

Pleasure to be here - particularly opportunity to talk to colleagues who occupy the most important, the most vital positions in this global program to eradicate ~~sp~~ ^{smallpox}.

This campaign, as you may know, designated as a priority program by the WHO and termed by various eminent public health authorities as potentially representing the greatest landmark achievement in man's fight vs. disease, ^{the program} being watched with great interest by nations throughout the world.

My ^{interest} ~~great~~ and concern in visiting at this time is quite simple - the two states - ^{have} ~~are~~ reported in 1970 and 1971 more than 20% of the world's total of cases - more than half of all cases reported in India. The D-C has been requested to report to the World Health Assembly next month as to the progress and problems in this great campaign. My visit at this time is to ascertain, as best I can, why this should be so ^{but, more} ~~and~~ important, what is being done about it. Your comments and observations during the course of this meeting will be of the greatest help in this regard.

Helpful in introduction to review the ^{development} ~~status~~ of this program and its status today.

Global program for SE - proposed and unanimously adopted in 1957 by the Assembly.

Strategy - vaccination 80%, 90% → 100%

even where good vaccine was used - a dismal failure.

Most areas - liquid vaccine & in part of d. vaccine was used.

After 10 years, few programs really successful. In India, ⁱⁿ 10 years, there were in fact as many reported cases as there were at the beginning of the program.

1966 - Program reconsidered by the Assembly.

Decided to make available ^{services} ~~services~~ a net.

Technical problem? No. Central America. Indonesia, Malaysia, Thailand.

Another effort \$ 3,000,000 Assembly. USSR, USA, 20 other countries
1 Jan 1967 - a global program began in interest. I assumed my part as

Strategy -
Tools
Vaccines - 15%

Vaccination devices -

Strategy

Vaccination - 80% - failure.
Indonesia - 92% Other areas - 30% WER
obvious of value + necessary - clearly alone - not stop spread of disease.

Studies of epidemiology of smallpox -
Man-to-man - continuous chain. Scabs, fomites, market places, Delhi experience.
Spreads slowly - 14 days - no. infected.
Households, hospitals -
Occurs as clusters of cases - no. of villages affected.

Underline as number of chains of infection - objective: to interrupt chain.
Back tracing.

Analogy - painting a room.
height - quality vs. quantity. What do we mean by quality
old studies 50%
new studies 5%
Primary vaccination
Vaccination at site of outbreak. - Indonesia

Emphasis in strategy -
1 Stop spread
2 ~~Mass~~ Vaccination - 10 outbreaks.

Illustrate - Parana State, Brazil.
70 laes. - 1/2 size Rajasthan + 30% vaccination coverage - no reporting.
2 days to reach peripheral points.
Mass vaccination campaigns (20 parishes)
Surveillance officers + vaccinators + devices personally catch outbreaks -
8 months - 1000 cases + 1/2 reporting system.
No smallpox - vac. campaign 1/3 finished.

Same story repeated again & again.
Everywhere (Africa, Asia, S. America) effort to report + only case missed 2 parts.

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World-wide - what has happened in the 4 years since program began. ③

South Asia 1967	42 countries - 30 30 endemic 131 000 cases < 5%	1970	23 countries 14 endemic 30 000 cases 25%	1971	12 5 endemic 20 000 35%
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South America -
 1969 8000
 1970 1700
 1971 17

Continental search for cases.

West Africa - no cases for > 1 year
 East Africa - 3 countries → 2 countries.

Asia -
 Indonesia - began July 1968 -
 Afghanistan - " April 1969 -
 East Pakistan -
 West Pakistan -
 Nepal.

India - concept more slowly appreciated than elsewhere.
 1967 - 85000 → 1970 - 10 000 (lowest in history)
 A.P., Tamil Nadu, Punjab, H.P., Maharashtra.

Developments progressing -

Dec. last year - seminar on this in Delhi.
 A number of states have not modified strategy appropriately.
 Last two days - review of state program - Rajasthan - no steps.
 Review in Jaipur District - notes ~~not~~ wholly satisfactory as yet
 but commendable trend.
 Other districts in Rajasthan + Haryana?

शुभचिन्ता

 सत्यमेव जयते

What is the status of what are the problems? ④

Perhaps if summarized a few - might save us time -
wherever a program unsuccessful - Asia, America, Africa -
same explanation.

1. People won't accept vaccination -

Dahomey
Afghanistan

India - lack of effort

2. Transport -

Ethiopia - 23×10^6 - ~~17 vehicles~~ - ^{nearness to road} - 90% > 2 miles.
17 vehicles -

Afghanistan - surveillance team.

3. Not enough B.H.S.

Most of Africa virtually none.
Nothing whatsoever to do with it.

4. Need more H.E. -

In few countries any H.E.s present. Program stuff.

5. Difficult to train people in use bifurcated needles.

Myself trained totally illiterate African vaccinators in
1 day classroom and two days field work.

Disgusted with these problems - truly believe can be overcome.

Helpful to hear what are the real problems - not in vaccination -
levels in India already higher than in most areas when eradicated.

Where is smallpox occurring, what is being done, what are problems
in stopping spread.

(REPRODUCED IN THE WHO YEAR BOOK)

WORLD HEALTH ORGANIZATION

World Health Organization



WORLD HEALTH ORGANIZATION

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