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ASSESSMENT OF ACTIVITIES IN PREPARATION FOR THE CERTIFICATION OF SMALLPOX ERADICATION IN ANGOLA

VISIT REPORT

BY

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1. Introduction

In agreement with the recommendation of the consultation on Worldwide Certification of Smallpox Eradication, convened in Geneva, October 11 - 13, 1977, Angola was included in a group of 15 countries for which a formal certification by an international commission would be required.

This certification is anticipated for February of 1979.

For a preliminary assessment of the activities that were being developed in concern with the certification of smallpox eradication, a visit was made to that country in the period of August 18 - 31, 1978.

The Minister of Health, the National Director of Public Health, the Director of the National Department of Epidemiology, and other sanitation authorities at the central, provincial, and municipal levels were contacted. Three provinces and various peripheral services were visited. The existing documentation was examined with the authorities and local representatives of the World Health Organization.

It is appropriate to point out and to express gratitude for the absolute freedom of movement, and of access to data, which was permitted by the Angolan authorities, and appropriate as well to make note of the interest in achieving the present objective which was expressed by the health personnel at all levels.

2. Smallpox Situation in Angola [a]

Smallpox transmission appears to have been interrupted in Angola during the 1950's. Cases occurring during the 1960's (23 cases in 1962; 50 in 1963; 1 in 1964; and 3 in 1966) appear to have originated from introductions from Zaire. Sixty-four of the 77 cases occurred on or near the Zaire border.

[a] Much of the information included in the original visit report has been extracted and used in preparation of the Status Report, 9 November 1978, Document SME/78.18.

From 1968 to 1978 (up until August), no smallpox case or death has been reported.

Despite the absence in Angola of a programme of smallpox eradication, with its own structure and well-defined procedures, vaccination was extensively used in the country at the time of the Portuguese administration. Those for whom vaccination was compulsory included students, workers, and members of the military.

Vaccination remains compulsory today, however, the total number of doses administered has decreased in the last five years, due in part to the problems resulting from the independence wars and the political-administrative reorganization of the country. Thus, in 1973 2 051 969 vaccinations were given, while in 1977 only 348 621 were reported.

The smallpox vaccination is not routinely administered to pre-school children, but was included in the Expanded Programme on Immunization which will begin at the end of 1978 or beginning of 1979.

The vaccination technique is not standardized, although multipuncture with a bifurcated needle predominates. The jet injector was never used. The vaccines presently in use are from Russia and Switzerland. No laboratory in the country has a stock of variola virus.

4. Activities Related to the Certification of the Eradication of Smallpox

During the month of August, 1978, the activities related to the process of certification were only in the initial phase.

The country's preliminary report, elaborated with the participation and collaboration of the WHO epidemiologist in Angola, was understandably incomplete, due to the fact that many of the figures to be used were to be collected at the peripheral levels of the health services.

The pockmark survey, the smallpox rumor survey, and the investigation and collection of laboratory specimens from outbreaks of chickenpox were in the process of being implemented.

Three teams, each with two members, had been formed; they had begun the work in the capital of the country and once finished with the province of Luanda, they would successively visit the remaining provinces. No chronogram of activities had been established and no supervisory scheme had been defined.

The objective was to examine 10 000 people per province.

The collection of laboratory specimens from chickenpox cases was developed in only three provinces. A total of ten samples had been collected and sent to Moscow.

A survey of vaccination scars had been opportunely included in the work.

5. The System of Epidemiological Surveillance

Within the Ministry of Health which is responsible for the formulation and execution of the country's health policy, the national coordination of the programme for the eradication of smallpox is under the charge of the National Department of Epidemiology. This coordination is exercised side by side with activities for endemic disease control, activities concerning the environment, administration of public health laboratories, and special programmes. There is no special coordinator for the smallpox programme.

Suspected cases of smallpox, cholera, yellow fever, epidemic typhoid, recurrent fever, and rabies are registered at the provincial and central level by the most rapid means. There is no "nil" reporting.

Registered cases are generally investigated. This investigation is carried out by personnel of the provincial level or by personnel of the central level, who are also charged with the adoption of measures of prevention or control, when indicated. This without a doubt represents a positive element of the system.

It was verified, however, that the non-adoption of a common methodology for the investigation of the cases has resulted in the loss of an important part of the information.

In addition, insufficient coordination and communication between the various levels of the system of surveillance were identified, especially between the provincial and central levels, as well as a deficiency in the stardardization of the system's functioning.

That fact can explain the existence of registered cases of suspected smallpox, with incomplete documentation, at the central level, although the complementary data is available at the more peripheral levels.

There are 144 reporting units in the country, which report the occurrence of cases of the illnesses cited above immediately and register other illnesses monthly, at the central and regional levels.

