WORLD HEALTH ORGANIZATION
REGIONAL OFFICE
FOR THE EASTERN MEDITERRANEAN

ORGANISATION MONDIALE DE LA SANTE
BUREAU REGIONAL
POUR LA MEDITERRANEE ORIENTALE

SEMINAR ON SMALLPOX ERADICATION
Dacca, 29 October - 5 November 1969

EM/SEM.SE/39
ENGLISH ONLY

REGIONAL CO-ORDINATION FOR SMALLPOX ERADICATION IN THE EASTERN MEDITERRANEAN REGION

by

E. Shafa, M. D.*

*Regional Adviser on Smallpox Eradication, World Health Organization, Eastern Mediterranean

EMRO/69/1188

The terminology of "regional co-ordination" has been familiar to the ear for quite some time, but so far very little has been achieved for its practical execution.

As for smallpox eradication in this Region, much emphasis has been stressed to develop regional co-ordinated activities; success has been achieved in some, others need more co-operation from member states; still, further activities have been suggested, the implementation of which would bring member countries closer together, thus ensuring the successful implementation of a common goal which is no longer a one-country problem but a regional one.

The terms of "regional co-ordination" could be summed up as follows:

1. Inter-Country Co-ordination Meetings

Endemic areas should co-ordinate their eradication activities with other neighbouring countries so that chances of the spread of the disease along border lines, due to uncontrolled population movement, be minimal. Furthermore, smallpox free countries bordering endemic countries should try to raise the immunity level of the population residing along border areas and intensify surveillance activities. This could be achieved to a certain extent through special inter-country co-ordination meetings. Iran and Pakistan have already started their co-ordination activities with respect to smallpox.

A recent meeting sponsored by the Regional Co-operation for Development (RCD) on Quarantinable Diseases, was held in Teheran. In this meeting, the establishment of a permanent joint committee on health was considered essential to assess the promotion and co-ordination of control activities. Free exchange of statistical, technical and scientific information, as well as exchange of medical personnel specializing in the various related fields of smallpox were emphasized. Furthermore, the establishment of a joint health board in Quetta (Pakistan) and Zahedan (Iran) was considered useful to cope with health activities in the contiguous border areas between Iran and Pakistan.

Saudi Arabia, the Yemen Arab Republic and the People's Republic of Southern Yemen are already benefitting from a co-ordinated programme as all three countries have started their smallpox eradication activities at the same time.

Co-ordination activities in this respect between some of the African countries of the Region, namely Ethiopia, Somalia and Sudan have not yet materialized due to the delay in the implementation of a smallpox eradication programme in Ethiopia, but there are hopes that this would materialize within the next year.

On the other hand, EMRO and SEARO have tried to co-ordinate such activities between East Pakistan and India. The first year of the attack phase of smallpox eradication in East Pakistan is in fact taking place in the districts bordering the eastern part of India.

Further plans are being made for border meetings between neighbouring countries of the Region where indicated in future.

2. Regional Epidemiological Assistance

To cope with possible outbreaks in countries of the Region, where WHO assistance is required the services of a "pool" of experts i,e. epidemiologists, clinicians, laboratory technicians, from countries within the Region, well acquainted with the various aspects of smallpox, should be made available to offer their assistance immediately in the event of smallpox outbreaks calling for urgent action.

Unfortunately, this is not always easy and very frequently, valuable time is lost before the required expert can reach the affected area. The formalities of choosing a suitable and qualified expert of immediate availability, his secondment from his government, and his clearance from the host government, are normally time consuming.

To cope with this problem and reduce the unnecessary waste of time, it is proposed that the names of various qualified experts be communicated to the Regional Office who in turn would take administrative steps immediately concerning secondment from the government concerned and advance clearance of the host government concerned and thus be in a position to assign the expert requested in no time.

To this effect experts in the countries of the Region will be contacted upon their willingness and the immediate release from their governments will be obtained. A list of the available experts together with their personal history forms will be provided to the countries which have expressed their willingness to receive assistance and thus advance clearance may be obtained.

3. Vaccine Production

Vaccine production in the Region could also be co-ordinated effectively. It does not seem wise, on account of the expenditure and trained manpower involved, especially for the less populated countries of the Region with economic problems, to establish their own laboratories and produce a poor quality of vaccine.

To-day ten laboratories exist in this Region which are producing a total of about 100 million doses per year, over half of which is glycerinated wet vaccine. A further million dose is normally purchased directly by a few countries from outside sources; another thirteen million doses are donated either by WHO or by bilateral assistance.

