

WORLD HEALTH
ORGANIZATION

ORGANISATION MONDIALE
DE LA SANTÉ

REGIONAL OFFICE FOR THE
EASTERN MEDITERRANEAN

BUREAU RÉGIONAL POUR LA
MÉDITERRANÉE ORIENTALE

REGIONAL COMMITTEE FOR THE
EASTERN MEDITERRANEAN

RC4/EM/7
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Fourth Session

ORIGINAL: ENGLISH

CAMPAIGN AGAINST SMALLPOX

I. Introduction

(1) The preamble of the WHO Constitution states: -

"Unequal development in different countries in the promotion of health and control of disease, especially communicable disease, is a common danger".

(2) Studies on the distribution and endemicity of certain communicable diseases show that, on the one hand, there are endemic regions in some of the continents in the world and, on the other hand, a number of countries from which these diseases have virtually disappeared. Because of the present speed and volume of international traffic, these communicable diseases may now be easily spread from the endemic regions to countries that are free from them.

(3) The constitutional functions of WHO, as read in Chapter II, Article 2 include: -

(g) to stimulate and advance work to eradicate epidemic, endemic and other diseases."

(4) The Fourth World Health Assembly, to refer to a more definite aspect of the need for a general co-ordinated programme, called for action by all governments to remove insanitary conditions conducive to the existence of such diseases (i.e. quarantinable diseases) especially in and around ports and airports (1). In the resolution in question special attention is directed to the need for governments, inter-alia, to eliminate sources and vectors of diseases and to raise the level of protection by vaccination and otherwise against plague, cholera, yellow fever, smallpox and typhus.

(5) The general programme of work for a specific period, adopted by the Fourth and Fifth Health Assemblies and continued through 1954 by the Seventh World Health Assembly, has specifically included, inter-alia, the desirability of programmes being selected with the promise of yielding demonstrable results. It has further emphasized the selection of fields of action which are likely to benefit either directly or indirectly the largest possible number of Member States and people (2).

(1) Off. Rec. World Hlth Org. 35,52

(2) Off. Rec. World Hlth. Org. 32, Annex 10

II World-wide programmes

In the first years of work by WHO, apart from essential programmes of a general international character (such as the epidemiological, quarantine, standardization and statistics services), most of the programmes consisted of advisory services provided directly to individual governments requesting assistance for one or more specific problems. It appears, however, that although the system of individual direct country programme is satisfactory, a system of coordinated country programmes to an agreed objective which together form a regional or even a world programme and which contribute to regional or even world needs as well as assisting the individual countries taking part, is undoubtedly long overdue demanded.

III Control of Communicable Diseases

One of the health matters of world-wide concern is the continuing existence of foci of communicable diseases in some areas in the world threatening all other countries. Such matters have not yet produced sufficiently vigorous concerted action. It is true that great advances have been made in the promulgation of International Sanitary Regulations (WHO Regulations No 2), but these Regulations cannot be fully effective in the interests of international health, travel and relationships until the Governments, by concerted action deal with insanitary conditions maintaining foci of diseases or areas susceptible to infection. The control of communicable diseases is thus an appropriate subject for programmes of concerted action by a number of countries.

IV Smallpox, an international hazard

It is considered that smallpox is a suitable subject on which to initiate a system of programmes of concerted action since it is a matter of direct interest to the majority of governments and an international hazard with many serious aspects. It has featured prominently in the deliberations of the World Health Assembly, the Executive Board and Regional Committees. There is no regional or climatic barrier to its prevalence. People of all races and ages are susceptible, simple and effective measures of control are available, and international co-ordination is required for dealing with many of its features.

