



WORLD HEALTH ORGANIZATION  
 ORGANISATION MONDIALE DE LA SANTÉ



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ORIGINAL: FRENCH

REPUBLIC OF MALI

INDEXED

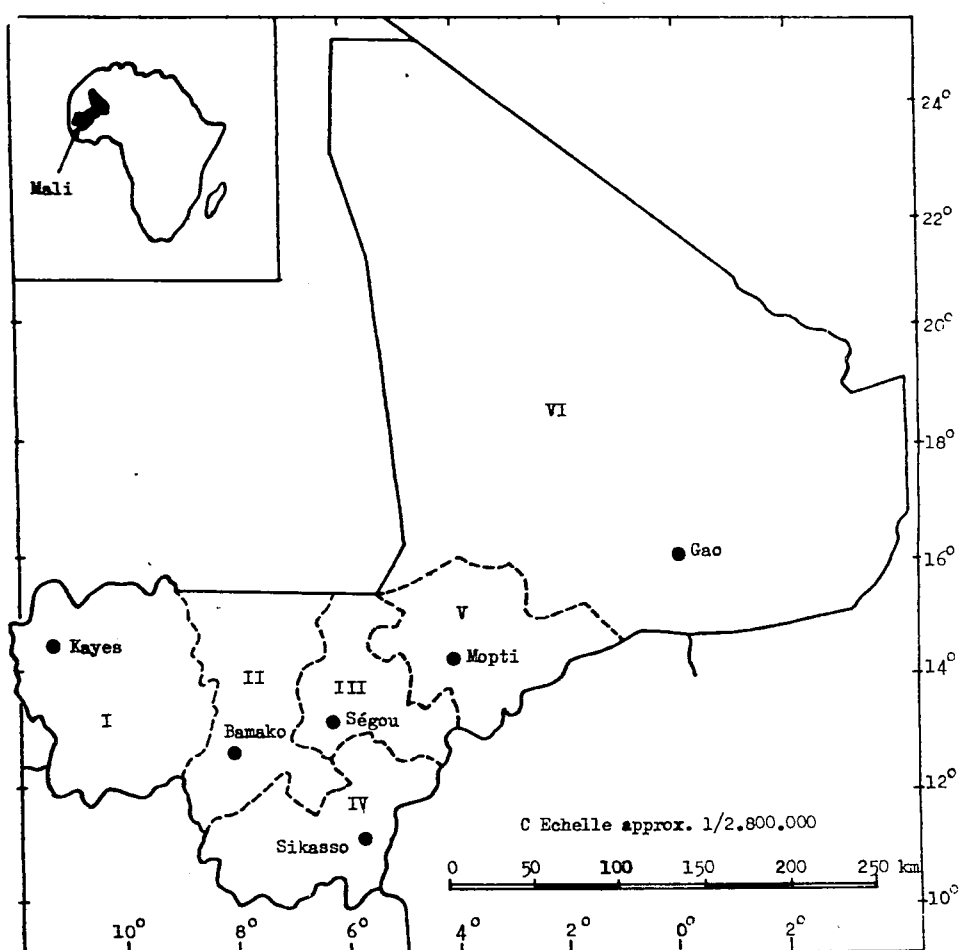
Area: 1 204 021 km<sup>2</sup>

Population: 6 000 000

Population density: 5 per km<sup>2</sup>

Medical Officer currently in charge of  
 smallpox eradication: Dr Souleymane Sow

Title: Chief Medical Officer, Division of Social and Preventive Medicine



- |       |                    |                  |                   |
|-------|--------------------|------------------|-------------------|
| ----- | Limite de Région   | Région I Kayes   | Région IV Sikasso |
| ●     | Villes principales | Région II Bamako | Région V Mopti    |
|       |                    | Région III Ségou | Région VI Gao     |

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PART 1: PROGRAMME PERFORMANCE, 1967-1971

