

May 8, 1980 - WHA - old enemy. (Not to be. Once again concerned and for past 5 years.)
Public LECTURE

The Death and Resurrection of a Virus

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Biomedical Research Council
Distinguished Visitor Lecture

27 June 2005

Lecture Elements

- History – The most serious of all pestilential diseases
- Clinical aspects
- Eradication – why and how
- Recurrent concerns about smallpox
 - Policies
 - The future



Ali Maalin - 26 October 1977



Ramses V



Sitala Mata



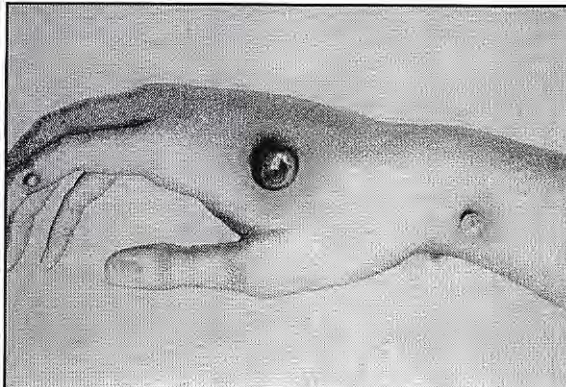
Sapona

"That disease was the most terrible of all the ministers of death. The horror of the Plague...visited our shores only once or twice within living memory but the smallpox was always present, filling the churchyards with corpses...and making the eyes and cheeks of the betrothed maiden objects of horror to the lover."

Macauley



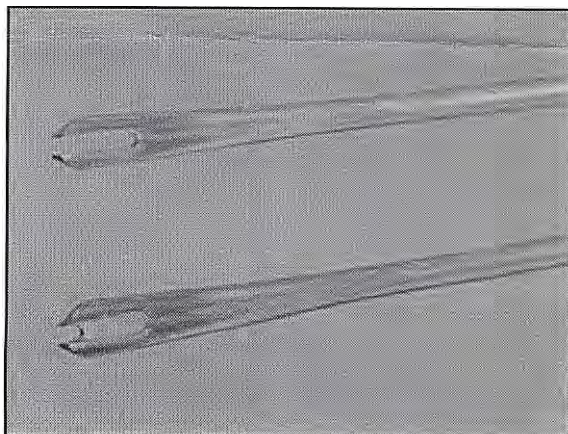
Edward Jenner



Cowpox on the hand of Sarah Nelmes

Smallpox vaccine

- 1796 – 1870/90 Arm-to-arm
- 1870 – Growth on calves, sheep
- 1920 – Dried vaccines
- 1950s – Freeze dried vaccine
- 2002 – Tissue culture vaccine



Deaths in the 20th Century

Due directly or indirectly to armed conflict:

100,000,000

Due to smallpox

300,000,000+



Smallpox -- characteristics

- Incubation period is 10-12 days
- Severe flu-like symptoms then rash
- Case fatality rate --30 %
- No therapy available