From the available data it can be said that roughly 2,400,000 cases and 1,000,000 deaths from smallpox have been reported between 1940 and 1952. It must be emphasized, however, that the reported incidence by no means reveals the actual situation. Much smallpox occurs either undetected or unrecorded. The disease continues to be a permanent threat to the lives of millions of people and a **continuing menace to all countries.**

Though seen in all the continents of the world, it is well known that the endemic foci of smallpox lie mainly in Africa, Asia and South America. The Eastern Mediterranean Region lies within two of these three continents, and, in addition to the multiple endemic foci, epidemic forms of smallpox are seen periodically. During the four years 1950-1953 more than 93,991 cases with 29,690 deaths have been reported. The annex to this

document shows the incidence since 1939, of epidemic outbreaks and also the endemicity of smallpox, in the countries of this region. It can safely be said that these figures represent only a fraction of the actual incidence of smallpox in this region. The importance of the disease to our region is therefore obvious.

World-wide Campaign against Smallpox

(1) In view of the above constitutional and technical obligations the Director-General submitted the matter to the Executive Board which, at its eleventh session, passed the following resolution (EB11R.58) (1) :-

"The Executive Board,

Having noted the report of the Director-General dealing with further action on general world health problems, and

Taking note of resolution WHA4.80 of the Fourth World Health Assembly, referring to the need for a general co-ordinated programme calling for action by all governments to improve health conditions, to eliminate sources and vectors of diseases and to raise the level of protection against certain communicable diseases by vaccination and other methods;

Noting also the interest expressed by two regional committees in campaigns against smallpox,

1. RECOMMENDS that the Sixth World Health Assembly consider the adoption of the Director-General's suggestion that WHO should stimulate certain world-wide programmes;
2. CONSIDERS that a campaign against smallpox would be suitable for such a programme; and
3. REQUESTS the Director-General to submit to the Sixth World Health Assembly a study on the ways of carrying out such a world-wide campaign, including:

(1) a general programme of work to be implemented by WHO;

(2) the estimated costs to the Organization."

(2) The Sixth World Health Assembly, having considered the above resolution concerning a campaign against smallpox, requested the Executive Board to proceed with a detailed study of the means of implementing such a campaign and to report to the Seventh World Health Assembly. (2)

(3) At its twelfth session, the Executive Board requested the Director-General to consult with Member States, WHO Regional Committees and members of the relevant WHO Expert Advisory Panels to obtain suggestions and information on which to base this study. (3)

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- (1) Off. Rec. World Health Org. 46, 31.
 - (2) Resolution WHA6.18 Off. Rec. World Hlth Org. 48.
 - (3) Resolution EB12 R.13 Off. Rec. World Hlth Org. 49.

(4) The Director-General reported the results of his consultations to the Executive Board at its thirteenth session. In his report the Director-General recorded the resolutions and decisions taken on the subject by the Regional Committees for Africa, the Americas, Europe, South-East Asia and the Western Pacific (the Regional Committee for the Eastern Mediterranean did not convene in 1953 and so was unable to discuss the subject), and by the members of the relevant WHO Expert Advisory Panels.

(5) Among the several matters arising from the material assembled by the Director-General the following are particularly noted: -

- (a) It appears that, in some WHO regions at least, there is need for assistance to governments in campaigns against smallpox. The tone of some of the Regional Committees' resolutions however is such as to suggest that stress be laid on national rather than regional or world-wide campaigns.
- (b) It is unanimously agreed by the members of the relevant WHO Expert Advisory Panels that the free availability of a reliable **dried** smallpox vaccine that has been shown to be resistant to high temperatures is one of the most urgent needs in countries with a hot climate and a high incidence of smallpox.
- (c) There is obviously a need for technical guidance in several laboratory aspects of smallpox concerning:
 1. Preparation and trial of vaccine (with regard to the preparation and heat resistance of dried vaccine comparative tests are now being made, under sponsorship of WHO, of smallpox vaccines, dried by divergent techniques) (1)
 2. Laboratory diagnostic procedures. Since outbreaks of smallpox in countries free from the disease have been started by vaccinated travellers suffering from **atypical** disease which is difficult or impossible to diagnose clinically, it is felt that much wider use should be made of laboratory diagnosis. The use of modern laboratory diagnostic methods could be stimulated by WHO making available recommended techniques.

