . . .		
Colombia . . . . .			Lebanon . . . . .			Syrian Arab Republic . . . . .		
Comoros . . . . .			Lesotho . . . . .			Thailand . . . . .		
Congo . . . . .			Liberia . . . . .			Togo . . . . .		
Costa Rica . . . . .			Libyan Arab Jamahiriya . . . . .		—	Tonga . . . . .		
Cuba . . . . .			Liechtenstein . . . . .			Trinidad and Tobago . . . . .		
Cyprus . . . . .			Luxembourg . . . . .			Tunisia . . . . .		
Czechoslovakia . . . . .			Madagascar . . . . .		—	Turkey . . . . .		
Democratic Kampuchea . . . . .			Malawi . . . . .			Uganda . . . . .		
Democratic People's . . . . .			Malaysia . . . . .			Ukrainian SSR . . . . .		
Republic of Korea . . . . .			Maldives . . . . .			Union of Soviet Socialist . . . . .		
Democratic Yemen . . . . .			Mali . . . . .			Republics . . . . .		
Denmark . . . . .			Malta . . . . .			United Arab Emirates . . . . .		
Djibouti . . . . .			Mauritania . . . . .			United Kingdom of Great . . . . .		
Dominican Republic . . . . .			Mauritius . . . . .			Britain and Northern . . . . .		
Ecuador . . . . .			Mexico . . . . .			Ireland . . . . .		
Egypt . . . . .	R	—	Monaco . . . . .			United Republic of . . . . .		
El Salvador . . . . .			Mongolia . . . . .			Cameroon . . . . .		
Equatorial Guinea . . . . .			Morocco . . . . .			United Republic of Tanzania . . . . .		
Ethiopia . . . . .			Mozambique . . . . .			United States of America . . . . .		
Fiji . . . . .			Nauru . . . . .	...†	...†	Upper Volta . . . . .		
Finland . . . . .			Nepal . . . . .			Uruguay . . . . .		
France . . . . .			Netherlands . . . . .			Venezuela . . . . .		
Gabon . . . . .			New Zealand . . . . .			Viet Nam . . . . .		
Gambia . . . . .			Nicaragua . . . . .			Yemen . . . . .		
German Democratic . . . . .			Niger . . . . .			Yugoslavia . . . . .		
Republic . . . . .			Nigeria . . . . .			Zaire . . . . .		
Germany, Federal . . . . .			Norway . . . . .			Zambia . . . . .		
Republic of . . . . .			Oman . . . . .					
Ghana . . . . .			Pakistan . . . . .	R				

POSITION DES ÉTATS QUANT AU RÈGLEMENT  
SANITAIRE INTERNATIONAL (1969)

au 1<sup>er</sup> janvier 1979

- I Règlement sanitaire international de 1969
- II Règlement additionnel de 1973

Sauf indication contraire, les Etats figurant sur cette liste sont liés sans réserves.

- R Lié avec réserves
- Non lié
- . Position non définie
- † Pour la position de cet Etat à l'égard du précédent Règlement, voir la troisième édition annotée (1966) du Règlement sanitaire international de 1951, annexe I, p. 67.

