

- Specialty
- Ancient disease of the tropics
- In fact - most serious of post-lentil diseases - chicken y. fever & plague

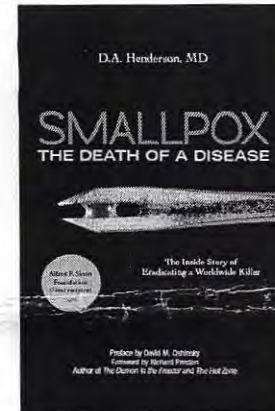
Smallpox...

Once, the greatest killer – but still a threat

D.A. Henderson, MD, MPH

Professor of Medicine and Public Health, U. of Pittsburgh
Johns Hopkins University Distinguished Service Professor

Medicine Grand Rounds, University of Pennsylvania
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"There has been no greater medical – or humanitarian – miracle in modern times than the eradication of smallpox... (This achievement) offers a winning blue print for the great medical challenges to come."

David Oshinsky – Winner of the 2006 Pulitzer Prize in History

Smallpox, the disease

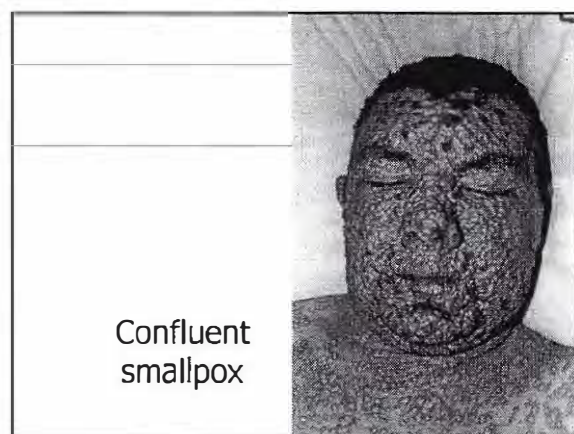
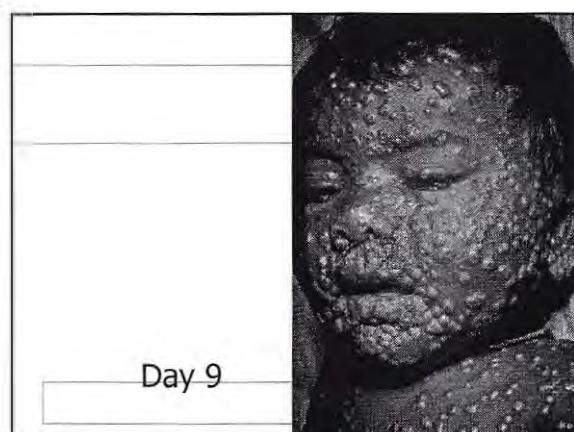
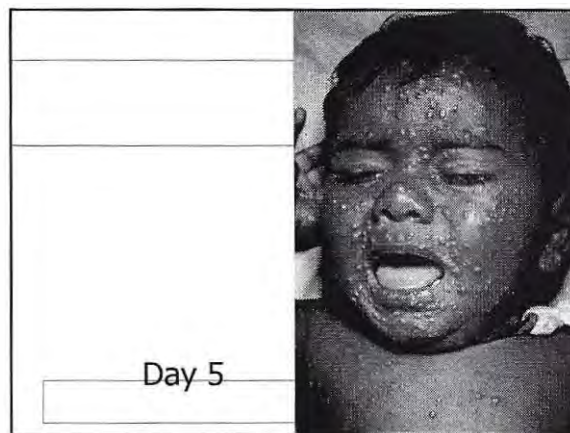
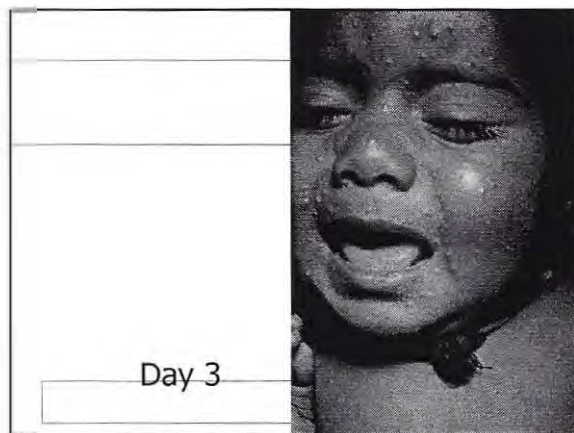
- Caused by a virus
Spread is by face-to-face contact during the time of rash
- Only humans can be infected
A chain of infection going back to the Pharaohs 3500+ years
- Death rate is 30%
There is no treatment

Sitala Mata



Smallpox in the 20th Century

- Deaths – 300,000,000 before 1978
NYTimes: 120,000,000 died either directly or indirectly as a result of armed conflict
- Compulsory vaccination in the U.S. until 1972
Last U.S. case was 1949
- International travelers carried a "yellow booklet" documenting vaccination in past 3 years