(6) The Executive Board at its thirteenth session noted the results of the Director-General's consultations, and requested him to urge health administrations to conduct wherever possible campaigns against smallpox as an integral part of public health programmes. It also requested him to include, when possible, additional studies on smallpox, both in its field and laboratory aspects, in his future programmes (2).

(7) The Seventh World Health Assembly, on consideration of the above resolution adopted the following (WHA 7.5): -

(1) RC4/EM/8

(2) Resolution EB13.R3 Off. Rec. World Hlth. Org. 53.

"The Seventh World Health Assembly,

Considering that Article 2 (g) of the Constitution provides that a function of the Organization shall be "to stimulate and advance work to eradicate epidemic, endemic and other diseases",

Considering the study made by the Executive Board in accordance with resolution WHA6.18,

REQUESTS the Director-General:

- (1) to continue studies on the most effective methods of smallpox control particularly with reference to those countries where the disease is endemic;
- (2) to urge health administrations to conduct wherever possible and necessary campaigns against smallpox as an integral part of the public health programmes;
- (3) to provide within budgetary limitations the assistance requested by national administrations to further their smallpox control programme; and
- (4) to report to the Eighth World Health Assembly on the programme made and the results obtained.

VI Discussions on the General Programme of Work

In pursuance of the above resolutions, the Regional Director places the matter before the Regional Committee for the Eastern Mediterranean.

Considering that the purpose of such a campaign would be to stimulate and assist the development of effective, permanent and economical smallpox control in all countries as an integral part of national health services, the Committee may wish to comment on the general programme of work and discuss the state of existing national smallpox control services in the countries of the region, their specific difficulties and weaknesses and, particularly, make recommendations as to the kind of coordinated regional and national activities which should be considered in implementing this campaign with the assistance of WHO.

The Regional Committee may also wish to review and consider the following international measures which could be made available through WHO for the countries of the region: -

- (1) Providing countries, through the regional office, with such consultant services as they may request for the preparation of national smallpox control campaigns. These consultant and advisory services would assist in meeting such problems as the determination of the nature and epidemiological characteristics of endemic smallpox and the evaluation of smallpox control service, methods of diagnosis and treatment and methods of securing public cooperation. An essential part of any control service for which countries may require assistance will be the training of personnel;

- (2) providing both regional and world advisory services to enable countries to obtain advice on the various techniques, such as smallpox laboratory diagnosis or smallpox vaccine production;
- (3) arranging for the establishment of certain world services required by more than one country and which call for international co-ordination, such as the establishment of acceptable techniques of laboratory diagnosis, vaccine preparation and standardization;
- (4) assisting campaigns for co-ordinated effort of national health authorities, medical and allied professions and the public through both government and non-governmental organizations;
- (5) co-ordination of a research programme through assistance to national institutions to study such generally important problems as the nature and behaviour of the vaccinia and variola viruses, laboratory diagnosis, and the development of improved vaccines etc., and new methods of treatment;
- (6) advising countries on the application of quarantine measures as accepted in WHO Regulations No 2, so as to reduce smallpox as an international hazard and a deterrent to the international movement of persons and goods;
- (7) arranging conferences to ensure coordination of national campaigns in contiguous countries.

SMALLPOX OUTBREAKS IN THE COUNTRIES OF
THE EASTERN MEDITERRANEAN REGION SINCE
1939

ADEN

Owing to the geographical situation on international trade routes, Aden frequently reports imported cases of smallpox. In Aden Protectorate the only epidemic outbreaks in recent years occurred in 1949, when 30 cases were notified and in 1954 when 67 cases were recorded during the first six months.

EGYPT

In 1943, an epidemic occurred which did not terminate until 1946. During these four years a total of 17,103 cases and 1,565 deaths occurred. However, by virtue of its geographical position on international trade routes, importations of smallpox not infrequently occur in Egypt.

ETHIOPIA

Although it is known that smallpox is endemic, the absence of detailed reports, due to difficulties of internal communications, does not permit an accurate picture of the incidence of the disease to be presented. However, increase in the incidence of smallpox, as judged from the number of notified cases, is noticed during the last two years.

