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SEVENTH MEETING OF THE EXECUTIVE COMMITTEE
PAN AMERICAN SANITARY ORGANIZATION

Washington, D. C.
May 23-30, 1949

TOPIC XI. PROPOSAL OF THE DIRECTOR OF THE PAN AMERICAN SANITARY
BUREAU REGARDING A PROGRAM FOR COOPERATION OF THE BUREAU
IN THE ERADICATION OF SMALLPOX IN THE AMERICAS

I. BACKGROUND

The general situation with regard to smallpox in the Western Hemisphere has deteriorated in recent years. The official incidence reported in the American Republics, which amounted to some 7,400 cases in 1946, has increased alarmingly to 18,000 cases in 1947 and more than 24,000 in 1948.

The disease has occurred recently in several of the most important cities of the Americas and in many international airports and seaports, constituting a menace not only to the countries where it prevails but also to the neighboring countries and the rest of the world in general. Quarantine regulations fail to provide sufficient protection to prevent the spread of the disease, and outbreaks of imported origin have recently taken place in Chile (1944); Uruguay (1946-47); New York City (March-April 1947); Trinidad (May-June 1948) and Cuba (March 1949).

Preventive measures for combating smallpox are well known and provide excellent results. The disease has a definite incubation period and diagnosis is not difficult. Its mode of transmission is known and the epidemiological work involves no unsurmountable difficulties.

Outstanding as the most effective of the control measures is universal vaccination, carried on with appropriate technique and using vaccine of adequate potency. However, despite the fact that more than 100 years have elapsed since Jenner's discovery, smallpox continues to be a permanent public health problem in several of the American countries, and occurs frequently in others in endemic or epidemic form. Health authorities must give constant attention to smallpox although no cases may have occurred for considerable time in their respective territory or locality.

The prevention of the international spread of communicable disease is one of the principal objectives of the Pan American Sanitary Bureau. With reference to smallpox, previous efforts have been limited to the collection and dissemination of epidemiological information and the promotion of various conferences between the countries interested

in controlling the disease. The Bureau has also supplied vaccine from time to time to countries which have made special requests.

It is absolutely necessary to maintain an intensive and continuous program of vaccination and re-vaccination against smallpox and to obtain a high immunity rate among the entire population of the Americas. In this respect it is the responsibility of the Bureau to more actively stimulate and coordinate the national vaccination programs of the American Republics as the most effective means of eliminating this important cause of death in the Western Hemisphere.

II. RECOMMENDATION

It is proposed that the Executive Committee approve the project for cooperation with the American Republics in carrying out a public health program primarily designed to eradicate smallpox from the Americas, and authorize the Director to approach the countries in relation to this problem, offering them the cooperation of the Pan American Sanitary Bureau.

Such assistance will depend upon the characteristics of the programs that are already being carried out in the different countries and upon the availability of personnel, materials, funds, laboratory facilities, etc.

III. PROGRAM

The program will comprise the following essential points:

1. Collection and dissemination of information regarding the disease.
2. Recommendations and international support to the countries concerned for the enactment of compulsory legislation against smallpox.
3. Development of adequate supplies of effective vaccine and equipment for its preservation.

For this purpose the Director of the Pan American Sanitary Bureau is authorized to conclude agreements with laboratories or bacteriological institutes in the Continent which by their technical prestige and transportation facilities are best fitted to supply vaccine to the neighboring countries. In exchange for this supply, the Bureau will help these laboratories to: (a) improve their capacity of production of efficient vaccine; (b) investigate methods for properly handling and preserving the vaccine; (c) promote the study of the quality of local vaccines; and (d) obtain equipment and technical assistance.

4. Promotion of educational health programs in each of the various

countries for the purpose of ensuring the active cooperation of their inhabitants.

5. Training and organization of technical vaccination teams in each country to execute the program.

6. Conducting of a demonstration program of total vaccination in a selected area or areas of the Hemisphere, for the purpose of studying experimentally the best conditions for transportation, preservation and distribution of the vaccine and the most suitable administrative procedures. This program would be the basis for establishing appropriate methods and procedures to be followed in other regions where the continental program of eradication is carried out.

IV. DEVELOPMENT

It is intended to develop a campaign, in 1950, to eradicate the disease in Bolivia, Colombia, Ecuador and Peru, under a field project with headquarters at the zone office in Lima, Peru.

This continental program against the disease would be supplemented by utilization of the international agreements already in effect in other countries such as Argentina, Bolivia, Brazil, Chile, Paraguay, Peru, Uruguay and Venezuela. The Bureau would act in a coordinating capacity.

In 1950, the international program would also be started in Mexico and the Central American Republics. The work would be continued as required.

In 1951, a survey of results would be made by studies of cross sections of population groups in selected areas to determine immunity indices.

This is a long range program which should be continued until the disease is eradicated from the Americas.

