

From: Chief, Smallpox Eradication
To: Smallpox Staff
Subject: Progress Report 27 - Target Zero 5 November 1974

1.0 Introduction - Asia

Smallpox incidence and the extent of the infected areas have now reached what undoubtedly are the lowest levels in history. The number of pending outbreaks is now only 987 and the total should fall below the 800 mark when returns through end October (week 44) are received. While this is encouraging progress, we must look not at what has been achieved, but at the task which remains. One thousand or even 800 is still a long way from '0', and transmission rates are gradually beginning to increase. Now is the time to look carefully at every district in search of weak points, for unless all districts are successful in the rapid and continuing reduction of foci, real difficulties could again occur as the rates of transmission pick up.

Two groups of districts concern me most greatly at this time.

- 1) Any district which can be expected to have more than 10 pending foci at the end of week 44 (last week in October). I would be concerned, based on our past experience, as to whether a district can successfully keep under tight control more than 10 foci when transmission rates increase in the November - December period. These districts require special attention to be certain that all possible is being done in case detection and containment. At the end of October there probably will be 16 such districts (Bihar - 12; Assam - 2; Bangladesh - 2).

- 2) All districts which have shown little or no decrease in foci during the past four weeks. If districts are not at this time capable of reducing rapidly the number of foci, much more serious problems can be anticipated when transmission rates increase. There are 18 such districts with five or more pending outbreaks which have shown little or no progress during the past four weeks (6 in Bihar, 5 in Uttar Pradesh and 2 in Assam). Of greatest concern are 6 which are also expected to have more than 10 foci at the end of week 44. Such districts are the most worrisome of all. Four are in Bihar and two in Assam, and these especially deserve immediate attention.

Problem Group I - Districts with more than 10 foci expected at end October and little or no decrease in foci during the past four weeks.

<u>State</u>	<u>District</u>	<u>No. of foci</u>	<u>(week of report)</u>	<u>No. of foci four weeks before</u>
1. Bihar	Sitamari	18	(42)	22
2. Bihar	Nalanda	15	(42)	17
3. Bihar	Gaya	36	(42)	40
4. Bihar	Dumka	41	(43)	46
5. Assam	Goalpara	28	(43)	29
6. Assam	Nowgong	15	(41)	2

Category II - More than 10 foci expected at end October (week 44) but districts otherwise showing a significant continuing decrease in the number of foci.

	<u>State</u>	<u>District</u>	<u>No. of foci</u>	<u>(week of report)</u>
1.	Bihar	Purnea	130	42
2.	Bihar	Katihar	72	42
3.	Bihar	Ourangabad	45	42
4.	Bihar	Singhbum	38	43
5.	Bihar	Nawada	37	42
6.	Bihar	Saharsa	36	42
7.	Bihar	Patna	30	42
8.	Bihar	Ranchi	21	43
9.	Bangladesh	Mymensingh	34	44
10.	Bangladesh	Rangpur	19	44

Category III - Districts which should have less than 10 foci at end October but showing no progress in reducing foci.

	<u>State</u>	<u>District</u>	<u>No. of foci</u>	<u>No. of foci 4 weeks before</u>
1.	Bihar	Dharbanga	12	9
2.	Bihar	Samastipur	13	6
3.	Bihar	Champan East	5	3
4.	Bihar	Champan West	9	9
5.	Bihar	Begusarai	10	10
6.	Bihar	Madhubani	14	17
7.	Uttar Pradesh	Mirzapur	13	4
8.	Uttar Pradesh	Bareilly	7	4
9.	Uttar Pradesh	Hardoi	7	3
10.	Uttar Pradesh	Kheri	13	4
11.	Uttar Pradesh	Rampur	6	2
12.	Assam	Kamrup	10	4
13.	Assam	Dibrugarh	5	1

In all, some 29 districts must now be classified as known problem districts - 18 in Bihar; 4 in Assam; 5 in Uttar Pradesh; and 2 in Bangladesh. It is all too obvious that there is no room for complacency - rather, the reverse. There are fully three times as many problem districts as we can afford at this late stage in the year. Much more needs to be done quickly, especially in these areas. And the question inevitably arises - do we yet know all of our problems? The situation in each of these districts needs to be reviewed with care at the next State meetings.

