

ALUMNI MTG. / ATLANTA

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## "Challenges in Prevention"

① M. Ghandi

At time - & the few funds, little could be done -

~~These~~ Things which so & morb. + mortal. in industrial world -

Better housing, H<sub>2</sub>O, sewerage system - not affordable.

Spx. vac. was one of few activities which was affordable and could have impact.

but vac. was poor quality / ~~water~~ instr. were primitive & painful.

Substantial

Funds were being expended for health care - hospitals & health centers / drugs & equipment

but, as was case in this country, these expenditures had <sup>only a marginal</sup> ~~little~~ impact on either morbidity or mortality. Thus, Ghandi's very prescient plea.

Smallpox eradication ~~changed~~ <sup>was a</sup> watershed event which, in developing countries, has begun to alter radically both views and strategy. <sup>for health care</sup> Prevention and community-based programs have begun to assume ~~this~~ <sup>the</sup> ~~appropriate~~ <sup>needed, important</sup> role - to complement <sup>the</sup> costly curative measures and services which are made available only to those seeking them and able to pay.

Changes over the last decade have been dramatic, as I shall note and then <sup>now</sup> one <sup>is</sup> beginning to be echoed in the industrialized countries. We are at the dawn of a new era for public health.

To ~~better understand the change,~~

What has occurred and how is best understood ~~for~~ <sup>in</sup> the context of the history of ~~the~~ smallpox and <sup>its</sup> eradication and there I would propose to recapitulate before looking to the future ~~describing more recent events~~ and what Johns Hopkins ~~is now doing~~ <sup>has been</sup> and what ~~it~~ <sup>is</sup> ~~now~~ <sup>is</sup> planned - for we are at the cutting edge of this second public health revolution.

② ③ ④ The disease

At one time prevalent in every country / like measles 20% c.f. rate.

Reduced pop. so greatly - Indust. Rev.

⑤ ⑥ Gods and goddesses

⑦ Jenner 1796 -  
milk maids

⑧ Cowpox

Vaccination (from vaccine) - 1<sup>st</sup> vaccine - Pasteur "vaccination" & honor Jenner - applied to all vaccines - confused the terminology

Extraordinary develop. - carried round the world - often by orphans.

Problems in ~~keeping~~ <sup>sustaining</sup> the virus - technology not right for widespread applic.

⑨ Cow Growth on flank of calf - late 1800's. - helped in indust. countries

But not until WW II were indust. countries - spruce. USA mid 30's - 30,000 cases.

⑩ This was 150 years after the vaccine was discovered

Freeze drying - ~~early~~ <sup>early</sup> 1950's, commercially feasible process for freeze-drying. Leslie Collier.

1958 - V. Zhdanov - WHA

Strategy - vaccination - 80% / Delhi problem / 100%

1966 - Frustration / skepticism / one final try - at least ↓ spx and risk of importation (n.b. USA defense ~~vs.~~ <sup>vs.</sup> smallpox)

• \$2.5 × 10<sup>6</sup>

• \$50,000 / country

• 10 year program.

Man on the moon.

⑪ 1967

10-15 × 10<sup>6</sup> cases

2 × 10<sup>6</sup> deaths

1 billion people

Two prong strategy

← Vace. (major ex)

Surveillance / Target '0' - reporting / containment

⑫ Vaccine - Need for 250 × 10<sup>6</sup> doses.

Quality control - 2 labs (Canada & Netherlands)

All vaccine used in prog. to be tested - 1<sup>st</sup> time for int'l. qual. control prog.

< 10% in use met accepted standards. - some no virus at all.

labs. who produced - also tested. Some did, some didn't.

Concept of independent qual. control lab. - USSR / France / India / China

~~No purchase~~ Sought donations - at same time, ~~also~~ <sup>helped</sup> dev. countries.

Principal donors USSR & USA

1973 80% dev. countries <sup>donors to others</sup>

By 1970, progrs. begun in all countries

⑬ 1967

⑭ 1970 - W. Africa free <sup>(poor, work in progress)</sup> for CDC program. (Foer, Miller, Ralph Henderson, Lythcott Hopkins, Bob Hyman)

⑮ 1973 - "Only problem" / ancient home of smallpox /  $700 \times 10^6$

Search strategy <sup>house by house</sup> / 120,000 people / 8 tons of forms / containers

Note: program was community-wide - involved village leaders, teachers, schoolchildren went to every house - not simply those who came to a health center

contrast: W. Azerbaijan - same year - WHO's phc. program.

⑯ U.P. - "surprise"

Program gradually improved but more resources needed -

Plea for help in Jan 74 for \$<sup>500,000</sup> ~~100,000~~ (believe it or not - <sup>all but</sup> impossible sum - donors willing to give 10s of  $10^6$  for hosp. but little for prevention)

Arrived New Delhi - 1 Jan - 4 principal advisors -

herpes zoster / foot fungus / <sup>Czech</sup> round stone / atypical pneumonia  
"Things can't get much worse & must get better"

illustrates courage and dedication of a team

Got the \$ but they did get worse - <sup>spike spread as fever seen before</sup> blackest day of prog. June 15<sup>th</sup>

E Foer in Bihar (north India)

25% of villages infected - 300 new cases/day

Stroke RL's / airlines / floods / famine / health workers

Foer & Dist H.O.

