

*executive committee of
the directing council*



PAN AMERICAN
SANITARY
ORGANIZATION

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the regional committee*

WORLD
HEALTH
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16th Meeting
Washington, D. C.
21-30 April 1952

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Topic 5: PROGRESS REPORT OF THE DIRECTOR ON THE ACTIVITIES OF THE PAN AMERICAN SANITARY BUREAU

Note

At the V Meeting of the Directing Council (1951) the Director presented a provisional report covering the period 1 January - 30 June 1951 (Document CD5/18). The Annual Report of the Director covering the full year 1951 will be presented to the VI Meeting of the Directing Council for review, pursuant to Article 8, paragraph C of the Constitution of the Pan American Sanitary Organization. In the meantime, the Director wishes to keep the Executive Committee informed on the activities of the Bureau since the last meeting of the Directing Council, and to this end will present an oral progress report at the first plenary session of the Committee. The remarks of the Director on that occasion will be recorded and transcribed for reproduction and distribution as a Committee document.

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Topic 5: PROGRESS REPORT OF THE DIRECTOR ON THE ACTIVITIES
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No attempt will be made at this time to repeat the mass of detailed information already available to the Executive Committee in the monthly reports of the Bureau. Rather, shall I limit my comments to certain points of special interest at this time.

It is a pleasure to report a record in the payment of quotas by Member States, with an excellent resultant financial position of the Bureau. Since the 13th Meeting of the Executive Committee last year, at which special emphasis was made on collections, receipts have equalled its amount budgeted for 1952.

A total of \$50,000 was paid to the Rockefeller and Kellogg Foundations as the first payment on the loans for the purchase of the present headquarters.

Important changes in the leadership of the Bureau have included the resignation of Dr. Paulo Antunes, the Assistant Director, who returned to Brazil as Director of the School of Hygiene in São Paulo. Due to his early return, Dr. Victor A. Sutter, from the World Health Organization, spent a couple of months in Washington as Acting Assistant Director. Dr. M. G. Candau, whom all of you know, has left the World Health Organization and joined the Pan American Sanitary Bureau as Assistant Director, subject to the approval of the Executive Committee at this Meeting.

Dr. Myron Wegman, Professor of Pediatrics at the University of Louisiana, has accepted the position of Chief of the Division of Education and Training. This post has been difficult to fill requiring, as it does, a person versed in both public health and medical education. Dr. Wegman will assume his duties on June 1.

The Bureau now has Zone Offices in Guatemala, Lima, Rio de Janeiro and Buenos Aires. Negotiations are progressing with Mexico for a Zone Office there. As the Zone Offices become more experienced, decentralization will be carried further than is now possible. The Zone Offices make for easier administration through closer contact with the health administrations of the Member States.

In January of this year the Director attended the Ninth Meeting of the Executive Board of the World Health Organization in Geneva. With its six Regions now officially organized, the World Health Organization has achieved a formal decentralization more rapidly than has the Bureau.

From Geneva, the Director went directly to Brazil and to Colombia because of developments relating to the yellow fever laboratories. With the withdrawal of the Rockefeller Foundation from collaboration in the study and control of yellow fever, the responsibility for coordinating activities in this field has fallen to the Bureau. Certain difficulties in maintaining adequate production of vaccine and facilities for yellow fever research have been encountered in both Brazil and Colombia, where the only laboratories in Latin America manufacturing yellow fever vaccine and offering required pathological and immunological services, are located. The Bureau recognizes the need for the continued operation of these two laboratories at a high level of efficiency if the other nations of the Americas are to avoid the expense of providing additional facilities. Through working agreements with the National Yellow Fever Service and with the Oswaldo Cruz Institute in Brazil and with the Ministry of Health and the Carlos Finlay Institute in Bogotá, the Bureau is collaborating in the production and distribution of yellow fever vaccine to the countries of Latin America.

In Brazil, the Director of the National Yellow Fever Service has insisted that the Yellow Fever Service should have its own laboratory rather than continue to be dependent upon the operation of the laboratory of the Oswaldo Cruz Institute. A site has been donated by the City of Rio de Janeiro for such a laboratory and when the time comes, the Bureau will probably aid in equipping this laboratory which will be of service to various Member States.

