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56. In presenting his report on the programme of smallpox eradication (Appendix 12 to this report) the Director-General stressed that the report reflected at the same time satisfaction with the substantial results obtained in the national programmes in 1971 and an absence of complacency. Continued active vigilance was essential if the ultimate success of the programme was to be ensured. Special attention should be given to the seven recommendations on WHO's future activities which had been made by the Expert Committee on Smallpox Eradication in November 1971.[1]

57. A member inquired about the duration of the validity of the smallpox vaccination certificate and the possibility of its being extended to perhaps 10 years or more, as had been done with the yellow fever vaccination certificate. The Director-General replied that smallpox vaccination conferred a substantially more durable immunity than had been assumed in the past and that reasonably high levels of immunity might persist for five to 15 years or more. However, for international travellers full immunity was desirable to prevent transmission of smallpox from one area to another; thus it was recommended that each traveller be vaccinated every three years.

58. A member pointed out that, although great progress had been made in the eradication of smallpox, the fight against the disease must continue even in countries that appeared to be free of it. He therefore expressed satisfaction with the recommendation of the Expert Committee on Smallpox Eradication that, except for a few countries at lower risk and with a highly developed health service and surveillance, routine vaccination programmes should be continued throughout the world. He would not take the responsibility of stopping routine smallpox vaccinations for very young children: the risk was too great in view of the vast increase in travel between continents, and the inability of doctors in countries where smallpox had long disappeared to recognize the first case. Moreover, in the event of a case of smallpox he would not wish to give primary vaccinations to older children and adolescents at an age when the complications might be a more serious matter.

59. Another member pointed out that although it was, in his opinion, necessary to continue routine primary vaccination in most countries, there was the recognized risk of complications; and he requested information on new data which might be available regarding the magnitude of that risk, so that vaccination policies could be more rationally considered. The Director-General replied that the subject had been carefully considered by the Expert Committee on Smallpox Eradication. An estimation of the risk of complications following vaccination was very difficult because each of the countries which collected such data had different criteria for diagnosis, particularly for postvaccinal encephalitis. Moreover, the completeness of reporting varied enormously from one country to another: many countries had no information on how many primary vaccinations and how many revaccinations were performed. Since complications were rare after revaccination, such information was crucial for analysis. The most extensive data available were those compiled in the United States of America in 1963 and 1968. They showed that approximately two cases of postvaccinal encephalitis occurred among every million primary vaccinees and that there was approximately one death per million. Available data from the Netherlands, the United Kingdom and certain other countries in Europe suggested that the frequency of complications was the same there as in the United States

[1] Report to be published in the *Technical Report Series*.

of America although direct comparisons were not possible. Serious complications were thus infrequent occurrences. As both the risk of complications following vaccination and the risk of introduction of smallpox were now very small, many countries had found it difficult to compare them in order to arrive at a logical vaccination policy. Thus many had elected, for the time being, to continue vaccination programmes as before and to observe over a continuous period the progress of the eradication campaign.

60. A member referred to the report of the Director-General which indicated that, apart from Sudan and Ethiopia, smallpox transmission in Africa was believed to be limited to an area along the border between Botswana and South Africa. The Director-General replied that at the present time there were active surveillance programmes in west, central and eastern Africa with teams moving throughout the countries searching for cases of smallpox. The nature of their activities varied from country to country. For many months no cases had been detected except in Sudan and Ethiopia. However, it had been found necessary to continue the search for unknown foci for a much longer period of time as there were instances, in Nigeria, Indonesia and Brazil, of outbreaks being discovered after periods of up to eight months during which no cases could be found. Information from west, central and eastern Africa was readily available, but the Director-General pointed to the difficulty of obtaining information on the situation in the southern part of Africa; it was clear that the lack of information created serious problems for eradication programmes such as those against smallpox and malaria. Decisions taken at the political level were creating a difficult situation at the technical level. As long as South Africa felt compelled to terminate its relationship with WHO because of a decision taken by the Health Assembly, it was impossible to obtain information essential for the implementation of a truly worldwide programme, which cannot be stopped at the frontier of any country.

61. Another member suggested that a detailed history of the programme should be written describing how it had been planned and implemented, how assistance had been obtained, and what future action would be needed to prevent the return of smallpox. He also urged that active research into smallpox should be continued, particularly research on its immunology and on methods of applying smallpox vaccine. The lessons drawn from the smallpox campaign could be of inestimable value in the fight against other diseases.

62. Members expressed their satisfaction with the significant progress made in most parts of the world towards the eradication of smallpox. One member indicated that in one highly endemic country great strides had been made as a result of the assistance provided both by WHO and by bilateral assistance. The Director-General stated that a large part of the success of the smallpox eradication campaign was due to all those countries that were generously contributing to the programme. At the same time, he wished to pay a tribute to the efforts of the endemic countries themselves, which were in fact bearing the major burden of the expenses.