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VISIT REPORT OF THE MEMBERS OF THE
INTERNATIONAL COMMISSION FOR THE
CERTIFICATION OF SMALLPOX ERADICATION

IRAQ

5 - 15 OCTOBER 1978



CONCLUSION

After deliberate consideration of all available data regarding smallpox and smallpox eradication activities in Iraq members of the Commission conducted field investigations. These investigations included review of all additional information available and discussions with national officials and field staff of health units. Visits were made to 13 of the 18 existing governorates.

On completion of these activities the Commission members concluded that:

1. there is no evidence that smallpox has occurred in Iraq since 1972;
2. the structure of the health services in regard to the detection, recording and reporting of communicable diseases is sufficiently reliable that should a case of smallpox have occurred it would have come to the notice of the central public health authorities;
3. the requirements for smallpox eradication, as established by the WHO Expert Committee on Smallpox Eradication (1971) have been fully met, thus the eradication of smallpox from Iraq can be considered to have been achieved.

RECOMMENDATIONS

1. The present vigilant surveillance should be continued with increased emphasis on the reporting of chickenpox.
2. The use of facilities available through WHO for the laboratory examination of specimens from atypical chickenpox or suspected smallpox cases should be continued.
3. In accordance with International Health Regulations vaccination certificates for smallpox should be required only from those persons arriving, within 14 days of leaving a smallpox infected country. At this date no country is known to be infected.

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COMMISSION MEMBERSHIP AND ACTIVITIES

The two International Commission members, Drs. R. Netter^a and M. Chamsa^b, accompanied by Dr. J. Tulloch^c, arrived in Baghdad on 5 October. Preliminary discussions were held with Dr. Felix Jurji, Director of Epidemiology and Quarantine, on 6 October 1978 and the visit programme organized. Two subgroups were formed to visit the north and south of the country respectively, and the programme planned so as to cover the main population centres, important places of pilgrimage and the main routes of communication, both within the country and to neighbouring countries (Annex 1). The governorates visited included the 3 autonomous governorates in the north of Iraq. This programme was approved by Dr. Sadoun Khalifa Al-Tikriti, Director General of Preventive Medicine.

At the conclusion of the field visits the Ministry of Health convened a meeting attended by the appropriate senior health officials. These included the epidemiologist of the army health services who confirmed that no suspected smallpox case had occurred in the armed forces and that all communicable disease cases were reported to the Ministry of Health.

The Commission members evaluated the following items:

1. Communicable Disease Reporting System

At Central level all mohafazats (governorates) were found to have submitted monthly reports with regularity. On examination of the consolidated reports for the months January - March 1978 it was seen that during this period 1301 chickenpox cases, without mortality, had been reported. Smallpox was not mentioned in the monthly summary sheet, but it was stated that, should a case occur, it would be reported both by telegram or telephone and in writing. From the examination of the detailed reports from all units in Basra and Erbil it was found that the number of reporting units was considerably greater than the 1975 figures mentioned in the national report (document WHO/SE/78.114). More recent figures are shown in Annex 2.

2. Health Units

Eight infectious Diseases Hospitals were visited in Baghdad, Basra, Duhok, Erbil, Mosul, Najaf, Sulaimaniya and Wasit. The general impression of the adequate facilities, pharmaceutical supplies and equipment and the competence of the physicians was very satisfactory. Admissions for chickenpox were said to be few and no cases were seen during the visit.

Visits were made to dispensaries and health centres which were found to be well distributed and accessible by a short journey in all areas visited.

Urban units were visited in Duhok, Koofa, Samawa and Sulaimaniya. Rural units were visited in Ali Sharghi, Derbend, Hatrah, Jassan Mosharrah, Omm Qasr, Rebha, Shahlauddin and Shaqlawa. They were found to have generally good facilities, to be well equipped, adequately supplied and under the supervision of physician or assistant physician. Although not visited it was stated that in remote areas, including the desert areas bordering Saudi Arabia and mountainous area to the north equally well equipped dispensaries exist. A considerable number of mobile health units with good vehicles and equipment make regular visits, at least monthly, to areas not served by fixed health units.

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^c STC, SME WHO HQ Geneva.

From discussions with health officers at different levels it was discovered that variolation has not been practised anywhere in the country during the last 10 years at least.

3. School Visits (see also Annex 3)

Seventeen primary schools and kindergartens were visited. Six hundred and forty-one children of 4 - 5 years and 3184 children 6 - 12 years were examined for facial pockmarks. Only four children were found with more than five facial pockmarks; two in Samawa and one each in Basra and Najaf. Their ages ranged from 7 - 15 years and all suffered smallpox before or in 1972. The seven year old child was a resident of Samawa, where smallpox occurred in 1972 .

Smallpox vaccination coverage was found to vary from 75 - 100% in primary school children and from 50 - 80% in pre school children.

4. Market Visits

Informal visits in Amarah, Duhok, Mosul and Najaf were made to four general markets. People of all ages were observed, but none with five or more facial pockmarks were seen.