2.0 Pakistan

The last known case of smallpox in Pakistan experienced the onset of smallpox on 12 October and Pakistan in weeks 42 and 43 detected no cases whatsoever in the entire country. The reward for detection of previously unknown outbreaks has been increased to 100 Rupees, and intensive search operations continue. While only three pending foci now remain, it is too early yet to feel confident that transmission has been interrupted. Lest we forget, outbreaks in Brazil, Nigeria and Indonesia were discovered from five to eight months after it was thought transmission had been interrupted. In each instance, the cases were discovered within a radius of a few hours travel from programme headquarters - will we observe a similar phenomenon in or near Karachi, Hyderabad, Lahore, Quetta, Islamabad or Peshawar?

3.0 Nepal

The continuing low incidence of cases reported by Nepal now represent outbreaks which have spread from known imported outbreaks, but are being detected at considerable intervals of time after onset of the first case. No importations from Bihar or Uttar Pradesh have been reported for more than 12 weeks. The considerable delays in detection of outbreaks have had no known serious repercussions during this season of low transmission, but should others, as yet unknown, persist throughout this period, Nepal could have much more serious problems. In brief, in Nepal no less than in the endemic areas of India, there is no cause for complacency. In fact, the recent performance of programme staff in early detection of outbreaks has been disappointing.

4.0 Ethiopia

Reported cases are now more than 50 percent below the number reported a year ago, but as the rains have been heavier and more prolonged than in 1973, there remains considerable uncertainty as to whether this comparison is meaningful. The helicopter operation scheduled to begin on 1 November has been unavoidably postponed to 10 November. Only after at least a month of helicopter-assisted search will it be clear as to the nature and extent of problems in Ethiopia.

5.0 Bangladesh

Famine and cholera centre on the most heavily infected smallpox areas and migration induced by famine has resulted in a considerable number of small outbreaks in areas distant from the principally infected regions. The number of active foci (6 week measurement) declined from 168 to 78 between 1 and 31 October, but the number of reported cases between weeks 40 and 44 increased from a record low of 24 cases in week 40, to 38 cases in week 41, to 66 cases in week 42, and to 96 cases in week 43. In week 44, there were 83 cases (see figure attached). This is not a happy state of affairs!

6.0 Summary

As is all too apparent, our problems are far from over, and I would note again that unless large areas soon become smallpox-free and the number of foci are uniformly reduced to low levels throughout the remaining infected districts, there will be real difficulties in stopping transmission in December and thereafter. It is now a race against time!

7.0 Number of active foci

	<u>Tabulation on 31 July</u>	<u>Tabulation on 30 Sept.</u>	<u>Tabulation 4 November</u>	<i>Tabulation & Date of</i> <u>Date of Assessment (1 Nov. tab.)</u>
<u>Bangladesh</u>				
Mymensingh District	254	149	34	66 31 October
Rajshahi District	113	29	3	0 31 October
Rangpur District	135	39	19	51 31 October
All Others	85	63	22	11 31 October
<u>Pakistan</u>				
Punjab Province	35	5	3	0 2 November
Sind Province	47	3	0	0 2 November
NWFP - Baluchistan	8	0	0	0 2 November
<u>India</u>				
Bihar	4 177	1 748	695	261 21 October (mean)
Uttar Pradesh	1 669	274	133	48 16 October (mean)
West Bengal	436	46	12	2 20 October
Madhya Pradesh	47	1	0	1 26 October
Assam	87	52	60	27 18 October
All Others	76	16	6	8 26 October
TOTAL	7 169	2 425	987	474

CASES
— TARGET
— REPORTED