Foer optimism - "what do we do now?"

That summer - working 7 day weeks in 100-120° temp. - back of problem broken.

⑰ Rakuna Bamu - 16 Oct. 1975

⑱ Ethiopia

⑲ Highlands

⑳ Roads

㉑ Kidnap.

End of spp in Ethiopia Aug 1976 → Somalia - another year

㉒ Ali Maalin 26 Oct 77

(24) WHO

(25) WHO

This year marks the 10<sup>th</sup> anniversary.

Some believed an Army involved in fact, a small cadre of absolutely dedicated people.

GVA HQ - at most, 5 prof. staff

All int. staff - 100 at any one time. 750 from B countries

Total expd / yr. ~ \$8 x 10<sup>6</sup>

Savings to USA alone

\$150 x 10<sup>6</sup> (1968 \$)

Every 42 days saves ~~savings amount~~ equivalent of total contribution to entire prog.

Even today, ~~WA~~ contributes only \$60 million to WHO

~~but~~, ironically, ~~last year failed to pay this amount for 1<sup>st</sup> time in 30 yrs.~~  
~~and has failed to make any provision for paying 1987 commitment.~~

More important - show cost-effective prevention could be

Countries saw how much could be done by own health services

• Caused us to launch EPI -

DPT - polio - measles - BCG.

• 10 years ago = 2% / today 50% / goal 90% 1990

• Controversy of UNICEF's Child Surv. and Develop. Rpt.

• Rotary International

• Rajiv Gandhi

• Success in America - polio eradication.

• Second major thrust - ORT

JHSHPH - packets of H<sub>2</sub>O + sugar

1975 - 1<sup>st</sup> 1 x 10<sup>6</sup> packets = 18 mos.

Today - 1 x 10<sup>6</sup> / day.

(28)

ORT dist.

Vac. <sup>(26)</sup> <sup>(27)</sup>  
bills  
credit

Third <sup>discovery - promises</sup> ~~revolutionary change~~ revolutionary change -

Al Joumra - Vitamin A story

Family planning - badly needed

Greater interest than ever before -

A Major impediment is our own government.

In USA, our appreciation of the need for preventive measures now lags behind developing countries but interest is growing

- Health care costs →
- Fitness and dietary initiatives - still poorly defined
- Env. Hlth issues - Bhopal / Institute W.Va // Chernobyl // pesticides // lead.

That our health system is ill-prepared to deal w/ probs. - ill by <sup>suit</sup> a measles epidemic in Maine the  $\bar{c} > 100$  cases.

Immun. is the simplest of medical procedures and most cost-effective.

Yet, in a city  $\bar{c}$  an excess of M.D.'s - 50% of 2 yrs olds unvac.

Worse - 17 of 18 unvac. (who got disease) in health care setting 4 yrs.

Worse - one half contracted the disease in OPD. & clinic.

Basically have a curative care system and don't get how to deal w/ prevention + <sup>com. based</sup> <sub>progs.</sub>

Thus, at the very dawn of a new era

SPH is preparing to address issues

- Growth in 10 years from \$17 → \$80 × 10<sup>6</sup>
- Largest public Hlth school in world
- Graduate 20% of all doctoral students
- EHS  $\bar{c}$  60 f.t. faculty is larger than half SPH and a unique facility <sup>basic research</sup> → work site
- NPHM - <sup>M. Grant Hall</sup> Of 12 acad. "movers and shakers" - 4 at Hopkins.
- Intl. health - largest acad. prog. in world with 750 f.t. faculty 10 based abroad, 25 fellows by and from.

Bldg

6

- ① East wing
- ② Hampton House -
- ③ International House.

But, as we look to the future - let us ~~keep before us~~ <sup>be mindful of</sup> the injunction of Mistral

Nov & end August

- Mtg of WHO's policy adv. com - <sup>Chair</sup> ~~session~~ <sup>session</sup> review of WHO's ~~WHO's~~ <sup>WHO's</sup> research policy
- Chair - ~~part~~ <sup>part</sup> WHO/EP in Guatemala.
- House & lunch testimony - WHO budget.
- <sup>1st</sup> Mtg. of WHO's scientific adv. com.
- <sup>Aug 28</sup> Principal paper for intl. group examining priorities for intl. research - Fritzgerland.
- <sup>Mtg. International</sup> ~~Working~~ <sup>new</sup> ~~translation~~ in Munich
- Mtg in Mexico of the scientific advisers of the Public Health Inst.
- Mtg in India of the trustees of the <sup>new</sup> ~~new~~ India Inst. for Hlth. Mat. Research

Finally

- Celebration of 10<sup>th</sup> Anniv. of opp. exch. in Moscow
- <sup>and</sup> ~~for~~ <sup>for</sup> script for Ernst Jung Prize Laureates in Hamburg, Germany.