Day 2



Day 5



Day 8

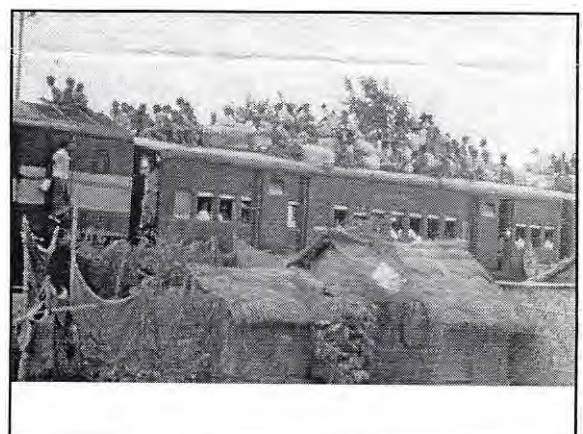
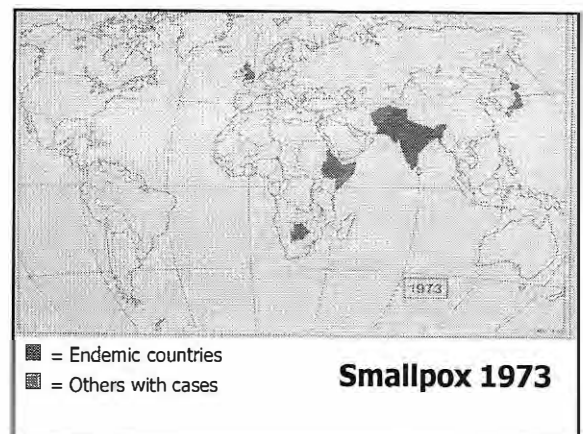
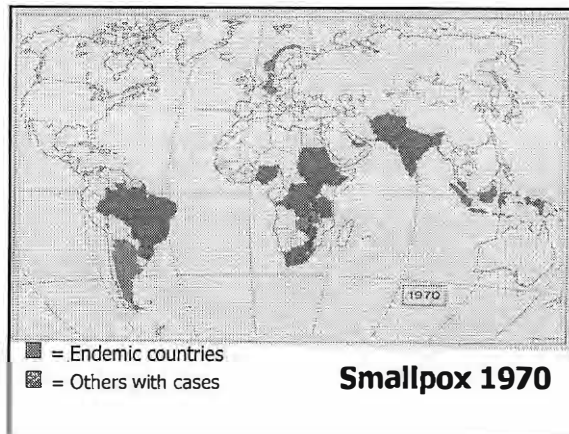
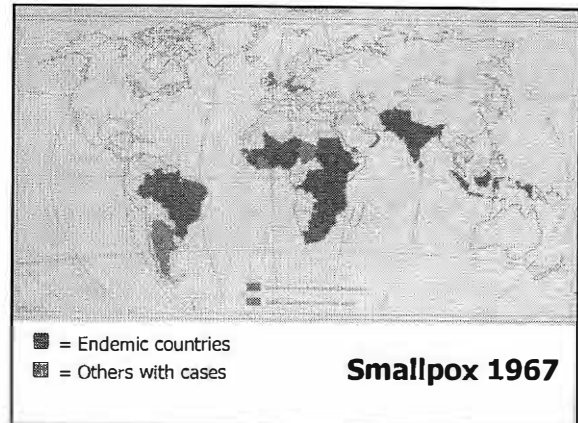


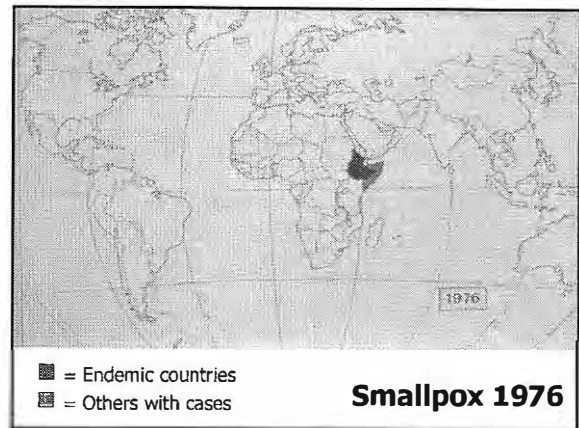
Day 13



Characteristics of Smallpox Favoring Eradication

- Man -- the only host
- Virus spread -- only during rash; face-to face contact
- Permanent immunity after recovery
- Transmission stops spontaneously in remote areas
- Vaccine is heat-stable and easy to administer
One dose provides long-lasting protection