IRAN

Smallpox has for many years maintained a relatively high level of incidence in Iran. However, a marked increase in incidence was noticed twice during the last ten years, one in 1943-1944 and the other in 1947-48.

	<u>1940</u>	<u>1941</u>	<u>1942</u>	<u>1943</u>	<u>1944</u>	<u>1945</u>	<u>1946</u>	<u>1947</u>	<u>1948</u>	<u>1949</u>	<u>1950</u>	<u>1951</u>	<u>1952</u>	<u>1953</u>
Cases:	316	41	384	1150	1341	266	114	849	1182	509	439	286	237	251

IRAQ

Smallpox has been endemic in Iraq for many years and cases are always reported from there. In 1940 an epidemic flared up, and in this and the two succeeding years a total of 4,004 cases and 479 deaths occurred. Five years later, towards the end of 1947, there was again epidemic prevalence, 1,740 cases being notified in 1948 and 707 in 1949. During the last four years the incidence returned to a relatively low level.

	<u>1950</u>	<u>1951</u>	<u>1952</u>	<u>1953</u>
Cases :	272	469	157	251
Deaths:	25	32	20	36

LEBANON, JORDAN, SYRIA AND PALESTINE

In 1940 the disease spread from Iraq to these neighbouring countries. Lebanon, Jordan, Syria and Palestine were to a greater or lesser extent affected and an increased incidence prevailed over the three years 1942-1944 in these countries.

Epidemics occurred again in Syria, Lebanon and Jordan in 1948 and the increased incidence continued through 1949.

	<u>No of Cases in Lebanon</u>	<u>No of Cases in Jordan</u>	<u>No of Cases in Syria</u>	<u>No of Cases in Palestine</u>
1939	-	-	1	-
1940	-	-	1	-
1941	-	-	1	-
1942	482	37	1657	10
1943	63	84	715	31
1944	29	8	91	156
1945	-	-	16	-
1946	-	-	8	1
1947	14	-	11	-
1948	169	42	894	-
1949	142	194	643	-
1950	2	35	14	-
1951	-	-	2	-
1952	-	-	2	-
1953	1	-	3	-

LIBYA (TRIPOLITANIA)

No information is available concerning the incidence of smallpox in Libya before 1944, but in 1946 and 1947 an epidemic of the disease broke out in Tripolitania with 1138 and 2284 cases respectively. No cases of smallpox have been reported since 1948.

PAKISTAN

	<u>1949</u>	<u>1950</u>	<u>1951</u>	<u>1952</u>	<u>1953</u>
Cases :	4807	22452	43620	14589	5063
Deaths:	1472	7588	15411	4420	1426

This table shows the incidence of smallpox in Pakistan in the last five years. The disease occurs mainly in East Bengal, but in general the incidence is certainly high, especially in 1951.

SAUDI ARABIA

Each year during the season of the Mecca Pilgrimage, Saudi Arabia is at risk. During the last five years an outbreak of smallpox occurred in 1949 and lasted until April 1950. A total of 344 cases occurred in Jedda