A survey of the regularity of the monthly reporting indicated that there is a wide variation: from 78% of the reports sent in the province of Bie to 7% in the province of Uige.

Further details of case listing and regularity of reporting should be presented in the "Country Report", since the situation will only be well known after the visits to the provinces by the survey teams.

Chickenpox cases and deaths have not been registered in a systematic manner since 1977. This fault which originated from a printing error in a circular about disease notification is being corrected.

6. Comments

Difficulties are being encountered in the operation of the country's system of epidemiological surveillance, as a natural result of the phase of technical-administrative restructuring through which the health services are passing. The epidemiological surveys and the collection of laboratory specimens of chickenpox, therefore, assume a greater importance, especially in the big cities, refugee camps, and other human conglomerations, including groups of nomads. In order to obtain an adequate profile of the situation in the country as outlined in the programme's proposals, the remote areas should also be included. According to the country's authorities, no area nor region can be definitely considered inaccessible.

The interest demonstrated by the Angolan authorities suggests that the proposed activities and those to follow, will be executed. Nevertheless, a more perfect evaluation of the situation of the programme for the eradication of smallpox will only be possible after consideration of the final "Country Report" and, particularly the results of the ongoing surveys.

7. Recommendations and Suggestions

Considering the facts mentioned above, and the anticipated date for the International Commission's visit, a series of recommendations of a general nature were made to the Minister of Health and the WHO. These recommendations were as follows:

(a) The designation of a technician at the level of the Department of Epidemiology, responsible for directing, coordinating, supervising, and evaluating the activities related to the certification of the eradication of smallpox, would be advisable.

(b) It would also be advisable if logistic support mechanisms were established, these being sufficiently flexible so as to permit the administrative difficulties now existing to be remedied, especially concerning the transportation of the survey teams and the supervisory teams which may be formed.

(c) The responsible technician, together with the other members of the team, should define the strategy most appropriate to the country's characteristics, in order to:

(1) make the present system of epidemiological surveillance more dynamic, elaborating or updating forms and instructions relative to the registration and investigation of cases, and the measures of containment;

(2) monitor the relations between registration posts and control the regularity of their functioning. This information system, with the necessary adjustments, will be able to serve as a base for the system that should be developed by the Expanded Programme on Immunization;

(3) extend the coverage of the surveys of smallpox facial pockmarks and other special investigations in such a way that a minimum of 20% of the country's total population is reached. For this, a greater emphasis must be given to the large poles of population attraction, including the capitals of provinces, municipalities and refugee camps. Other priority areas defined by WHO should be maintained in the surveys, such as the locations where the latest cases of smallpox and the latest suspected cases and deaths due to chickenpox occurred, and remote areas or borders;

(4) elaborate a chronogram of activities and establish a scheme for the supervision of the teams which carry out the surveys. It would be advisable to study the possibility of using the present members working on the surveys to train local personnel at the province level. The activities related to certification of smallpox eradication and other field activities involving staff at the provincial level could thus be integrated;

(5) build up the Health Services' capacity to investigate the reported cases and, study the possibility of soliciting the collaboration of other organizations in the smallpox programme activities particularly in reference to locating cases which might have occurred recently or in the last two years;

(6) stimulate the collection and forwarding of specimens from chickenpox cases in the provinces that did not send them or sent them in an insufficient number up until now. Priority should be given to the collection of specimens in cases of chickenpox without vaccination scars, and in hospitalized cases of chickenpox, but specimens should be collected from every outbreak of chickenpox, independent of the occurrence of deaths. It would be advisable for this collection of specimens to proceed even after the conclusion of the other surveys.

(7) collect figures pertinent to the final elaboration of the "Country Report", to provide the basic data to permit a minimal understanding of the country's administrative structure, the distribution of the population, the existence of areas which are inaccessible for geographic, climatic, or other reasons, the sanitation structure, the system of surveillance, and vaccination activities. If possible, the presentation of the above elements and of others would be advisable in the form of tables, graphs, organization charts, and maps;

(8) assemble and organize the existing documentation, and that which might be obtained, for study and final evaluation by members of the International Commission for the Certification of the Eradication of Smallpox in Angola.

The suggestions made at the technical level were basically directed to the elaboration of a chronogram of operations which would permit the presentation of the "Country Report", as well as the conclusion of the surveys, if possible, at the meeting in Geneva on December 4 - 8, 1978.

In relation to the country report, the time limit of October 1st was established for its conclusion. In relation to the surveys, the following dates were defined:

September 15 - 30	Training of personnel at provincial level
October 1 - 31	Simultaneous realization of the surveys in all provinces
November 1 - 15	Tabling and evaluation of the results
November 15 - 30	Elaboration of final report