



GAMBIA

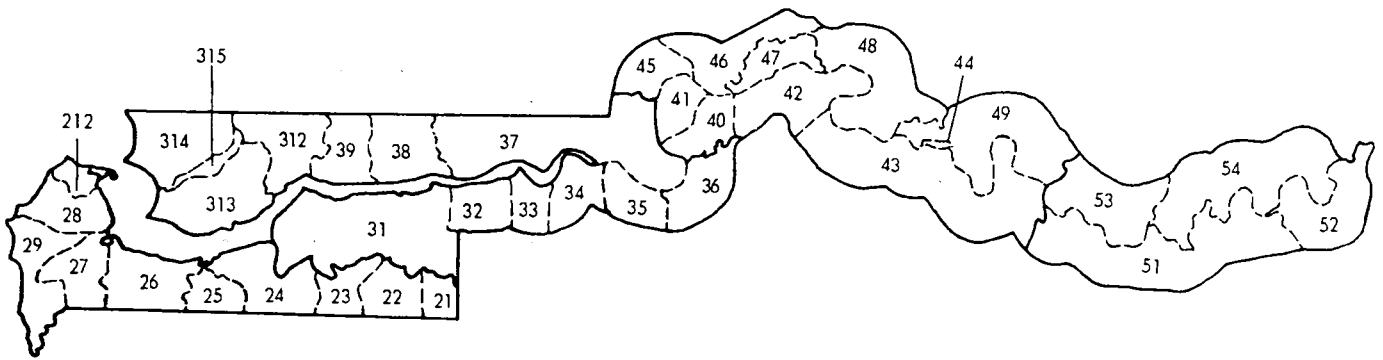
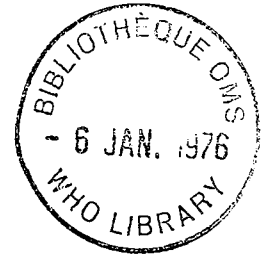
Area: 10 400 km<sup>2</sup>

Population: 519 000

Density of population: 50/km<sup>2</sup>

Medical Officer currently in charge  
 of Smallpox Eradication: Dr P. J. N'Dow

Title: Chief Medical Officer



BATHURST

WESTERN

- 21. Foni Jarrel
- 22. Foni Bondali
- 23. Foni Kansala
- 24. Foni B. Karenai
- 25. Foni Brefet
- 26. Kombo East
- 27. Kombo Central
- 28. Kombo North
- 29. Kombo South
- 212. Kombo St. Mary

LOWER RIVER

- 31. Kiang West -
- 32. Kiang Central
- 33. Kiang East
- 34. Jarra West
- 35. Jarra Central
- 36. Jarra East
- 37. Upper Baddibu
- 38. Central Baddibu
- 39. Lower Baddibu
- 312. Jokadu
- 313. Upper Niimi
- 314. Lower Niimi
- 315. Dappo

MACCARTHY ISLAND

UPPER RIVER

- 40. Niamina West
- 41. Niamina Dankunku
- 42. Niamina East
- 43. Fulladu West
- 44. MacCarthy Island
- 45. Lower Saloum
- 46. Upper Saloum
- 47. Nianija
- 48. Niani
- 49. Sami
- 51. Fulladu East
- 52. Kautera
- 53. Sandu
- 54. Wuli

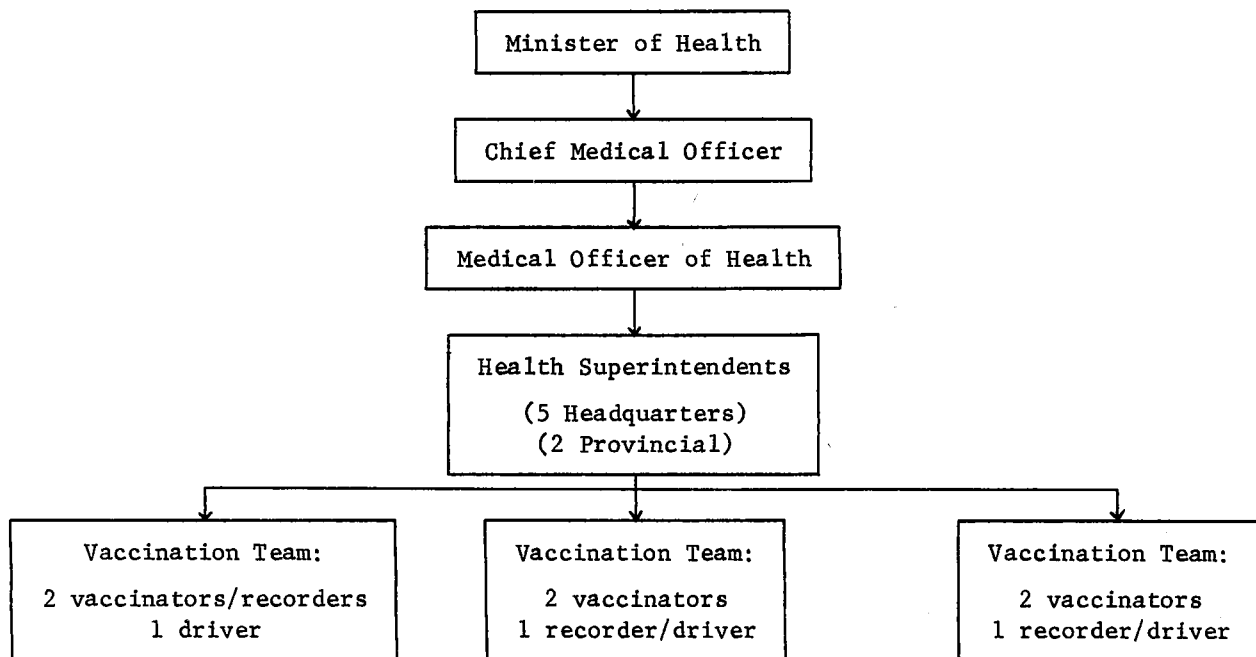
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PART I - PROGRAMME PERFORMANCE 1967 - 1971