5. Central Public Health Laboratory

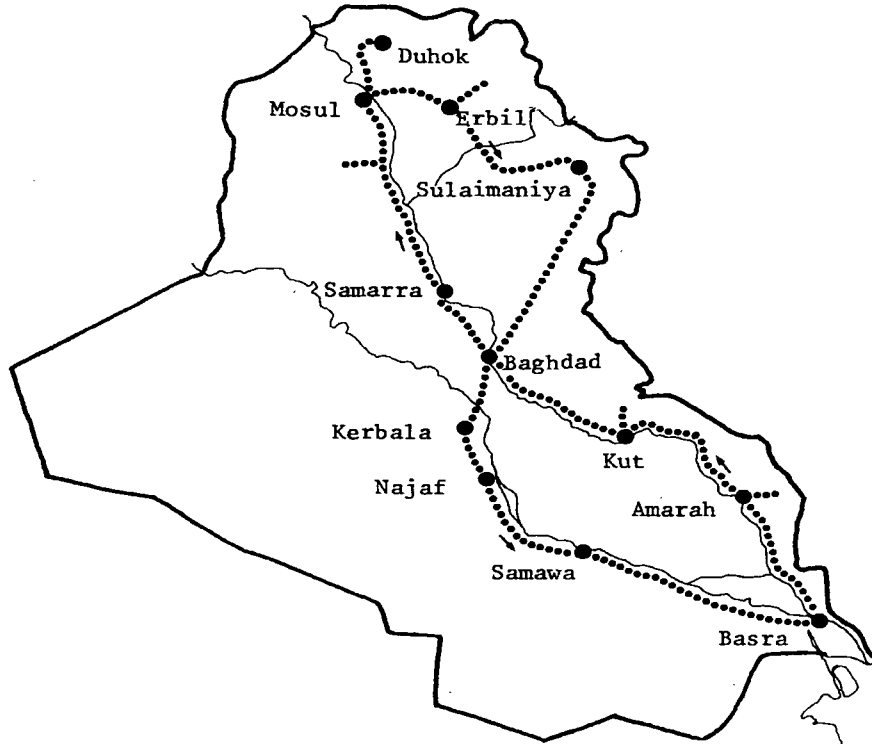
The virology section of this laboratory was visited on 7 October. Preliminary diagnosis are conducted in this laboratory. The facilities are modest and procedures used at present for CAM testing do not allow very rapid, nor highly sensitive, diagnosis of smallpox. Moreover it was found that laboratory staff are not routinely vaccinated against smallpox at regular intervals.

It was advised that further specimens should be sent to WHO Reference Laboratories in cases of dubious clinical diagnosis.

The laboratory staff stated that no variola virus strains, nor specimens collected during the 1972 epidemic, were held now at the laboratory.

TRAVEL ROUTES AND MAIN CENTRES VISITED

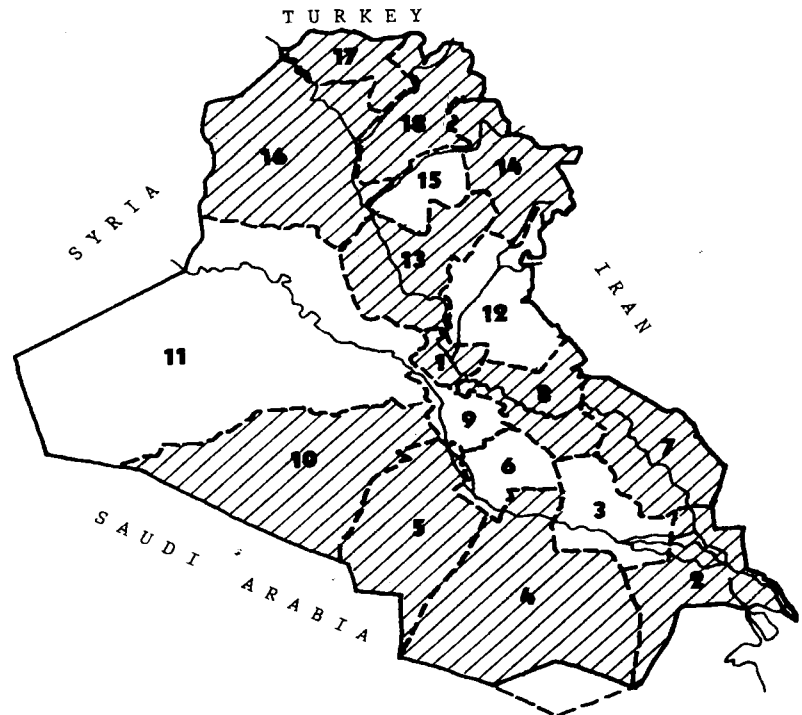
ANNEX 1



GOVERNORATES IN WHICH FIELD INVESTIGATIONS WERE CONDUCTED

	Governorate	Population ^a (thousands)
1	Baghdad	3 036
2	Basra	897
3	Thi-Qar	617
4	Muthanna	184
5	Najaf	354
6	Qadisiya	395
7	Maysan	419
8	Wasit	409
9	Babylon	565
10	Kerbela	243
11	Anbar	405
12	Diala	663
13	Salah al Dir	356
14	Sulaimaniya	656
15	Tamim	439
16	Ninevah	1 158
17	Dhok	217
18	Erbil	493
	TOTAL	11 505

^a 1976 estimate



TOTAL NUMBER OF HEALTH UNITS AND PRACTITIONERS
IN IRAQ - 1977

Hospitals	161
Rural Health Centres	31
Dispensaries	1 372 ^a
MCH Centres	89
Outpatients Clinics	56
Mobile Dispensaries	172
Doctors	5 293
Pharmacists	1 513

^a including 230 central dispensaries and 846 urban
dispensaries

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