



TOGO

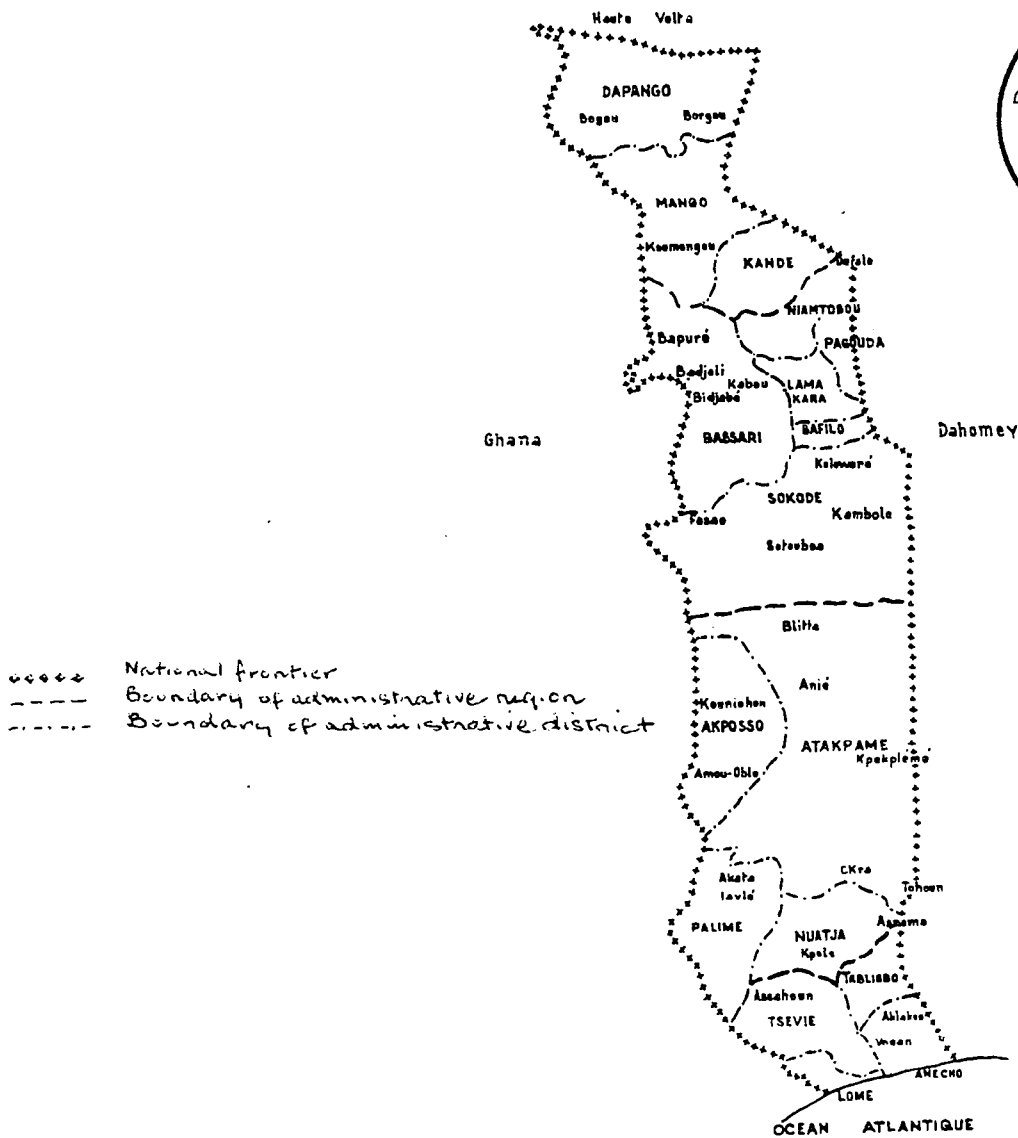
Area: 56 785 km<sup>2</sup>

Population: 2 197 900

Population density: 39 per km<sup>2</sup>

Medical officer currently in charge of smallpox eradication: Prince Agbodjan Agete

Title: Chief Medical Officer, Major Endemic Diseases Service



The issue of this document does not constitute formal publication. It should not be reviewed, abstracted or quoted without the agreement of the World Health Organization. Authors alone are responsible for views expressed in signed articles.