1.1 Organization

1.1.1 Structure employed for the programme



1.1.2 Number of static and mobile health units including hospitals and dispensaries by Divisions

Division	Hospital	Rural health centres	Dispensaries and clinics with resident staff		Sub-dispensaries and clinics without residential staff	
			Govt	Non Govt	Govt	Non Govt
Banjul	1	-	1	-	-	-
Kombo St Mary	2	1	-	1	-	-
Western	-	3	4	3	8	3
Lower River	-	1	1	-	6	-
North Bank	-	2	2	1	7	-
MacCarthy Island	1	2	5	-	7	-
Upper River	-	1	3	-	9	-
Total	4	10	16	5	37	3

## 1.2 Vaccination programme

During 1967 to 1971, as part of coordinated activities for smallpox eradication and measles control in the 19 countries of West Africa, a special smallpox vaccination campaign was carried out throughout the country. The campaign was sponsored by the United States Public Health Services.

The vaccine produced by the Wyeth Laboratory, USA was used. Approximately 90% of vaccinations were performed by jet injectors (Ped-O-Jet) and 10% by the multiple puncture method.

Three vaccination teams specifically trained for this campaign visited all the areas. The campaign first started in the Western part of the country and was expanded to the central and Eastern part of the country. The campaign aimed at 100% vaccination coverage of the population above three months of age.

The number of vaccinations performed during this period was:

1967/68	349 602
1968/69	33 773
1970/71	49 400

Scar surveys conducted at that time revealed that 93% of persons examined throughout the Gambia showed vaccination scars.

Since 1967 when the campaign was initiated; no smallpox has been reported.

References: There are many reports based on the proceedings of the seminar on the Smallpox Eradication/Measles Control programme and organized by WHO and US Aid founding in the Gambia's participation in this Regional programme. Most of the data are also contained in the SEP Report 4, CDC Atlanta.

The following publications are attached:

"Evaluation of Smallpox Eradication/Measles Control Programme - The Gambia, June 1968", CDC Atlanta.

"Assessment of Vaccination Programme - Smallpox Eradication/Measles Control in The Gambia", Foege, 1969, CDC Atlanta.

"Programme Cost as related to Vaccination, Morbidity and Mortality in The Gambia" (SEP Report 4) by N'Dow, 1969.

"Measles and Smallpox Mass Vaccination Campaign in The Gambia", K. Sanneh, CDC Atlanta.

Evaluation of smallpox eradication measles control programme - The Gambia, June 1968. W. H. Foege, US Public Health Service.

## 1.3 Surveillance - containment programme

### 1.3.1 Number of units providing weekly reports

Division	1967-1971
Banjul	2
Kombo St Mary	4
Western	21
Lower River	8
North Bank	12
MacCarthy Island	15
Upper River	13
Total	75

## 1.3.2 Method of reporting

Direct reporting from reporting units to Ministry of Health, Banjul by mail. In the case of emergency, by telephone, cable or messenger.

## 1.3.3 Number of smallpox cases reported during 1967 to 1971 - nil.

The last cases (three) were recorded in 1966. However, the diagnoses of these cases were not confirmed by laboratory examination.

## 1.3.4 Any villages or towns with one or more recorded cases during 1967 to 1971 - nil.

## 1.3.5 Epidemiological information on last two outbreaks - data not available.

## PART II - SURVEILLANCE AND VACCINATION PROGRAMME 1972 - 1975 (SEPTEMBER)

2.1 Surveillance programme

## 2.1.1 Number and category of reporting units

See 1.1.2, art I.

## 2.1.2 Regularity of weekly reporting including nil report

Year	Week No.	Number of reports expected from reporting units	Number of reports received
1974	14	75	19
	15	75	17
	16	75	20
1975	20	75	21
	21	75	5
	22	75	14
	23	75	18
	24	75	10

## 2.1.3 Line listing of reported smallpox suspects.

All suspected vesicular diseases are investigated by health personnel and all have turned out to be chickenpox or a disease other than smallpox. However, such activities have not been recorded.

## 2.1.4 Line listing of deaths due to chickenpox - no data available.

## 2.1.5 Any villages or towns which recorded suspect smallpox cases - nil.

2.2 Vaccination programme (1972 to present)

As the special vaccination campaign which was organized during 1967 to 1971 employing the mobile vaccination teams was expensive, the campaign has been discontinued since 1972. Recently a plan has been prepared to carry out routine vaccination programme through static health units including MCH centres. There are 38 MCH centres in the country.

The vaccine produced by Wyeth Laboratory, USA is being used.

The number of vaccinations performed:

1972	9 209
1973	8 715
1974	2 742
1975 (July)	1 768

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