	I	II		I	II		I	II
Afghanistan . . . . .			Guyane . . . . .			Qatar . . . . .		
Afrique du Sud . . . . .	—†	—†	Haïti . . . . .			République arabe syrienne . . . . .		
Albanie . . . . .			Haute-Volta . . . . .			République de Corée . . . . .		
Algérie . . . . .			Honduras . . . . .			République démocratique		
Allemagne, République			Hongrie . . . . .			allemande . . . . .		
fédérale d' . . . . .			Inde . . . . .	R	R	République démocratique		
Angola . . . . .			Indonésie . . . . .			populaire lao . . . . .		
Arabie saoudite . . . . .			Iraq . . . . .			République dominicaine . . . . .		
Argentine . . . . .			Iran . . . . .		—	République populaire		
Australie . . . . .	—	—	Irlande . . . . .			démocratique de Corée . . . . .		
Autriche . . . . .			Islande . . . . .			République socialiste sovié-		
Bahamas . . . . .			Israël . . . . .			tique de Biélorussie . . . . .		
Bahreïn . . . . .			Italie . . . . .			République socialiste sovié-		
Bangladesh . . . . .			Jamaïque . . . . .			tique d'Ukraine . . . . .		
Barbade . . . . .			Jamahiriya arabe libyenne . . . . .		—	République-Unie de		
Belgique . . . . .			Japon . . . . .			Tanzanie . . . . .		
Bénin . . . . .			Jordanie . . . . .			République-Unie du		
Birmanie . . . . .			Kampuchea démocratique . . . . .			Cameroun . . . . .		
Bolivie . . . . .			Kenya . . . . .			Roumanie . . . . .		
Botswana . . . . .			Koweït . . . . .			Royaume-Uni de Grande-		
Brsil . . . . .			Lesotho . . . . .			Bretagne et d'Irlande du		
Bulgarie . . . . .			Liban . . . . .			Nord . . . . .		
Burundi . . . . .			Libéria . . . . .			Rwanda . . . . .		
Canada . . . . .			Liechtenstein . . . . .			Saint-Siège . . . . .	...†	...†
Cap-Vert . . . . .			Luxembourg . . . . .			Samoa . . . . .		
Chili . . . . .			Madagascar . . . . .		—	Sao Tomé-et-Principe . . . . .		
Chine . . . . .	...	...	Malaisie . . . . .			Sénégal . . . . .		
Chypre . . . . .			Malawi . . . . .			Sierra Leone . . . . .		
Colombie . . . . .			Maldives . . . . .			Singapour . . . . .		
Comores . . . . .			Mali . . . . .			Somalie . . . . .		
Congo . . . . .			Malte . . . . .			Soudan . . . . .		
Costa Rica . . . . .			Maroc . . . . .			Sri Lanka . . . . .		
Côte d'Ivoire . . . . .			Maurice . . . . .			Suède . . . . .		
Cuba . . . . .			Mauritanie . . . . .			Suisse . . . . .		
Danemark . . . . .			Mexique . . . . .			Suriname . . . . .		
Djibouti . . . . .			Monaco . . . . .			Swaziland . . . . .		
Egypte . . . . .	R	—	Mongolie . . . . .			Tchad . . . . .		
El Salvador . . . . .			Mozambique . . . . .			Tchécoslovaquie . . . . .		
Emirats arabes unis . . . . .			Nauru . . . . .	...	...	Thaïlande . . . . .		
Empire centrafricain . . . . .			Népal . . . . .			Togo . . . . .		
Equateur . . . . .			Nicaragua . . . . .			Tonga . . . . .		
Espagne . . . . .			Niger . . . . .			Trinité-et-Tobago . . . . .		
Etats-Unis d'Amérique . . . . .			Nigeria . . . . .			Tunisie . . . . .		
Ethiopie . . . . .			Norvège . . . . .			Turquie . . . . .		
Fidji . . . . .			Nouvelle-Zélande . . . . .			Union des Républiques		
Finlande . . . . .			Oman . . . . .			socialistes soviétiques . . . . .		
France . . . . .			Ouganda . . . . .			Uruguay . . . . .		
Gabon . . . . .			Pakistan . . . . .	R		Venezuela . . . . .		
Gambie . . . . .			Panama . . . . .			Viet Nam . . . . .		
Ghana . . . . .			Papouasie-Nouvelle-Guinée . . . . .	—	—	Yémen . . . . .		
Grèce . . . . .			Paraguay . . . . .			Yémen démocratique . . . . .		
Grenade . . . . .			Pays-Bas . . . . .			Yougoslavie . . . . .		
Guatemala . . . . .			Pérou . . . . .			Zaire . . . . .		
Guinée . . . . .			Philippines . . . . .			Zambie . . . . .		
Guinée-Bissau . . . . .			Pologne . . . . .					
Guinée équatoriale . . . . .			Portugal . . . . .					

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.

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.

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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