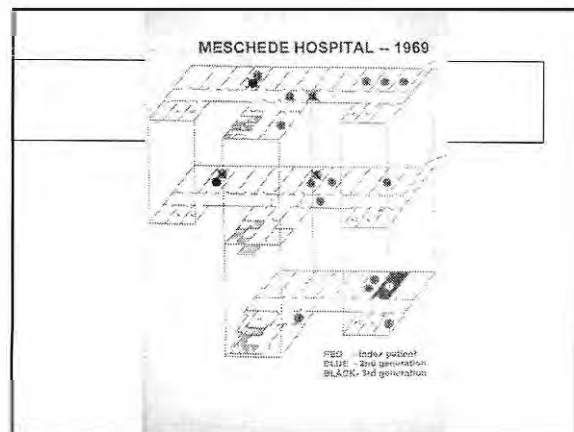
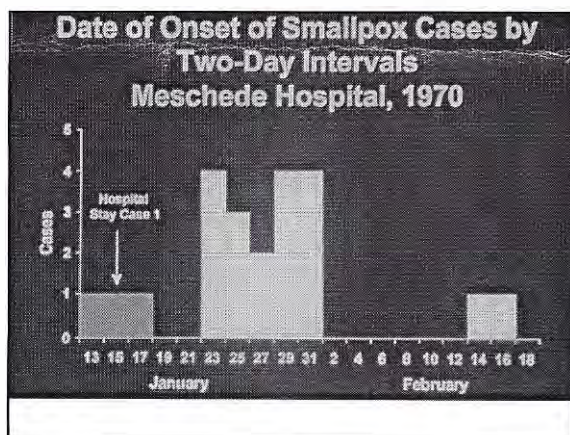




Ali Maalin - 26 October 1977



Meschede, Germany - January 1970



"On May 8, 1980, WHO announced that smallpox had been eradicated from the planet... Soon after the WHO announcement, smallpox was included in a list of viral and bacterial weapons targeted for improvement in the 1981-85 Five-Year Plan...the Soviet military command issued an order to maintain an annual stockpile of 20 tons."

Alibek, 1998

Susceptibility of the population to Smallpox -- 2005

- Vaccination stopped in 1980
- Persons under 25 years have not been vaccinated
- Persons vaccinated only once pre-1980 have little or no immunity
- Population-- >75% are fully susceptible

Epidemic Response Capability September 18, 2001

- Vaccine manufacturers -- none
- Vaccine in storage
 - U.S. 15 million doses
 - 90,000 doses actually available
 - World ? 80 million doses

Response capability -- 2005

- Perhaps 10-15 countries with sufficient vaccine for own emergency needs
- Global supply -- about 400 million doses
- Trained and vaccinated teams prepared to move rapidly
- Diagnostic laboratories now expanding
- A WHO Global smallpox stockpile now in planning stage

Should vaccination be restarted?

- Probability that smallpox will be used as a weapon
- Frequency of adverse reactions
- Likely effectiveness of outbreak control

Smallpox Vaccine

Expected Adverse Events (U.S.Studies)

- Life-threatening complications (per million)
 - Post-vaccinal encephalitis (3)
 - Progressive vaccinia (1)
 - Eczema vaccinatum (12)
- Less serious
 - Generalized vaccinia
 - Accidental inoculation
 - Rash and fever
- If 100 million vaccinated, 100+ deaths might occur (1960's data)

Smallpox vaccine

a newly reported cardiac complication

- Myopericarditis 1:8,000
 - Almost all primary vaccinees
 - Onset 7 to 20 days
 - Fever, chest pain, EKG changes, enzymes increased
 - Recovery

Effectiveness of outbreak control

- Smallpox doesn't spread readily
- Patient transmits only after symptoms
- Vaccine protects even when given 3-4 days after infection

Epidemiology of Smallpox

Transmission Patterns in Europe: 1958-1973

- Outbreaks: 34
- Cases: 573
 - Transmission in hospital: 277 (48%)
 - Transmission in home: 143 (25%)
- Hemorrhagic cases – a threat to hospitals
 - Bradford, UK (1961) 10 cases
 - Germany (1970) 16 cases
 - Yugoslavia (1972) 38 cases

Outbreak Control

- Isolate patient
- Vaccinate contacts since patient's fever began and household contacts
- Daily temperatures for contacts
- Make vaccine available on request in area but no compulsory vaccination
- No quarantine of city or groups; no airport closure

The future

- How long must we remain on alert?