INTER-COUNTRY SEMINAR ON
SURVEILLANCE IN SMALLPOX ERADICATION

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INAUGURATION OF THE SEMINAR

For almost six years now, smallpox workers throughout the world have been engaged in a global programme of smallpox eradication. In most parts of the world, the success of their efforts has exceeded the most optimistic expectations. Over the past six years, the number of cases has decreased from an estimated 2.5 million to a total estimated to be less than 200 000. The number of endemic countries has declined from 30 in 1967 to 7 today and in three of the seven, the interruption of transmission is expected within weeks to a few months. Countries which have been successful in this effort include those with the least developed and inadequately staffed health services, the most difficult transport problems, the most problematical communications and populations most resistant to vaccination. No clearer demonstration than this is required to indicate that the concept of eradication is not only a feasible propostion but that, with a firm committment by responsible authorities, it can be accomplished within a comparatively short space of time.

Two years ago, in December 1970, a seminar on smallpox eradication was held in this very room. I said at that time "The question is repeatedly asked as to how such changes could occur so rapidly when, for years, many endemic countries had been conducting mass vaccination programmes with only limited success and even in countries employing good vaccine and obtaining satisfactory coverage, rapid changes such as noted during the past four years have not occurred. The principal difference between present and past efforts is one component - "surveillance". In every country where a concerted effort has been made to investigate promptly and to contain every outbreak - smallpox transmission has been interrupted within two years or less". Many of you will recall at that Seminar that the director of the Indonesian programme presented a provocative paper describing for West Java "that a proper surveillance-containment action brought smallpox under control in a short period while on the contrary, routine vaccination and mass vaccination campaigns had little effect in interrupting smallpox transmission". That year, Indonesia reported 10 000 cases of smallpox, only 20% fewer cases than India. Many at that Seminar took violent exception to the Indonesian director's contention that all available resources

should be diverted to surveillance even at the expense of a vaccination campaign. Who was right? I would ask you to note that the number of cases in Indonesia decreased from 10 000 in 1970 to 2 000 in 1971 and to 34 this year. Despite a continuing active search for cases, none have been found in all of Indonesia for over 8 months. No one in Indonesia will say that smallpox has been eradicated - two years of active search are required before this can be determined - but, clearly, it is on the verge of extinction.

In the past two years the quality and intensity of surveillance activities have developed at a gratifying pace not only in Indonesia but in Ethiopia, Sudan and other countries of Africa, in Pakistan, Afghanistan, Nepal, Bangladesh and in some states of India. With more complete notification, the number of reported cases has actually increased during these past two years.

Progress has been such that this autumn it was decided to inaugurate the final phase of this global programme - the objective being, simply, to reach a nil smallpox incidence within the next 18 months. An optimistic goal? Perhaps. However, last month in a detailed review of programmes in Africa, programme staff considered it entirely reasonable to expect that within 6 months, smallpox on the African continent would be confined to four provinces in Ethiopia with a total population of 7 million - and that by the end of 1973, smallpox would be eradicated from the continent itself.

In Asia, Afghanistan and Nepal both appear to have interrupted transmission or to be on the verge of it. The endemic areas in Pakistan are now rapidly shrinking and the activities in Bangladesh, as you shall hear, are soundly based and gathering momentum. I should be less than candid if I did not express a less optimistic view in respect to progress in India where the reporting system, while improving, lags far behind that in other countries where surveillance activities may be considered reasonably satisfactory in only a comparatively few states and where many, as 10 years ago, continue to focus on widespread vaccination as the only answer to their problems.

I hope in this Seminar that we may together examine our own and common problems and decide on a strategy and pace of action which is consonant with that throughout the rest of the world. For I can say honestly to you that in no other previously or presently endemic region are so many engaged in smallpox eradication; in no other endemic region are health services, transport, and communications so well-developed nor the populations so willing to accept vaccination. The task I believe can be achieved provided the strategy is sound and there is a full commitment on the part of all concerned. From our standpoint, when 1974 arrives we would prefer not to have one or more areas in Asia designated as the smallpox museum for all the world's interested physicians.