Global efforts to eradicate a disease

- Hookworm 1909-23 14 years
 - Treatment, sanitation
- Yellow fever 1915-32 17 years
 - Stop *aegypti* mosquito breeding
- Yaws – 1948-66 18 years
 - Penicillin treatment of patients
- Malaria – 1955-73 18 years
 - DDT insecticide

Smallpox as a target

1953 – Director General proposes

"...a practical world program, of importance and value to every country...demonstrating the importance of WHO to every Member State"

Rejected by Assembly as uneconomical and unfeasible

1959 World Health Assembly adopts USSR proposal for a global program but little progress is made

The birth of the WHO global program

- Director General submits a plan to World Health Assembly-- May 1966
 - 10 year program – WHO budget of \$ 2.4 million/year
- Objections by delegates
 - Not feasible
 - Demand for no further increases in WHO budget
- 58 votes needed to pass; 60 voted in favor

A Director is selected

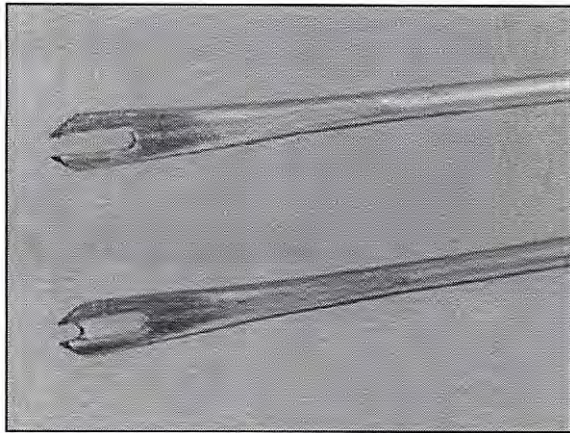
- Director General believed program would fail
 - Malaria eradication program was collapsing
 - WHO and public health credibility was threatened
- He demanded that an American serve as Director
 - The candidate declined:
 - Responsibilities for new CDC African program
 - Limited resources
 - Not enough even to buy the vaccine required
 - A career option

The Challenge

- Status of smallpox – 1967
 - >10,000,000 cases
 - 2,000,000 deaths
 - 43 countries reported cases
- Program staff
 - Headquarters – 6 professional staff; 3 secretaries
 - Regions – one each in 4 WHO Regions
 - International staff – never more than 150

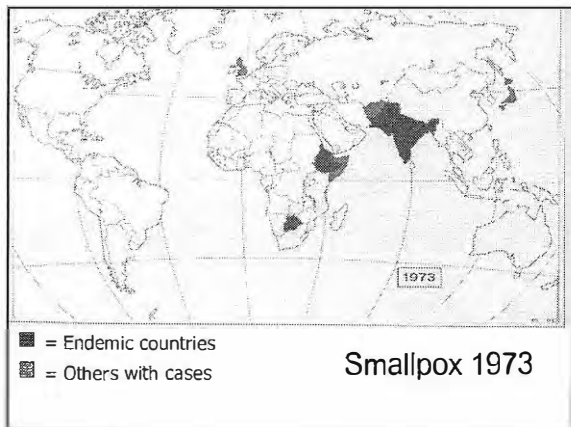
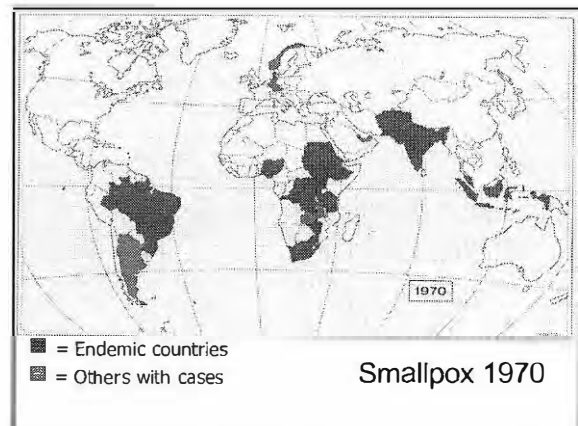
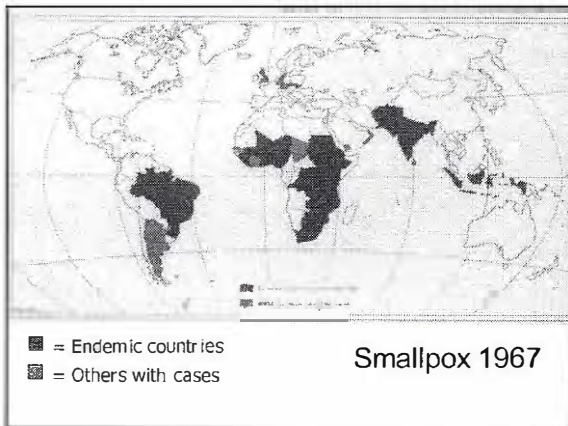
A new technique for vaccination