Ce document ne constitue pas une publication. Il ne doit faire l'objet d'aucun compte rendu ou résumé ni d'aucune citation sans l'autorisation de l'Organisation Mondiale de la Santé. Les opinions exprimées dans les articles signés n'engagent que leurs auteurs.

## PART I. PROGRAMME PERFORMANCE, 1967-1971

1.1 Organization

1.1.1 Major Endemic Diseases and Communicable Diseases Service within the Division of Epidemiology.

1.1.2 Number of static and mobile health units.

Static units:

4 regional hospitals;  
 11 secondary public hospitals;  
 3 private hospitals;  
 3 health centres;  
 228 dispensaries and outpatient clinics.

Mobile units:

2 multipurpose reconnaissance teams;  
 3 national vaccination teams;  
 1 evaluation team;  
 mobile health workers of the Basic Health Service;  
 employees of the National Malaria Service.

1.2 Vaccination programme

1.2.1 This programme dovetailed with the regional smallpox eradication project, signed in October 1966 by the Government of the Republic of Togo. The programme provided for two distinct phases: an attack phase covering the first three years (1967/1968/1969) and maintenance and consolidation phase for the next two years (1970/1971).

Annual evaluation revealed vaccination coverage of 85% of the population. The vaccine used was the freeze-dried vaccine supplied by the Wyeth Laboratories (United States of America).

Year	No. of vaccinations performed
1967	694 217
1968	647 638
1969	1 038 420
1970	109 764
1971	315 723

1.3 Surveillance - containment programme

1.3.1 Number of units providing information:

4 regional hospitals;  
 11 secondary public hospitals;  
 3 private hospitals;

3 health centres;

228 dispensaries and outpatient clinics.

1.3.2 Method of reporting and means of communication:

weekly telegrams to notify cases of quarantinable diseases: all hospitals;

monthly returns sent by dispensaries and health centres to the chief town of the district and passed on to the national authorities;

annual returns: compiled from monthly returns at district level and sent to the national health authorities;

The reports are sent from the dispensaries and health centres to the health subdivision, where they are added up, put together, and passed on to the national headquarters.

1.3.3 Cases of smallpox notified from 1 January to 31 October 1969.

Health subdivision	1969												Total for 10 months	Annual total 1968
	J	F	M	A	M	J	J	A	S	O				
Lomé	2	3 <sup>a</sup>	1	-	1	-	-	-	-	-	-	-	7 <sup>a</sup>	147
Anécho	-	-	1	45	2	-	-	-	-	-	-	-	48	289
Tabligbo	8	3	1	6	6	-	-	-	-	-	-	-	24	45
Tsévié	1	-	-	-	-	-	-	-	-	-	-	-	1	104
Klouto (Palimé)	-	-	-	-	-	-	-	-	-	-	-	-	-	49
Nuatja	2	-	-	-	-	-	-	-	-	-	-	-	2	38
Atakpamé/Akposso	-	-	-	-	-	-	-	-	-	-	-	-	-	30
Sokodé/Bafilo	-	-	-	-	1 <sup>b</sup>	-	-	-	-	-	-	-	1 <sup>b</sup>	2
Bassari	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Lama-Kara	-	-	-	-	-	-	-	-	-	-	-	-	-	12
Pagouda	-	-	-	-	-	-	-	-	-	-	-	-	-	45
Niamtougou	-	-	-	-	-	-	-	-	-	-	-	-	-	23
Kandé	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Nango	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dapango	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total 1969	13	6	3	51	10	-	-	-	-	-	-	-	83	784

<sup>a</sup> - Including one unconfirmed case.

<sup>b</sup> - Unconfirmed case.

1.3.4 Towns or villages which recorded one or more smallpox cases during 1969-1970.

Last cases in 1969:

Lomé . . . . . 7 cases  
Anécho . . . . . 48 cases  
Tabligbo . . . . . 24 cases  
Tsévié . . . . . 1 case  
Nuatja . . . . . 2 cases  
Sokodé/Bafilo . . . 1 case

No cases in 1970.