Dr. Henrique Penna of Brazil, who has been working with yellow fever virus since 1928 and has been in charge of the manufacture of vaccine in Brazil for many years, accompanied the Director to Colombia and inspected the vaccine manufacturing facilities of the Carlos Finlay Institute. Dr. Penna recommended the introduction of modified techniques which have permitted a ten-fold increase in the titer of yellow fever vaccine made in Brazil in recent years. Such changes can be made at a cost less than that needed for increasing the space of the present laboratory which would be needed to increase vaccine production with present methods.

In order to better fulfill its international responsibilities, the President of Colombia and the Minister of Health agreed last year to give the Carlos Finlay Institute a semiautonomous position under a Board of Control consisting of the Minister of Health, the Director of the Institute and the Director of the Pan American Sanitary Bureau. The first meeting of the Board was held

in February last, and another is scheduled for June of this year. The first was a successful meeting which resulted in complete agreement on budget, expenditures and program.

It is believed that the two laboratories in Brazil and Colombia will be adequate for the production of yellow fever vaccine and the special services needed by all of the Latin American States.

Yellow fever has continued to be active and interesting during the past six months. A brief summary of the situation during the past four years, for the benefit of those who did not attend the last meeting of the Directing Council, is given. In November and December, 1948, the first cases to be observed in Panama in several decades were reported east of the Canal Zone. During 1949, 1950 and 1951, occasional cases were found, with an apparent movement along the Caribbean Coast towards the Costa Rican border. In June of last year, yellow fever was found in Costa Rica itself, and a progressive series of cases, involving at least 150 persons, moving towards the border of Nicaragua, occurred during the next four months. Finally, in October, a case was found on the Pacific slope of the mountains. Assuming that it was a moving infection wave, one cannot avoid considering the possibility that the virus crossed over the divide from the Caribbean to the Pacific slope in Costa Rica at some central point and was then ready to spread in every direction. In support of this hypothesis is the appearance of cases early in 1952 both northwest and southeast of the October case on the Pacific slope and the occurrence of a single case in the Republic of Panama close to the Pacific frontier of these two nations.

No evidence of activity of the yellow fever virus in the countries between Costa Rica and Mexico where immune monkeys were found last year has yet appeared, but there has been no let-up in vaccination and in measures for the eradication of Aedes aegypti.

In Brazil, the important 1951-1952 outbreak of jungle yellow fever is most interesting in the light of previous observations in the same region. In 1934 yellow fever appeared at Coronel Ponce, Matto Grosso, and in 1935, in southern Goiaz, after which from 1936 to 1940, most of the forested areas of southern Brazil were invaded. After an absence of four years from the entire region, yellow fever reappeared at Coronel Ponce in 1944 and spread to southern Goiaz in 1945 as it had in 1935. But this invasion died out almost entirely and the rest of south Brazil escaped in the following years except for a single case recorded in Matto Grosso close to the Paraguayan border in 1946 and another in Rio Grande do Sul in 1948.

In 1951, after a period of complete calm, jungle yellow fever reappeared in southern Goiás in areas previously invaded in 1935 and 1945. In 1952, the infection wave did not halt as in 1946, but invaded southern Matto Grosso, Minas Gerais, São Paulo and Paraná. Brazil can probably look forward to seeing the disease spreading widely during the next few years as it did in the late 1930's. The occurrence of this outbreak emphasizes once more the importance of the eradication of Aedes aegypti from the Americas.

The attention of the Executive Committee should be called to the fact that greater ease in the coordination of the activities of various organizations interested in international health is being found. A single example will suffice. In 1949, difficulties were encountered in getting the special service responsible for the control of malaria interested in the eradication of Aedes aegypti, and the creation of a single anti-mosquito campaign for the country. Recently, with the collaboration of UNICEF, it has been possible to develop an organization for a general insect control service which is responsible for the control of malaria and for the eradication of Aedes aegypti. This general insect service is administered by the Cooperative Service of the Institute of Inter-American Affairs and the Government of Colombia, with technical orientation given by the Pan American Sanitary Bureau.

With further reference to yellow fever, the Bureau has been advised that Costa Rica is making a voluntary contribution of \$3500 to the operating fund of the Carlos Finlay Institute as a token of appreciation for the services it has received. This contribution equals approximately the annual contribution of Costa Rica to the budget of the Pan American Sanitary Bureau.

After the trip to South America, the Director attended the Tenth Meeting of the Mexico-United States Border Public Health Association. This ten year old Association is interesting as the possible prototype of border or zone associations which may be developed elsewhere in the Americas.

