WORLD HEALTH ORGANIZATION

ORGANISATION MONDIALE DE LA SANTÉ

OBSERVATIONS ON INTER-RELATIONSHIPS BETWEEN SMALLPOX ERADICATION AND PUBLIC HEALTH SERVICES

WHO already has vast experience of mass campaigns for control or eradication of some specific diseases, e.g. yaws, malaria and tuberculosis. It is important that the lessons learned should be taken into consideration in planning for smallpox eradication.

It has been proved beyond doubt that there comes a time sooner or later when a specialized campaign can do no more and when the general health services must be involved if control and/or eradication of a communicable disease is to be maintained or achieved. The particular lesson learned has been that it is preferable for the general health services to be involved from the start rather than to wait for years (as in the case of earlier yaws control and BCG vaccination programmes) before integration is attempted. In this connection it is encouraging to know that past experience has shown that a specialized campaign properly organized will in fact contribute to the development of basic health services by stimulating out-going activities from existing health units into the communities served.

Perhaps experience of country-wide BCG vaccination campaigns provides operational knowledge most suitable for the planning of a national smallpox vaccination campaign. It suggests that specialized mobile teams usually are needed for total population coverage in the first attack phase but indicates also that as soon as a particular community has been covered in the first round of vaccination, the local community health service should immediately take over and continue vaccination of new-born, of immigrants and of persons "missed" during the mass vaccination period.

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If in any local area existing health services are strong enough to provide coverage of the community with a house-to-house family service, then a specialized vaccination team may not be necessary. Even so, in such situations, a special effort will be needed to stimulate and train health personnel towards organization of effective immunization coverage.

This approach presupposes that the planning of a smallpox vaccination programme will provide for the training of general health services' staff as well as for the training of specialized vaccinators. It may often be desirable as the mass campaign advances, to detach trained vaccinators and to leave them as permanent additions to the strength of the local health unit, but even planning of this nature does not permit omission of training of existing personnel in various health units.

This careful training of all health personnel is a sine-qua-non to a successful campaign. Staff must be trained on storage of vaccine, on how to reconstitute and use properly the freeze-dried vaccine; they must be trained on case detection to be able to recognize smallpox, to be suspicious of chickenpox and what to do when in doubt. They must understand reporting procedures and the importance of finding promptly new arrivals in the community.

There is no standard planning that can be applied everywhere without modification. Much depends on the resources available and on the pattern and coverage of community health services in any particular country or part of a country. This means that detailed planning can be done effectively only on the spot and must involve the Health Administration to see how best existing health services can be mobilized to assist a special campaign.

In some areas the network of peripheral health units may be adequate with or without the provision of additional staff to achieve local population coverage; in many areas coverage will only be obtained by the employment of mobile teams. In the latter situation and where no possibility exists of establishing a static vaccination unit, consideration should be given to enlisting the services of a local "leader" to maintain records and to prepare the community for each visit of a mobile team.

In many countries there may be on-going campaigns against other diseases and smallpox vaccination might be made an additional activity for BCG vaccination teams, or for "yaws scouts" or for malaria surveillance personnel, etc. In most countries an effort could be made to train midwives in vaccination of the new-born; maternal and child health and school health services wherever they exist obviously should participate. Since simultaneous BCG and smallpox vaccination has been proved safe and effective, tuberculosis control services or integrated tuberculosis control activities also can contribute to smallpox control. In many Muslim countries an organization for vaccination of persons proceeding annually on pilgrimage already exists; consideration should be given as to whether such an organization could be expanded to cover communities from which the pilgrims come.

To achieve total population coverage is mostly a problem of administration and logistics and thus the organization for direction and supervision of smallpox vaccination activities will be very important. At the national administrative level a specified officer should be charged with overall responsibility to guide and follow the campaign; it is nevertheless essential that full responsibility be delegated to medical officers at district or community levels, for the co-ordination and direction of activities however mobilized.

All such considerations lead to the conclusion that a successful smallpox eradication campaign must involve the Health Administration and all the general health services. A pre-planning activity in any country might well include:-

1) A study of how and where existing general and specialized health activities can effectively play a part;

2) Delineation of areas where no general health services exist and where specialized mobile teams must continue operation pending the establishment of basic health services.