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PROBLEM OF TRIBAL MOVEMENT
IN
MAINTENANCE SMALLPOX VACCINATION

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A Maintenance vaccination is a very important and crucial stage of smallpox eradication activity. It is a direct, immediate and logical continuation of an attack phase.

Therefore, the preparation and realization of the attack phase has to be closely connected with preparing of maintenance vaccination.

Difficulties and obstacles which are in store for maintenance vaccination come to light already during the preparatory and attack phase. Some of these difficulties can be solved beforehand.

The significant obstacle is tribal movement. Our experience of a preparation of the vaccination campaign among nomads has shown that a complete notion of local conditions in each region and natural zone is very much desirable, because dates, periods, courses of tribal movement depend on rains, sources of water, pastures, and traditions. These features are different in various regions and zones. Considering that main principle several trips were undertaken to different regions of that country and the notions were formed regarding mentioned questions as a result.

Other results of those trips were scar surveillance among aborigens, instruction of a local medical station's personnel, direct contacts with local authorities, giving them ideas about forthcoming vaccination, discussion of many problems regarding questions of organization of an attack phase and maintenance vaccination.

Good and large propaganda must precede the vaccination activity.^u A Radio is the best for that because newspapers cannot reach nomads but some of them have radio-receivers and any news spreads among people leading a nomadic life very quickly.

. A Radio is very useful for realization of a direct propaganda to that district where teams are working that moment. Such direct radio information must try to suggest repeatedly that vaccination is necessary, harmless and painless. Those radio transmissions must give detailed information about places where teams will work and their time-tables. That information must be broadcast more than once and also have to be duplicated by messengers from heads of nomads tribes or local administration to notify to some nomad families which may be situated out of any roads at that time.

A work of teams is mobile of course, but it is impossible to approach each nomad family camp mainly because it is very difficult to know where they are at the present.

A collection of such nomads in any pre-arranged places is more feasible, a nearby village, well-known water reservoirs, wells or a good situated camp may be fixed as point of collection.

Most of nomads, who have never met any medical personnel, appeal to members of teams for medical aid and ask some drugs. It is very much desirable to have a quantity of simple drugs and dressing material to help nomads and to obtain good public response as a result.

Success of work among nomads depends on direct propaganda which must be carried out by members of teams at each place. A film show is the best method for that propaganda. We have our own colour slides films demonstrating how that disease spreads and how people can be protected. That film gives notion about simple preventive measures and some ideas regarding forthcoming maintenance vaccination. This last principle is of great significance because it prepares nomads for maintenance vaccination which will be carried out by local medical net-work.

Medical service in remote places especially in areas where nomads are living will face difficulties to collect newborns, immigrants, and other unvaccinated people who were missed during mass campaigns.

Nomads who have never seen films will be deeply impressed by Smallpox colour slides show, and will remember some of its principal pictures for a long time. Therefore, they will relatively be ready for maintenance vaccination.

Some other measures have to be taken already during the preparatory phase and mass campaign in order to make maintenance vaccination easy. By means of negotiations with local authorities and heads of tribes, it is possible to reach an understanding to select quick-witted and capable persons from different groups of nomads for a special brief training.

Those people after completing the course will continue to stay with their tribes, but will be responsible for newborns and other unvaccinated people among their tribes.

They will count unvaccinated people who may have been missed during the mass campaign, and will convince them that vaccination is necessary. They will keep up contact with the nearest medical station or local administration. On any appointed day which will be convenient for nomads, they will collect unvaccinated people for vaccination which must be done by the personnel of the nearest medical station, dispensary or hospital.

They will report about suspected cases and carry out first and urgent prophylactic measures which first include timely isolation. Perhaps those selected people will be able to have elementary medical knowledge at their fingertips during the course.

In that case they will be able to render other services, such as first aid care to the nomads in need of it, if medical stations provide dressing material and some medicines. In order to improve the realization of maintenance vaccination and to begin real preventive work among nomads it is necessary to establish well-equipped mobile medical teams.

Those teams will conduct a sanitarian propaganda, reveal cases of infectious diseases, organize specific treatment of patients who are affected by infectious illness and carry out vaccinations against it. The establishment of those teams will be a step to development of a modern prophylactic medical service.⁴