ATLANTA JULY 1970

Glob. Prog. Operation Surveillance. (1)

GLOBAL PROGRAM

Jan. '67, the global program of SE began. The goal was clearly stated - to eradicate the disease in 10 years. The WHO was instructed by the W.H. Assembly to treat this as a priority program and, indeed, almost 5% of the total budget of the Org. was assigned to this program.

Two (basic) questions frequently raised

1. Why smallpox? — why not cholera, plague, etc.
2. Can it (really) be eradicated? — various have talked of eradicating malaria, tuberculosis, syphilis, yellow fever and cholera — magnificent dreams but recognizably impossible in this century

Let us take up to the 1st question - why smallpox? Is it a really significant problem.

Let us not forget

- Smallpox was once a global problem and is capable today of being introduced and spread anywhere in the world at any season.
- Variola major, prevalent throughout SE Asia, is the most lethal prevalent disease known to man. 15-40% die. No Rx.
- So serious was this disease that in some areas, a child was not given a name until after he had experienced smallpox.

Our present practices of quarantine and vaccination reflect this concern

- Only disease for which immunization is required on a global basis
- " " " " " practised in every country.
- No. of vaccinations for smallpox = total of all other immunizations for any other disease.

With smallpox absent in many countries and maintained at low levels in virtually all countries, we (sanguinely) forget this. But let one case be introduced into non-endemic areas and there is a national emergency - such as does not occur with any other disease.

These factors led to the development of the global program for SE.

Can it be eradicated?

1. Man to man — no insect or other reservoir
2. Infection for brief period only — (rash to last scabs) — no chronic carrier permanent immunity.
3. No subclinical cases
4. Spreads slowly
   Incubation period
   No. of 2° cases from 1° case.
5. Highly effective vaccine —
   3 yrs. — No! ! 15–20 years.

Believe the only disease which can be eradicated in this century.
Dreams of eradicating the., malaria, yellow fever, cholera, etc. are dreams — and nothing more.

Desire for global SE talked about by many — primary impetus USSR.
1958–1966 SE program was conducted based solely on voluntary contributions.
WHO — 1 staff member in Geneva; some in Regional Offices and 2 or 3 in the field. A few scientists — some consultants & vaccine production laboratories — 1/2 × 10⁶ doses vaccine distributed annually.
Some progress — N. Africa; Middle East; few countries in SE Asia.
1966 USA/USSR proposed to the Assembly a special budget for SE and proposed that it be declared a principal program of WHO. If rejected — let's stop talking about eradication.
1966 Development of West Africa program. Initially an ill-conceived measles vaccination program
Program commenced on 1 January 1967. Unit created in Geneva

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1. 1st problem vaccine – est. 250 million doses needed.
   To buy – our total budget. Decided – ~~donation~~ indigenous production and donation.
   - Consultants
   - Production equipment
   - Testing service.
   - Donation to WHO 1 x 10^6 → 35 x 10^6
   - Bilateral donation USA
     USSR

   Beginning 10%
   Now all

~~2. Vaccination devices~~

2. To diffuse when problem is – ~~to bolster reporting~~
   To strengthen reporting – surveillance – containment activities in non-endemic countries – every case is an emergency.
   To attack the problem where it exists – by ① Vaccination
   ② Surveillance

3. endemic countries – ~~programs in all except Ethiopia South~~ (recommended)
   Plans developed, staff, etc. – now program in all except Ethiopia/South Africa – there 2 to have program by end of this year.

Where are we today?
~~4~~ areas defined.

[slides

At end of ~~After~~ 3½ years, real progress – now ~~#~~ 6½ to go. Need to intensify what has been done. Priority S. America, Africa, Indonesia.