The 2,000-mile border between Mexico and the United States has many health problems common to both neighboring countries. In 1941-1942, the Pan American Sanitary Bureau began to work for the coordination of health work on the two sides of the border and took an active part in the development of the Border Public Health Association. The Association is semi-official in that the Board of Trustees is composed of delegates of the National Governments of Mexico and of the United States, of the

Border states of the two countries and the Director of the Pan American Sanitary Bureau. On the other hand membership is voluntary with an annual membership fee and the officers and Council of the Association are elected by the members.

The 1952 meeting of the Association was well attended by representative groups from both countries. Dr. Morones, previously a member of the Committee, is now Governor of the State of Nuevo León and dispensed over-generous hospitality. But apart from the usual hospitality, I was greatly impressed at this meeting, as I have been at others, by the degree of personal friendship that has developed over the years as the American workers and the Mexican workers have come together in these meetings.

The surprise at this meeting, and the development which has led to the discussion of this Association before the Executive Committee, was the announcement of the Secretary of the Association that applications for membership had been received from, and that membership cards had been issued to twenty-two Cubans who had paid their dues as members of the Mexico-United States Border Public Health Association.

The fact that a number of Cubans have shown a desire to be in this Association raises once more the possibility of the Pan American Sanitary Bureau taking the lead in the development of local zone or frontier organizations of this kind in other areas.

While in Mexico, the Director was pleased to learn that there have been no reported cases of smallpox for a year. Smallpox is one of the problems which has been written into the program of the Bureau and we are glad to make reports such as the one above. The Government of Mexico is to be congratulated on the success of its vaccination program, but if this hard-won freedom from smallpox is to be maintained, it is necessary that the program for vaccination be set up on a permanent budget basis.

Studies have been made in Peru with dry smallpox vaccine, which has been mentioned in a previous meeting of the Committee. When the dry vaccine and the glycerinated vaccine were exposed to the local climate without refrigeration for 31 days and were then tested in the field with some 9000 people, it was found that the glycerinated vaccine gave 35-1/2% of takes, whereas the dry vaccine gave 92% of takes. There is apparently a very important improvement to be made in the preparation and distribution of vaccine for use at isolated points in the tropics.

The program for the eradication of yaws in Haiti has undergone a fundamental change in administrative procedure since last October. During the first year of operation, treatments were given to those people who came to previously announced treatment centers which were established temporarily at points not far distant from most of the rural population. An analysis of results gotten by this method showed that approximately 70% of the population could be reached, whereby a pilot test showed that about 95% could be reached when house to house visits were made. Since October the house to house method has been developed with careful checking of results and excellent progress is now being reported. During February, over 50,000 were treated and under the new agreement which has just been signed with the Government of Haiti, funds will be available for almost doubling the field staff.

Field observations and test groups both indicate that the treatment dosage initially chosen for use in Haiti of 600,000 units of penicillin, is adequate to render practically all cases of yaws non-infectious. Larger doses are being used in other parts of the world in anti-yaws campaigns under the auspices of the World Health Organization and UNICEF, but there is no convincing evidence to justify increasing the dosage in Haiti for a program which has as its objective the eventual prevention of all transmission.

The Summary Report of the Bureau on March 15 showed that 82 programs and projects are underway in the Americas. Many of these are related to communicable diseases, yellow fever, plague, typhus, smallpox, diphtheria, pertussis, onchocerciasis, schistosomiasis, poliomyelitis and hookworm disease.

The Bureau is always under pressure from health authorities to get information on new developments in the field of medicine, such as Krebiozin and Isonicotinic acid Hydrazide, being used for tuberculosis. The Bureau has recently put out a special bulletin on this latest development in the therapy of tuberculosis and has arranged for a small supply for field testing.

There is an improved presentation of the budget material this year. Comments from the Members of the Executive Committee suggesting further improvement will be welcomed. The Director proposes that the budget document should go to the Directing Council with the Committee's recommendations rather than prepare an entirely new document.

The recent demonstration that young mice can be suitable laboratory test animals for the isolation and identification of different strains of virus of foot and mouth disease comes at a time which is most important for the Pan American Aftosa Center in Brazil which is under the administration of the Pan American Sanitary Bureau as a Technical Assistance project of the Organization of American States. The possibility of using mice rather than cattle greatly simplifies the work with aftosa and this development may well mean the difference between success and failure of this project.