

Intro:

Theoretical considerations - Global Program p 15
Indian Program - Gelfand.
1st year - Roberto 1000

International ~~Group~~
CDC - June
1966

West Africa - Gelfand
Introduced smallpox - Roberto

Smallpox -

~~Unique disease, epidemic~~

Eradication - loosely used word - means reduction of cases to 0 and ~~the~~ ^{the} maintenance of this state. Enthusiasm of many re: disease diseases to launch programs of eradication. While an excellent goal, must ask how feasible. (polio, the, v.d.)

Submit that of diseases today - we have the tools and resources for eradication of but one disease - smallpox.

1. Person-to-person transmission
no insect or other vectors - malaria
2. Rarely occurs in subclinical form - if does, ? of individual to communicate this with facility. - malaria, tuberculosis
3. Readily detectable / diagnosable -
modified case may sometimes cause trouble. - the malaria
4. Transmission of disease - 2 wks. malaria
5. Immunity - suppress epidemic in a village. malaria
6. 2 wk. incubation period - does not spread like a prairie fire
containment possible

How to accomplish eradication - render immune sufficient %
what % urban area
rural area

Indian program (ref. Gelfand) - Delhi 14% vae.
Know that a moderately large pop. necessary to permit disease
to continue in endemic form - Iceland - pop. 100,000.
similarly other island groups

Also - eradication achieved in no. of areas \bar{c} reasonably adequate
programs. - Central America, North Africa.

II Status today

Map areas.

Programs operative - where control vs. eradication.

III Principle problems to date

1. Vaccine - virus replication principle.

Argentina story

India - not too different only 3 yrs. ago.

hyophilization has now overcome this - quality control needed

2. Personnel - limitations in Africa

Jet gun - will discuss later

3. Surveillance - No ^{endemic} country has adequate program and few either
endemic or non-endemic is adequate.

What do we mean? Routine reporting; investigation; control.

Story of Polio and Columbia

4. Assessment -

Dr. Celfand describe "ideal" system if it could function

5. Adequate population coverage -

Discuss city problem - maintenance vaccination of newborn. ? How to comment re: Upper Brayon.

Few in population groups - isolated groups -
rotary lancet

III Global Eradication

1950 - PAHO - successful except Brazil - '0' concept

1959 - WHA promulgated resolution - scattered - no funds

1965 - WHA decreed smallpox a "major" WHO responsibility

D-G developed plan and budget for \$2.4 for 1st year.

1966 - WHA -

Story of debate.

Now - WHO Program -

West African Program - bilateral contribution. -

Dutch, Canadian, USSR contributions.

At last, we feel we are on the way.

largest program -

Rotary lancet - condemned -

1. Export Com. - 100% goal.

2. Defeatism vs. eradication. -

~~3. Methodology~~ → alternate

Emphasis on # vaccinated

4. Surveillance - poor

5. Assessment - poor.

6. ~~Virtual~~ Absence of cases - ^{those} vaccinated in 10 years. -

Principle

1. ~~Management~~ central coordination - WHO coordinator -

2. Assignment of personnel

3. Surveillance

4. Assessment

5. Vaccination program -
C.D. surveillance.

Mistaken dx - 1 case.
Close contact