mediate hemispheric action. It is unacceptable, given the technology presently available, that any child in this hemisphere should suffer paralytic poliomyelitis.

PAHO has therefore proposed a plan of action with the following objectives:

- to promote overall development of the EPI program in the Americas;
- to eradicate indigenous transmission of wild poliovirus in the Americas by 1990; and
- to improve disease surveillance in the Region and at the country level so as to ensure that all suspected cases of polio are immediately investigated and that control measures are rapidly instituted.

The most critical elements needed for the success of this initiative are political commitment by the national governments involved and support by international agencies. PAHO will coordinate the securing of supplemental financial and technical assistance. It is estimated that an additional US$30 million will be needed over the next five years to fund the necessary personnel, laboratory support, improved surveillance and outbreak control, vaccine quality assurance, and cold chain development.

In this regard, it should be noted that intensified surveillance is critical to the success of this initiative and the EPI in general. All suspected cases of poliomyelitis require immediate and thorough investigation. The chain of transmission must be identified, and field investigations (with laboratory support) must be carried out to determine the extent of the outbreak. Within this context, the laboratory support provided for virus isolation and serologic testing in the Region must be strengthened. It is proposed that PAHO convene a meeting of all national EPI managers every six months to review progress in the polio eradication initiative.

Source: Based upon the EPI progress report presented to the 95th Meeting of the PAHO Executive Committee entitled Expanded Program of Immunization in the Americas, PAHO Document CE95/15, 11 April 1985.

WHO SEEKS COORDINATED WORLD ACTION AGAINST ACUTE RESPIRATORY INFECTIONS

In 1976 WHO began a program to reduce the high levels of morbidity and mortality caused by acute respiratory infections (ARI) in developing countries. Before this there had been little coordinated international action against any of these infections, with the exception of influenza. At that time the complexity of ARI etiologies and clinical symptoms, the widespread incidence of these infections in all communities, and the absence of agreed specific treatment guidelines posed major obstacles to any concerted plan of action.

Initiating Research

The first step was to define the size and nature of the ARI problem and to see how knowledge and practices in developed countries could be adapted to needs in other parts of the world *(1)*. In 1979 the World Health Assembly called upon the WHO Member States to promote ARI control programs and to stimulate research. Early field research focused on ARI among children in developing countries where the highest mortality was occurring. Research methods were standardized using rigorously designed epidemiologic, laboratory, and clinical protocols.

WHO assisted in the development of these protocols by having consultants work with local scientists and by holding a series of meetings in Geneva and the WHO Regional Offices on research design and technical methods. These meetings and the published reports resulting from some of them *(2,3,4)* have stimulated interest in ARI and have improved the quality of studies being undertaken. (WHO has promoted and obtained financial support for many of these studies.) Other meetings have focused more on

recommendations for the clinical management of ARI, particularly among infants and children at the primary care level *(2,5)*. Research programs have been operating in every WHO region.

More recent meetings have dealt with management problems, particularly at the primary health care level *(2,6)*. Simplified treatment plans, suitable for use at various levels of care, have been developed but have yet to be translated into practical instructions for health care workers. This important matter was considered in depth at a Geneva meeting in April 1984, and training manuals are now being prepared.

Plans for Action

A WHO Technical Advisory Group on ARI met for the first time in March 1983. The Group reviewed work on ARI up to then and reported that sufficient knowledge was available to initiate active control programs *(6)*. These programs would be phased to take into account the individual needs and resources of each country and would be backed by continuing research, in particular on the causes of ARI and effective delivery of appropriate health care. At present three countries (Brazil, Guatemala, and Panama) are implementing action plans along these lines, and nine more (Argentina, Bolivia, Colombia, Costa Rica, Ecuador, El Salvador, Honduras, Paraguay, and Peru) are preparing them. PAHO and the United Nations Children's Fund (UNICEF) are collaborating with these countries.

In addition, WHO and UNICEF recently issued a joint statement calling for a concerted effort to secure greater commitment to ARI control by governments, health professionals, and administrators *(7)*. This effort, if successful, could significantly lighten the world's ARI burden, particularly that portion of it borne by the world's children, who all too frequently die from preventable and treatable diseases.

References

(1) Miller, D. L. Acute respiratory infections: Short-term interventions and long-term strategies. *WHO Chron* 32:286-290, 1978.

(2) World Health Organization. *Viral Respiratory Diseases*. WHO Technical Report Series, No. 642. Geneva, 1980.

(3) World Health Organization. *Rapid Laboratory Techniques for the Diagnosis of Viral Infections*. WHO Technical Report Series, No. 661. Geneva, 1981.

(4) World Health Organization. Guidelines for research in acute respiratory infections. *WHO Bull* 60:521, 1982.

(5) Pan American Health Organization. Acute Respiratory Infections in Children. PAHO Publication RD21/1. Washington, D.C., 1983.

(6) World Health Organization. A programme for controlling acute respiratory infections in children: Memorandum from a WHO meeting. *WHO Bull* 62:47-58, 1984.

(7) Pan American Health Organization. Joint WHO-UNICEF statement on basic principles for control of acute respiratory infections in children in developing countries. *Bull Pan Am Health Organ* 19(2):200-204, 1985.

Source: David Miller; ARI world-wide, The response of WHO and UNICEF, Coordinating action; *ARI News* 1(1):4, 1985.

© World Health Organization 1985

THE PUBLIC HEALTH SIGNIFICANCE OF ASCARIASIS

Ascariasis, or infection with the large roundworm *Ascaris lumbricoides*, affects millions of people in tropical and subtropical areas. Although the mortality rate for ascariasis appears low, the absolute number of deaths due to ascariasis is high because of the high prevalence of the disease. Morbidity statistics are not well defined, but the high prevalence means that many people are ill and many more are at risk of infection. Children of preschool age, at a