



EXECUTIVE BOARD

Sixty-first Session

Agenda item 12

INDEXED



SMALLPOX ERADICATION PROGRAMME

Report by the Director-General

No smallpox cases have been detected throughout the world for the past eleven weeks. For over two years smallpox has been confined to Ethiopia (last case August 1976), Kenya (last case February 1977) and Somalia (last case October 1977). Considerable surveillance is still required in these and surrounding areas to confirm that smallpox transmission has been interrupted.

Certification of smallpox eradication was completed in an additional five countries in Asia and nine countries in Central Africa during 1977. The certification of eradication in Bangladesh marked the end of variola major, the most virulent form of smallpox.

A Consultation on Worldwide Certification of Smallpox Eradication recommended specific activities leading to global certification in 1979. Their recommendations (contained in Annex 2) include reducing the number of laboratories retaining variola virus stocks, building up a reserve stock of vaccine, and terminating smallpox vaccination when global smallpox eradication has been certified.

The present report contains, in paragraph 8, a draft resolution for consideration by the Executive Board.

1. The summary of current smallpox eradication activities is shown in the Weekly Epidemiological Record published on 13 January 1977 (Annex 1).¹

Smallpox transmission

2. The Organization has recorded zero smallpox incidence throughout the world during the past 11 weeks; the last case was reported from Somalia, with onset of rash on 26 October 1977. However, it should be stressed that search operations for hidden outbreaks have not been completed in many priority areas in Somalia and adjacent countries. Unusually heavy rains during the last three months have made many areas inaccessible to surveillance teams. A more complete appraisal will be possible during the 1978 January to April dry season. Special surveillance activities for smallpox in Saudi Arabia during the annual pilgrimage period did not bring to light any importations.

¹ Annex 1 will be distributed on 13 January 1978 to provide members of the Board with the most up-to-date information.

Certification of smallpox eradication

3. In accordance with the criteria of smallpox eradication established by the WHO Expert Committee (1972),¹ and with resolution WHA29.54 of the Twenty-ninth World Health Assembly (1976),² certification of smallpox eradication proceeded and was confirmed in five countries of Asia and nine countries of Central Africa in 1977. The certification of eradication in Bangladesh is especially noteworthy since it marked the end of variola major. This was confirmed after two years of intensive surveillance.

4. A Consultation on Worldwide Certification of Smallpox Eradication was convened in Geneva in October 1977. The consultants included epidemiologists and virologists experienced in smallpox eradication operations, laboratory recognition of smallpox and related viruses, and certification procedures. The Consultation, considering interruption of smallpox transmission imminent, recommended: (1) establishment of an International Commission for the Global Certification of Smallpox Eradication; (Global Commission); (2) verification of the elimination of the last known focus; (3) future certification of smallpox eradication throughout the world; and (4) other activities related to the termination of the smallpox eradication programme, including control of variola virus stocks in laboratories, animal orthopoxvirus studies, vaccination policy and building up of a vaccine reserve. These activities are expected to be completed during the next two years if current epidemiological situation continues. The Consultation stated that "when global eradication has been certified, vaccination should be terminated". The full text of the recommendations are in Annex 2.

Programme documentation

5. The first draft of a manuscript (approximately 200 000 words) describing the global eradication efforts has been completed except for the description of eradication efforts in East Africa and future certification activities. Another major publication planned is a monograph type, comprehensive review on smallpox. A WHO film team documented the eradication campaign in Somalia in November 1977.

Contribution to the eradication activities

6. Since January 1977, cash donations of US\$ 4 717 491 to the Special Account for Smallpox Eradication have been received from eight countries and donations of US\$ 2 081 800 have been pledged by three countries. Vaccine to a cash value of US\$ 218 695 has been donated or pledged by six countries. In addition, emergency assistance in cash and in kind valued at US\$ 459 750 became available to support smallpox eradication activities in Somalia following an appeal made through WHO and the United Nations Disaster Relief Office.

7. These donations, in addition to the funds available from the regular budget have permitted successful emergency measures in Somalia, epidemiological surveillance in adjacent countries, and certification activities in 1977; and will allow required activities to continue in 1978. However, in order to confirm global eradication by the end of 1979, as recommended by the Consultation, additional funds of between US\$ 500 000 and US\$ 1 000 000 may be required. A more precise appraisal of budgetary requirements will be made late in 1978 as global certification proceeds. Owing to intensified vaccination activities in East Africa, the WHO vaccine reserve in Geneva has been reduced to a quantity sufficient to vaccinate 50 million people. Donations of an additional 3 million ampoules/vials will be needed by the end of 1979 in order to establish a satisfactory reserve, i.e. sufficient to vaccinate 200-300 million people.

¹ WHO Technical Report Series, No. 493, 1972.

² WHO Official Records, No. 233, 1976, p. 34.

Draft resolution

8. The Executive Board may wish to adopt a resolution along the following lines:

The Executive Board,

Having examined the report of the Director-General on the smallpox eradication programme;

Noting resolution WHA30.52;

1. EXPRESSES appreciation for the intensive efforts being made to interrupt smallpox transmission and verify this achievement;
2. ENDORSES the recommendations of the Consultation on Worldwide Certification of Smallpox Eradication as annexed to the report of the Director-General;
3. REQUESTS the Director-General to establish as soon as possible an International Commission for the Global Certification of Smallpox Eradication (Global Commission);
4. URGES all governments to continue full support and cooperation to this final phase of the programme, so that global eradication of smallpox can be certified by the end of 1979.