1.1 Organization

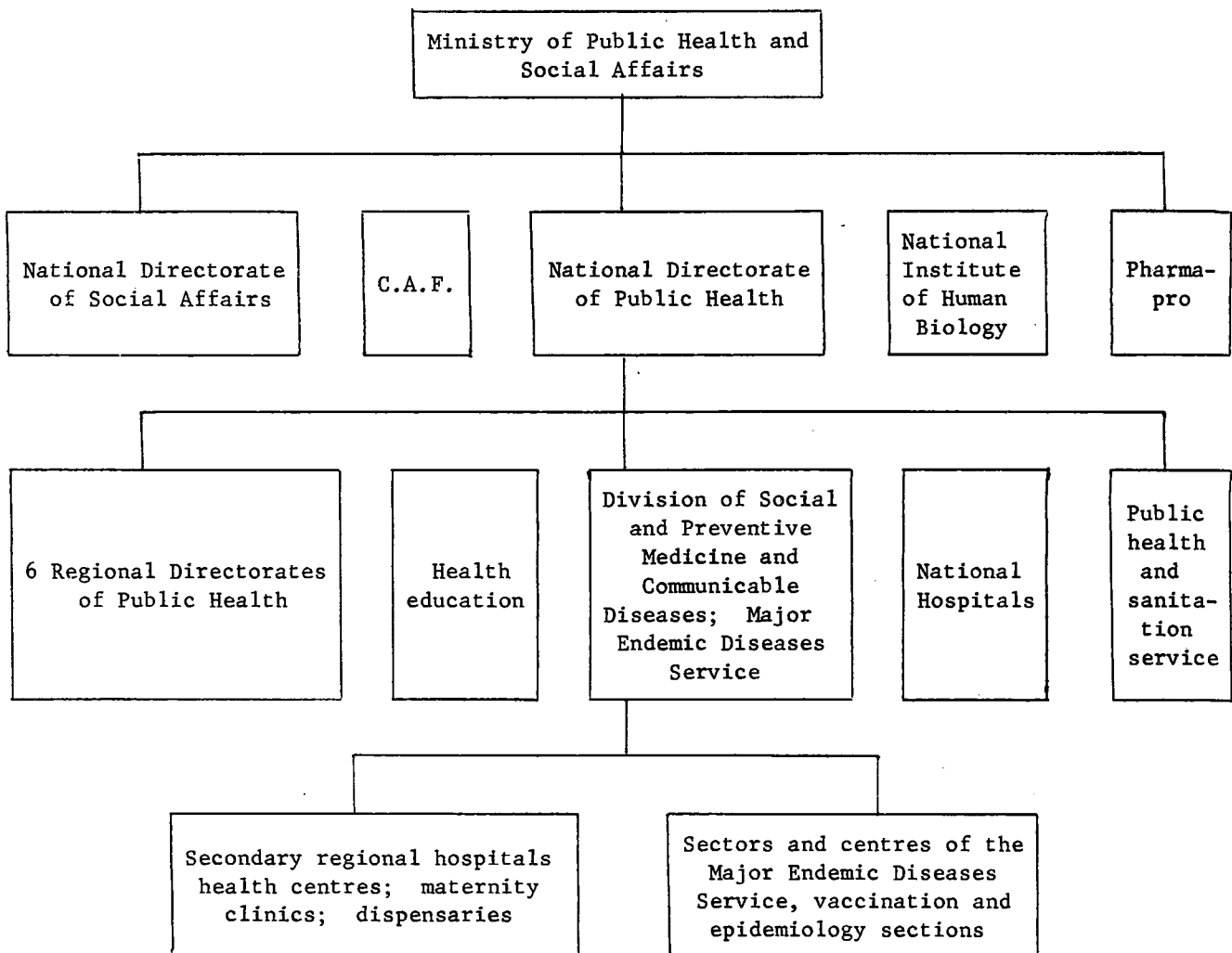
1.1.1 Administratively the Republic of Mali is divided into:

six regions under the responsibility of governors (corresponding to prefects)

forty-two "cercles" (sub-prefectures)

two hundred and eighty-one "arrondissements"

All health facilities are under the responsibility of a Regional Director for Public Health.



The Division of Social and Preventive Medicine and Communicable Diseases, together with the Regional Directorates of Public Health, are directly concerned in the epidemiological campaigns. The National Directorate of Public Health, which can call upon the services of technical advisers in epidemiology, including one provided by WHO, attends to the critical analysis, coordination and guidance of the programmes.

1.1.2 Static and mobile health units:

three national hospitals (Ft G; Kati; and Gabriel Touré, which is classified as regional but is national by virtue of its internal structure and its activities)

five regional hospitals

five secondary hospitals

health centres (over 20)

dispensaries and rural maternity centres in certain cercles and in all arrondissements

forty-five sectors and centres of the Major Endemic Diseases Service, with mobile teams.

1.2 Vaccination programme

1.2.1 On the initiative and with the collaboration of WHO the Government of Mali, assisted by USAID, undertook a mass vaccination campaign for smallpox, yellow fever and measles. It was launched in 1967 with impressive resources (22 Dodge cross-country vans, all the staff of the Major Endemic Diseases Service, two physicians and several expatriate administrative officers), covered the entire territory of Mali, and was completed in June 1970.