V. FINANCING

In the 1949 budget, approved in Mexico in October 1948, the sum of \$184,337.50 was allocated for field programs for the control of communicable disease (Letter D).

It is recommended that the Pan American Sanitary Bureau allocate the sum of \$100,000 in the 1950 budget for use in activating the smallpox eradication program in the Americas in cooperation with the interested countries.

Prepared by the
Statistical Section
Pan American Sanitary Bureau
May 1949

REVIEW OF THE SMALLPOX SITUATION
IN THE WESTERN HEMISPHERE

The known incidence of smallpox in the countries of the American Continent has increased from about 7,400 cases in 1946 to 18,000 in 1947 and more than 25,000 in 1948.

Many of the principal international ports of America have been infected, among them New York, Buenos Aires, Mexico City, Havana, Guayaquil, Asuncion, Maracaibo, Bogota, Barranquilla, Caracas, La Guaira, La Paz, Rio de Janeiro, Quito, Guatemala, and Lima, and some of these remain infected.

The situation by countries may be summarized as follows:

Argentina. The smallpox figures in Argentina for 1948 (140 cases) are the highest which have been recorded in that country in many years. In July, 1948, cases began to be reported in the City of Buenos Aires.

Bolivia. The disease is present in an endemo-epidemic form. Due to the lack of reports, the current statistical situation is not known, but it is recognized that the mortality figures are considerable, and that the disease is present in several airports of international traffic.

Brazil. The statistics for the State capitals, some of which are international ports, show a sharp and sustained increase beginning in 1944.

Canada. Very few cases of smallpox have been reported in Canada in the last 5 years; no cases in the last 2 years.

Chile. In Chile during the last 10 years only one epidemic outbreak of smallpox has been recorded, in 1944, in a saltpeter mining center (37 cases), but in 1948 sporadic cases have been reported in the Province of Antofagasta.

Colombia. Smallpox began to show an increase in Colombia in 1946, its incidence rising to about 4,000 cases in 1947 and to 6,350 in 1948. Due to the recent creation of the Department of Epidemiology, part of this increase may be due to better reporting. The information received during the current year has been more complete and reveals epidemic conditions in important cities which are ports of international traffic, such as Bogota, Barranquilla, Medellin, and Cartagena.

Costa Rica. The disease is not present.

Cuba. There has been no autochthonous smallpox in Cuba for many years. In March of the current year an imported case was discovered

in Havana which produced a secondary case, but the outbreak was quickly throttled.

Dominican Republic. The disease is not present.

Ecuador. In 1947 the disease appeared in unmistakably epidemic form, with almost 3,000 reported cases, a figure which continued to increase in 1948 to about 3,900 cases. The important seaport city of Guayaquil has undergone an extensive epidemic of alastrim of more than 1,000 cases, and the capital, Quito, one of smallpox with several hundred cases.

El Salvador. The disease is not present.

Guatemala. Smallpox does not appear to constitute a public health problem, but some cases are reported every year.

Haiti. The disease is not present.

Honduras. The disease does not constitute a problem but cases are reported from time to time.

Mexico. The control work carried out in Mexico since 1930 has reduced the incidence and mortality of the disease notably, and it may be said that smallpox no longer represents a problem of magnitude for the public health of Mexico, but, as Mexico is a country of considerable touristic and commercial movement, it suffers with respect to its international traffic.

Nicaragua. Smallpox does not represent a problem but cases are reported from time to time.

Panama. The disease is not present.

Paraguay. The number of cases reported in 1947 (1,047) denotes the existence of an epidemic condition, more than half of the total number of cases having occurred in the capital city and international port of Asuncion. However, during the first 4 months of 1949 only one case has been reported in that city.

Peru. Peru has recently suffered a widespread epidemic. More than 7,000 cases were reported in 1948, the highest figures reported in Peru in many years.

Trinidad. Ordinarily free of smallpox, an epidemic outbreak of alastrim (13 cases) of imported origin occurred in 1948.

United States. In 1930, 48,900 cases of smallpox were reported in the United States; in 1940, about 2,800; in 1947, 173 and in 1948, 65. The observed trend promises total eradication in the near future.

Uruguay. Normally free of smallpox or with only a few sporadic cases, Uruguay suffered an epidemic of smallpox in mid 1945, another in 1946, and a more extensive epidemic of alastrim which began in December of 1946 and produced a total of 452 known cases up to September of 1947. No recent information has been received for Uruguay.

Venezuela. Alastrim has been present in definite epidemic form since 1945, when 1,055 cases were reported. These figures increased to 2,114 cases in the following year and to about 6,000 cases with 110 deaths in 1947. Provisional figures for 1948 show 5,272 cases with 141 deaths. The principal seaport cities have been affected, such as Maracaibo, Ciudad Bolivar, La Guaira, and Puerto Cabello.

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