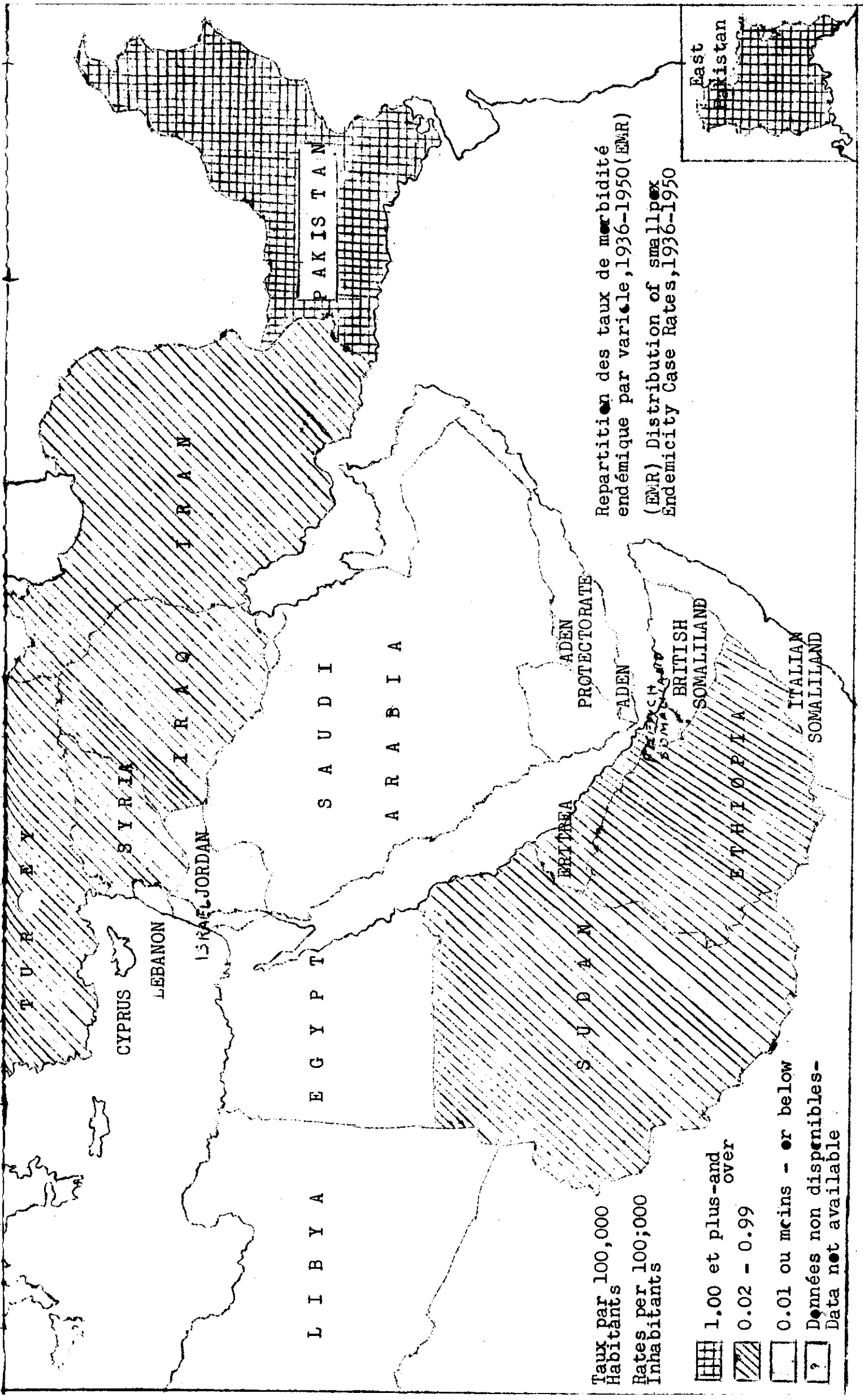
and 218 in Mecca. Smallpox broke out again in Saudi Arabia in February 1953.

Altogether, 164 cases of smallpox were reported during 1953 and only seven cases during the first six months of 1954.

ANGLO-EGYPTIAN SUDAN

Smallpox epidemics are reported every now and then. However, in 1939 and 1940, two epidemics occurred with 553 and 515 cases respectively. Another epidemic broke out in 1947 and 1948 in some provinces in the Anglo-Egyptian Sudan with 807 and 1412 cases respectively. A third and rather big epidemic started in 1952 in the Anglo-Egyptian Sudan. The number of notified cases is still high at the present time:

	1951	1952	1953	first half of 1954
Cases :	164	1250	3548	1786
Deaths:	24	185	528	244



Taux par 100,000
Habitants

Rates per 100,000
Inhabitants

1.00 et plus - and
over

0.02 - 0.99

0.01 ou moins - or below

Données non disponibles -
Data not available

Repartition des taux de morbidité
endémique par variolle, 1936-1950 (EMR)

(EMR) Distribution of smallpox
Endemicity Case Rates, 1936-1950