- Need for a more rapid, effective method
 - Traditional
 - scratch through a drop
 - Bifurcated needle—multiple puncture method
 - One-fourth as much vaccine required
 - Training time – 15 minutes
 - Easily sterilized and reused
 - Cost -- \$5 per thousand



The strategy

- Vaccination of 80% of population
- Surveillance
 - To obtain a weekly report from every health center and hospital
- Containment
 - “Fire-fighting teams”
 - Investigate every case
 - Contain outbreaks with ring-vaccination





India – the pivotal challenge

1973-75

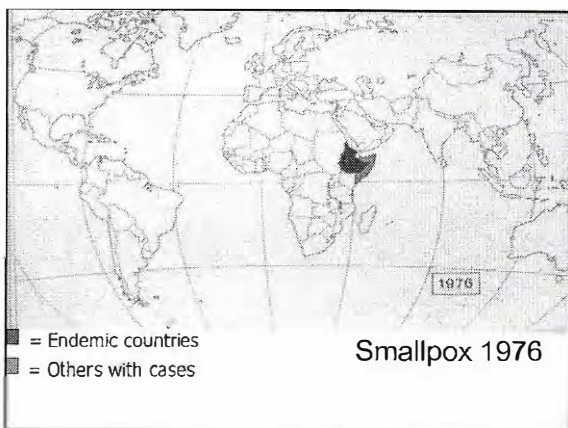
- India – 55 million and “the home of smallpox”
- A new strategy
 - Search every village in 10 days; 120,000 staff
 - Containment teams for every outbreak
 - By the third round, every house was being visited
- Catastrophic problems Jan to May 1974
 - Gasoline crisis
 - Railroads, airlines, finally health workers on strike
 - Worst floods in three decades
 - India detonates an atomic weapon—May 1974



Indian Independence Day August 15, 1975

Prime Minister Indira Gandhi

- Salutes India-- 28th Anniversary of Freedom
- Announces India's freedom from smallpox for the first time in recorded history



The Final Chapter

- Ethiopia -- 25 million people
 - Size of France and Germany combined
 - Few roads – travel on foot and with donkeys
 - Marxist revolution and continuing civil wars
 - Teams kidnapped on nine different occasions
 - Program helicopter captured and held for ransom
 - Smallpox staff -- only foreigners allowed out of Addis
- Somalia
 - Nationwide epidemic – government suppressed reports
 - A race to finish before the Hajj migration



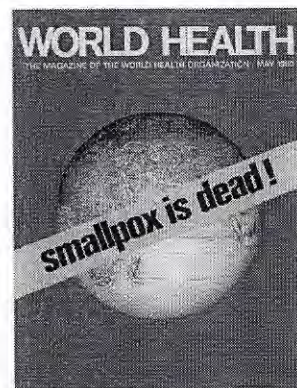
Ali Maalin - 26 October 1977



World Health Assembly --1980

- Declares solemnly that the world and all its peoples have won freedom from smallpox
- Smallpox vaccination should be discontinued in every country

» Thirty-third World Health Assembly, 8 May 1980



Meanwhile, horizons expanded

- 1974--Expanded Program on Immunization
A global program to vaccinate all children with smallpox, measles, polio, DTP vaccines
Target: 80% coverage by 1990
Achieved: 1990
- 1985 – Polio eradication in the Americas
Achieved: 1991
- 1996 – Measles eradication in the Americas
Achieved: 2002
- 2001 – Rubella eradication in the Americas

The Threat of Biological Weapons

- Biological Weapons Convention—1972
 - Cessation of research on offensive weapons
 - Destruction of existing stocks
- 1992 USSR Bioweaponer Alibek defects
 - USSR program: 50 laboratories; 60,000 staff
 - Preferred agents: smallpox, anthrax, plague
 - Smallpox production capacity – 20+ tons per year
 - Laboratory research staff disperse – late 1990s

A new reality— September 11, 2001

- September 16 meeting with Secretary
 - A possible second attack --smallpox or anthrax
 - Status of country
 - None <30 years of age have ever been vaccinated
 - Waning immunity
 - 75% of population susceptible
 - Vaccine availability
 - 15 million doses in storage
 - No vaccine manufacturer in the world
 - Earliest date for producing a new vaccine —5+ years

Post 9/11

- Vaccine – 200 million doses ready in 18 months
- Vaccine to be used only in emergency
 - Balance of risk of reactions and ability to respond
- Diagnostic labs increased from 2 to >100
- Reporting strengthened
- Increased rapid response capability

Coda

- From the book's introduction:

"We are only beginning to realize the potential of public health... It is a field begging for fresh, resourceful ideas and a new generation of professionals who are not constrained by 'knowing' what can't be done. So it was with so many who contributed so much to making smallpox eradication a possibility. Their stories, as well as mine, constitute the heart of the book."

