

*directing council*



PAN AMERICAN  
HEALTH  
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XXIV Meeting

*regional committee*

WORLD  
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SMALLPOX VACCINATION REQUIREMENTS FOR INTERNATIONAL TRAVELERS IN THE AMERICAS

The policy of vaccination of international travelers against smallpox began when smallpox was widespread in many areas of the world and many national programs to control the disease were ineffective. At the start of the WHO Smallpox Eradication Program in 1966, 43 countries reported smallpox and 28 countries were considered endemic for the disease. The last endemic case of smallpox in the Americas was reported from Brazil in April 1971, and it was declared eradicated from the Americas by the Directing Council at its XXII Meeting on 16 October 1973. By 31 March 1976, smallpox transmission continued only in rural areas of Ethiopia. During the previous 12 months imported cases of smallpox were limited to the Somali Republic, Afars and Isseas. All of these cases originated in Ethiopia.

Routine smallpox vaccination of children and adults has a low, but definite, risk of complications. The major complications are post-vaccinial encephalitis, vaccinia necrosum, eczema vaccination, generalized vaccinia and accidental infection with the vaccine virus. The risk of death from all complications is approximately 1.0 per million for primary vaccinees and 0.1 for vaccinees of all ages. The combined rate of post-vaccinial encephalitis and vaccinia necrosum approximates 3.8 per million for primary vaccinees of all ages, as compared to 0.7 for revaccinees of all ages. Reported rates for all complications are higher for infants and children under 12 years of age.

The probability of importation of smallpox into the Americas depends on three factors:

- i) the number of travelers from endemic countries to the Americas;
- ii) the immunity status of travelers; and
- iii) the incidence of smallpox in endemic countries.

At the present time the number of travelers from Ethiopia to the Americas is small and the majority are vaccinated against smallpox. In addition, reported cases from Ethiopia were less than 4,000 in 1975, and there were only 536 cases up to 30 April 1976. Experience in Europe since 1951 with imported cases has demonstrated that smallpox is not the highly contagious disease it was once thought to be and that aggressive control procedures combined with vaccination of health personnel substantially reduce the number of secondary cases and generations of cases.

On 29 June 1976 the Executive Committee approved the following recommendations on the termination of compulsory smallpox vaccination for international travelers in the Americas:

1. To recommend to the Directing Council that it urge Member Countries to terminate routine smallpox vaccination requirements for international travelers within the Americas.
2. To recommend to the Directing Council in addition that smallpox vaccination requirements for international travelers be retained as a routine practice only for travelers who have been in any part of a country where smallpox is endemic within the previous 14 days.
3. To recommend further to the Directing Council that it urge the Member Governments to review their smallpox vaccination programs with a view to vaccinating only the health service personnel most exposed to risk.