1.3.5 Epidemiological information on the last two outbreaks.

Localities. Districts concerned: Anécho, Tabligbo and Tsévié.

List of patients: not available.

Description of control and containment measures:

The coastal region was most affected by smallpox, particularly the Anécho administrative district. Smallpox cannot be eradicated by ignoring cases of smallpox and allowing them to develop naturally and continue to contaminate a receptive environment; it was therefore necessary to develop an entire case-finding and notification system that enabled the static health teams to notify cases by name and especially to investigate each case discovered. Since the work of the health teams was normally static, the investigation of cases made it possible to discover more cases, which were reported to the health teams, and to track down the source.

In order to fill in the survey form or compile the list of patients, the dispensary nurse or health worker had to carry out an on-the-spot investigation; this gave them the opportunity to carry out containment measures by isolating the patients and vaccinating the people in contact with them. This survey was supplemented by the chief medical officers and the epidemiology service.

The survey of six cases reported in Todomé (Anécho district) led to the detection of 28 other cases by the mobile health worker; similarly, the nurse at Aképé extended the investigation in connexion with the outbreak of 11 cases at Atidjé as far as the neighbouring farms, and this led to the detection of 13 further cases at Aképédo (Tsévié district). Since the coverage of the country by health teams was not sufficient to detect all cases, the case-finding network had to be extended to include public services and individuals outside the public health services: headmasters and schoolteachers, rural development workers, social development workers, heads of administrative districts, village chiefs, missionaries, and US Peace Corps volunteers. In addition, to the intensive case-finding activities, it was necessary to use workers other than members of the mobile vaccination teams to cover the regions.

In this way, with the collaboration of the National Malaria Service, it was possible to organize a system of vaccination and case-finding teams made up of health workers on bicycles who were responsible for combing the highly endemic areas, while the mobile workers of the health subdivisions of Anécho and Tabligbo carried out the same activities in their respective areas.

PART 2. SURVEILLANCE AND VACCINATION PROGRAMME, 1972-1975

2.1 Surveillance programme

2.1.1 Number and category of reporting units.

The same numbers as for the fixed units already mentioned.

2.1.2 Regularity of reporting: weekly, monthly and annually.

2.1.3 List of reported smallpox suspects by date of notification:

3 suspected cases, not notified;

2 vaccinated children aged 10 and 11 in a district of Lomé: clinically these were cases of chickenpox (1972). One vaccinated adult, hospitalized at Sodoké (1971), sample analysed at the Lomé Institute of Hygiene and at Accra.

Investigations were undertaken immediately. All were cases of chickenpox.

2.1.4 Numbers of deaths due to chickenpox:

1972: 10 145 cases, with 2 deaths;

1973: 9 561 cases, with no deaths;

1974: 8 615 cases, with no deaths.

2.2 Vaccination programme (1972 to present time)

2.2.1 This vaccination programme has the following objectives:

organization of routine maintenance vaccinations in health units;

periodic revaccinations by the teams, concentrating on health subdivisions where the previous campaign was three years ago or where the vaccination rate may have dropped below 85% through population changes;

periodic vaccination for high-risk groups, i.e. newborn children, foreigners, and individuals who missed previous sessions;

implementation of a regular vaccination and maintenance programme in all dispensaries and health centres throughout the country, so as to ensure the continuity of a general immunity level of 85% in the population;

evaluation of the effectiveness of the campaign and the vaccine in subjects receiving primary vaccination.

VACCINATION TABLE

	0-5 months	5 months-4 years	5 - 14	15 - 44	45 +	Total
1972	16 621	34 781	68 314	42 324	3 111	165 151
1973	6 630	25 890	64 673	8 928	2 916	108 981
1974	19 249	29 916	49 871	46 856	10 981	157 874

Vaccination coverage during this period has been acceptable, except in localities where high absenteeism was recorded during previous campaigns and where it was necessary to repeat the vaccination sessions several times.