Most of the vaccine produced in this Region does not meet WHO standards as regards their potency or stability. Much of the available vaccine is also wasted as the amount exceeds total actual requirements of the Region. In 1968, about sixty-five million vaccinations were recorded only.

In the Region the real need of vaccine can be easily reduced provided bifurcated needles are employed everywhere. If we calculate on the basis of the number of vaccinations to be performed every year, even if we aim at 100 million vaccinations per year, which cover about two-thirds of the population of this Region, our need would be 250 000 ml of re-constituted freeze-dried vaccine (this corresponds to 1/4 of what is being produced at present).

Otherwise, if we calculate from the operational point of view in supplying one vial of 1/4 ml fill per vaccinator per day, the need would be 500 000 ml or two million vials only. This calculation is based on

the availability of 10 000 full-time vaccinators working an average of 200 days per year in all countries of the Region, which is a reasonable estimate.

It should not be thought unconceivable, that only one or two laboratories in the Region could cope in producing this volume of potent and stable vaccine, by using the most up-to-date methods, and making it available to other countries of the Region, on the free market or by other arrangements, until such time when all laboratories of the Region are able to produce their own vaccine meeting WHO standards.

4. Laboratory Diagnosis

Laboratory diagnosis for suspected cases of smallpox could be co-ordinated easily. Instead of having a poor equipped laboratory in each country of the Region, two or three laboratories staffed with qualified technicians and equipped with most up-to-date facilities, could be established to carry out the needs of all the countries within the Region. This has gained special importance and as has already been mentioned before, three reference laboratories are planned to be established, one in Cairo, one in Dacca and one in Teheran. It is hoped that this system will work out effectively.

5. Clinical Diagnosis

Cases of smallpox are decreasing and the chances for future medical officers in smallpox free countries of the Region to be able to diagnose clinical cases are becoming scarce. On the other hand, there are still endemic areas and the danger of imported sporadic cases to smallpox-free countries exists. With this danger in mind, clinical diagnosis is becoming a major concern. To cope with this problem, as part of a regional co-ordination, exchange of teaching professors in the field of communicable diseases or arrangements for their visits to endemic areas where smallpox exists could be considered. Such requests from governments will be given favourable consideration, subject to availability of funds.

6. Notification of Cases

Immediate notification of cases to WHO and to other neighbouring countries would be of great value for immediate preventive and control measures. This has been overlooked on many occasions, but perhaps now within the context of the global smallpox eradication programme, it would be advisable for countries to make a revision of their policies and report immediately all cases even the suspected ones with no hesitation. Suppressing these reports would no doubt confuse the true picture of smallpox situation in the Region. It is hoped that with some efforts this system may work satisfactorily.

7. Reporting Number of Vaccinations

The number of vaccinations performed in different provinces of each country with already established breakdowns regarding primary or re-vaccination, should be provided to the Regional Office on a regular basis; this has already been in practice for the last few years, but unfortunately, not all the countries have communicated this information regularly except for Cyprus, Pakistan and the People's Republic of Southern Yemen. This procedure is being re-emphasized and re-activated and the attached form is proposed to be completed and returned every quarter to the Regional Office.

8. Regional Technical Information Pool

A regional technical information pool has already been established in the Regional Office. Copies of up to date information regarding documents on smallpox can be made available upon request.

Apart from the above, some countries where research work is being undertaken, and compilation of data in respect of epidemiological information, tools and techniques of vaccination, vaccine production, diagnosis and treatment of the disease as well as preparation of technical documents, could or should send this information to the Regional Office for a wider distribution and dissemination, to other member countries and interested bodies. Should there be any technical queries in this regard the Regional office is ready to be contacted for clarification purposes.

To: WORLD HEALTH ORGANIZATION
Regional Office
for the Eastern Mediterranean
P.O.B. 1517 - Alexandria, U.A.R.

Country

Attention: SE

SMALLPOX VACCINATION

NATIONAL QUARTERLY REPORT

Vaccination performed during 3-month period from _____ to _____

Province or geographical sub-division	Estimated Population in 1000	Total Vaccinations	No. of Primary Vaccinations	No. of Revaccinations
T o t a l				

Note: 1. Quarterly summaries requested for periods I January-February-March - II April-May-June - III July-August-September - IV October-November-December.

2. Please send two copies to WHO Regional Office.

3. The form should be sent 15 days after close of reporting period whether or not information is complete.

4. If the detail of primary vaccination and re-vaccinations or separate geographical sub-division is not available please send the totals.