Results

Official population at the time	4 500 000
Vaccinated against smallpox	4 258 059
Vaccinated against yellow fever	2 174 800
Vaccinated against measles	963 386

Thus 94% of the population were vaccinated against smallpox.

1.3 Surveillance - containment programme

1.3.1 The arrondissements, cercles and regions keep in direct and permanent contact with the Ministry of Public Health through an autonomous telecommunications network and through the network of the postal and telecommunications service. The health service therefore has 281 information and notification posts at its disposal.

1.3.2 During the colonial era smallpox and yellow fever vaccinations were performed regularly in Mali under a strict three-year plan. Smallpox and yellow fever were eradicated around 1934-1935. However, as a result of the disruption of infrastructure, the massive population migration, and the departure of health personnel that were caused by the Second World War and the achievement of independence by the former colonial territories, these two deadly diseases reappeared. The last outbreak of smallpox was in 1968. It affected all six regions of the country, but was most severe in the Fourth Region (Ségou) and the Sixth Region (Gao).

Region	Cases of confirmed smallpox, 1968	Number of deaths
1st Region: Kayes	3	0
2nd Region: Bamako	9	0
3rd Region: Sikasso	1	0
4th Region: Ségou	65	10
5th Region: Mopti	6	0
6th Region: Gao	22	3
Totals	106	13

1.3.3 Initially the mobile teams of the Major Endemic Diseases Service combed the country for the purpose of routine case-finding, isolation and treatment of cases and vaccination of communities within a radius of 15-100 km of the foci. Checkpoints were set up for the control and revaccination of travellers.

## PART 2: SURVEILLANCE AND VACCINATION PROGRAMME (1972-1975)

### 2.1 Surveillance programme

2.1.1 This is organized by the Division of Social and Preventive Medicine and Communicable Diseases, under the responsibility of Dr Ousmane Sow and currently Dr Souleymane Sow. It consists of over 20 physicians (chief medical officers of sectors and health centres, regional directors of health, hospital physicians working in departments of infectious diseases).

It has the active support of Dr Breman, a USAID consultant with the OCCGE in Bobo-Dioulasso. Dr E. Astorquiza, a WHO epidemiologist on assignment in Mali, is of course also involved in the programme.

The National Institute of Human Biology in Bamako, which has all the necessary equipment, will provide excellent facilities for the control analyses.

2.1.2 From 1969 to the present time there have been four alerts.

The first occurred early in 1974 in a camp for drought victims in the Sixth Region (Gao). A clinical examination was conducted and samples were taken for analysis in a USAID laboratory (Atlanta).

Second case: at Douentza, unconfirmed (Fifth Region - Mopti).

Third case: at Kata (March 1975), unconfirmed (Second Region - Bamako).

The suspected cases proved to be severe chickenpox. They were isolated for the necessary observation period. One of the cases was a pyoderma in a subject convalescing from measles. The individuals concerned were vaccinated against smallpox and were lost sight of after their cure.

#### Detection of monkeypox

A single hypothetical case was reported by a missionary or traveller to Dr Breman in the Bougouni area. The case was not found despite investigation lasting one year (1974-1975).

## 2.2 Vaccination programme (1971 to present time)

2.2.1 This was originally a continuation of the mass vaccination programme from 1971 onwards. Vaccinations are performed by MCH teams, the Public Health and Sanitation Service (travellers), and above all by the mobile teams of the Major Endemic Diseases Service. Initially, they were carried out at places where the mass campaign had had poor attendance and where the return of the disease seemed imminent. At present they are performed in accordance with the surveillance timetable of the sectors of the Major Endemic Diseases Service: annual, biennial and triennial cycles, depending on the size of the sector. Together with the Tuberculosis Section, the Headquarters of the Major Endemic Diseases Service is thinking of combining BCG maintenance operations with smallpox and yellow fever vaccinations (BCG marker vaccine). The project is in preparation, but smallpox vaccination is being continued vigorously in 1975.

### Maintenance vaccinations

1971: 109 420 including 8 273 smallpox/yellow fever vaccinations  
1972: 124 613 including 17 153 smallpox/yellow fever vaccinations  
1973: 88 573 including 258 smallpox/yellow fever vaccinations  
1974: 392 144 including 4 495 smallpox/yellow fever vaccinations

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