RECOMMENDATIONS OF THE CONSULTATION ON WORLDWIDE CERTIFICATION
OF SMALLPOX ERADICATION

held in Geneva from 11 to 13 October 1977

(Extracted from document WHO/SE/77.98)

1. Global Commission

The Consultation was in agreement that the interruption of smallpox transmission was imminent. It also agreed that this unprecedented achievement should be promptly certified and appropriately recognized. To assist in this effort and to provide authoritative endorsement, a formally constituted International Commission for the Global Certification of Smallpox Eradication (Global Commission) should be established by WHO to provide consultative assistance and verification of this event.

2. The last known focus

Every possible approach must be utilized for intensive search, detection and containment activities in Somalia and adjacent areas until smallpox transmission is completely interrupted. These efforts must be continued thereafter until all criteria have been met for confirmation of eradication of smallpox in the world's last known focus of this disease. Specifically, every possible effort must be made to search recently inaccessible areas where smallpox has been rumoured to be present, in order to ensure that reintroduction will not occur. Active surveillance measures must continue in established priority areas within countries surrounding this focus, including Djibouti, Ethiopia and Kenya.

3. Formal certification

Certification activities by designated International Commissions should be scheduled by WHO so that global eradication can be confirmed by the end of 1979, assuming that smallpox transmission is interrupted during 1977. Appropriate recommendations can then be made to the Thirty-third World Health Assembly. The areas to be scheduled for certification include:

(a) South-East Asia - Bangladesh, Burma (scheduled for November-December 1977);

(b) South-East Africa - Malawi, Mozambique, United Republic of Tanzania, Zambia (scheduled for March 1978);

(c) Sudan, Uganda;

(d) Southern Africa I - Angola, Botswana, Lesotho, Swaziland;

(e) Southern Africa II - Namibia, South Africa, Southern Rhodesia;

(f) East African and neighbouring countries - Democratic Yemen, Djibouti, Ethiopia, Kenya, Somalia, Yemen.

4. Country visits

Visits by Global Commission members or consultants and/or WHO staff should be arranged during 1978 to verify and document the smallpox eradication status in the following countries: China, Iran, Iraq, Syrian Arab Republic and Thailand.

China. Although it is understood that there is no smallpox transmission in China, because of the great size and large population of the country more detailed information than is currently available will be required for certification. A visit should be arranged for a group which includes members of the Global Commission.

Iran, Iraq and the Syrian Arab Republic had stopped smallpox transmission before 1970 but were infected with variola major in 1971-1972, following the introduction of smallpox into Iran from Afghanistan; smallpox subsequently spread into Iraq and the Syrian Arab Republic. Because of the extent and duration of the outbreak and the fact that the disease was variola major, it is proposed that each country be asked to submit a detailed report of their surveillance programme and smallpox activities during the past five years at least. After this, it is proposed that members of the Global Commission visit each country to review the situation.

For Thailand, the extensive communications with India and Bangladesh indicate the need for evaluation, particularly regarding the border area between Thailand, Burma and Laos. A visit should be made by members of the Global Commission.

5. Detailed country reports

WHO should request certain countries to provide special detailed reports, including - but not limited to - verification of smallpox incidence data since 1960; an account of the last known outbreak and control measures employed; and the method of approach should a suspected case of smallpox be recognized. Bahrain, Kuwait, Oman, Qatar, Saudi Arabia and the United Arab Emirates have been free of endemic smallpox for many years but have experienced sporadic importations during the past decade. It is proposed that the Secretariat-General for the Ministers of Health of the Arab States of the Gulf should be asked to coordinate this effort.

Reports of this type should also be requested for several other countries on which detailed information is lacking: Democratic Kampuchea, Laos, Madagascar and Viet Nam. WHO should seek additional information regarding the Taiwan Province of China.

6. Formal statements by countries

WHO should obtain a signed statement from all countries and areas indicating that smallpox has not been present in that country during the past two years. Certification by an international commission will constitute such a statement.

7. Variola virus stocks

Specified WHO collaborating centres should retain variola virus stocks for research purposes; all other laboratories should transfer their stocks to a WHO collaborating centre or destroy these stocks. It is recommended that WHO should urge government authorities to take appropriate stringent measures to ensure that this is done.

All laboratories retaining variola virus should be visited by selected members of the Global Commission. By 1980 the number of laboratories retaining variola virus should be reduced to not more than four WHO collaborating centres. The need for retention of virus stocks should be reassessed periodically. Laboratories retaining variola or whitepox virus must adhere to recommended safety measures (Workshop Meeting on Safety Measures in Laboratories Retaining Variola Virus, Geneva, 1-4 August 1977).

8. Animal orthopoxvirus studies

Surveillance of poxviruses should be continued in both human and animal populations near areas where cases of human monkeypox have occurred, and where animals harbouring whitepox viruses have been captured. A special research project is recommended in the Equator region of Zaire.

9. Vaccination policy

Vaccination policy between the present time and final certification should be determined by each government depending on its own assessment of risks and benefits. Subject to this, it is the opinion of the Consultation that routine vaccination is clearly indicated only in countries in Africa and Asia where smallpox has been endemic during the last few years, and in those at specific epidemiological risk.

The Consultation endorses resolution WHA29.54 of the Twenty-ninth World Health Assembly urging all governments to restrict their requests for smallpox vaccination certificates to travellers who, within the preceding 14 days have visited a smallpox-infected country.

When global eradication has been certified, vaccination should be terminated.

10. Vaccine stocks

Provision should be made by WHO for storage of approximately 300 million doses of smallpox vaccine, distributed among at least three locations. Further study should be carried out on the need for and distribution of emergency vaccine stocks and vaccination instruments.