

*directing council*

*regional committee*

PAN AMERICAN  
HEALTH  
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WORLD  
HEALTH  
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XIII Meeting

Washington, D. C.  
October 1961

XIII Meeting

CD13/18 (Eng.)  
31 August 1961  
ORIGINAL: SPANISH

Topic 25: STATUS OF SMALLPOX ERADICATION IN THE AMERICAS

1. Introduction

The XV Pan American Sanitary Conference (San Juan, Puerto Rico, 1958), after detailed study of the problem, declared the eradication of smallpox to be urgently necessary in the countries of the Western Hemisphere and recommended, among other things, the development of nation-wide programs for eradicating this disease wherever it still exists. The Conference further recommended that PAHO/WHO undertake the necessary studies to establish a definition of eradication that would be suitable for world-wide application.

The Fourteenth World Health Assembly (New Delhi, 1961), in Resolution WHA14.40, again urged those countries which have not yet begun their smallpox eradication programs to start them as soon as possible. The text of the resolution appears in Annex I.

The Directing Council of PAHO, at its XII Meeting (Havana, Cuba, 1960), after considering the report on the status of smallpox eradication in the Americas submitted by the Director, expressed its satisfaction with the success achieved by various Member Governments in eradicating smallpox from their territories and with the development of nation-wide campaigns in other countries, which makes it possible to foresee the disappearance of the disease in the not-too-distant future; the Council again urged the Governments of countries where smallpox still exists and where no nation-wide eradication campaigns have been undertaken, to intensify their efforts to implement such programs as soon as possible; recommended that Member Governments give special attention to the maintenance of adequate levels of immunity in the population in order to consolidate the gains already achieved; recommended further that Member Governments provide their public health services with the facilities necessary for the laboratory diagnosis of suspect cases of smallpox, an increasingly important measure as the eradication programs progress, and called to the attention of the Member Governments the importance of the correct application of the special measures concerning smallpox set forth in the International Sanitary Regulations.

Bearing in mind the interest of the Governing Bodies of the Organization in the problem of smallpox and its importance to public health in the Americas, the Director has deemed it advisable to submit the following report to the XIII Meeting of the Directing Council for consideration.

## 2. Definition of smallpox eradication

Pursuant to the mandate of the XV Pan American Sanitary Conference, the Bureau undertook the necessary studies and consultations for establishing a definition of smallpox eradication. So as to arrive at a definition suitable for world-wide application close contact has been maintained with the World Health Organization and, with its concurrence, the following definition of smallpox eradication is submitted to the Directing Council for consideration:

"From a practical viewpoint, countries in which smallpox is endemic may consider the disease eradicated when no new cases of smallpox occur during the three years immediately following the completion of a suitable vaccination campaign.

Although the particular conditions in individual countries may require a change in the manner of conducting the vaccination program, it is generally accepted that the correct vaccination of 80 per cent of each of the sectors of the population, within not more than five years, will result in the disappearance of smallpox.

Countries where smallpox has been eradicated should adopt measures to maintain such eradication through either a permanent immunization program or, in the event of the disease being reintroduced into the country, the combined application of isolation and immunization measures. In countries exposed to the risk of the introduction of smallpox—for example, when the disease is endemic in neighboring countries—it is recommended that an attempt be made to maintain suitable levels of immunity in the population through: (a) the vaccination of all new members of the population; and (b) the periodic revaccination of the population, especially of the more exposed sectors."

In view of increasing international travel, the strict application of the pertinent provisions in the International Sanitary Regulations is recommended as a measure to protect countries free from the disease until such time as smallpox eradication is accomplished throughout the world."

## 3. Extent of the problem

During the last decade and until mid-1961, notification of 74,573 cases of smallpox was received by the Pan American Sanitary Bureau (Table A).

From 1951 onwards the total annual number of cases remained more or less stationary until 1954, when there was a considerable increase; the number fell progressively until 1958, since when it has again been rising.

Fifteen countries reported cases of smallpox in 1951; seven in 1960; and during the eight months of 1961 only five.

With the development of national smallpox vaccination programs, smallpox disappeared or tended rapidly to disappear from areas where it was formerly endemic, and the disease remains only in those countries where no eradication programs have been begun or where they have been interrupted or did not continue to receive the necessary attention.

Table A shows that since 1960 smallpox is concentrated in a small number of countries and that Brazil and Ecuador are the two major foci of the disease in the American Continent.

With the exception of Panama, where 8 cases of smallpox occurred in 1958, no cases of smallpox have occurred in the countries and territories of Central America and the Caribbean Area for the past seven years. Owing to the low number of vaccinations performed in this area, most of the population is susceptible to the disease.

Countries that have successfully concluded their eradication programs should continue to make efforts to maintain the same level of immunity in the population as they achieved during the campaign. In a considerable number of countries this is, unfortunately, not being done, and it has therefore been deemed advisable to call this fact to their attention. It will be necessary to continue to maintain this measure for as long as smallpox foci persist in the Continent, seeing that the relations existing between countries and the present status of transportation and trade, make it perfectly possible for the disease to be exported to countries that have already eliminated it, especially if they are neighboring countries.

#### 4. Present status of the program

The Organization continued to stimulate and assist Member Governments in the planning of smallpox eradication programs through vaccination campaigns that can be incorporated into the general structure of the local health services in due time. In addition, it has provided technical advisory services for the production of smallpox vaccine and furnished equipment for the preparation of dried vaccine. In other instances, the Organization assisted in acquiring vaccine ready for use; provided consultants specialized in conducting immunization campaigns; and awarded fellowships for the training of national personnel. Moreover, Governments have at their disposal the services of an accredited laboratory where the purity and potency of the nationally-produced vaccines can be tested.

The latest information received at the Bureau regarding vaccinations performed during 1960 and the first eight months of 1961 appears in Table B; Table C shows the doses of vaccine produced during 1960 and the first half of 1961.

The following is a summary of the status of the activities developed by the Member Countries:

ARGENTINA

As a result of cooperative measures between the Central Government and the Provincial Governments, a smallpox vaccination campaign intended to cover 80 per cent of the population in 14 provinces was started in 1960. During 1960, the number of vaccinations performed was 1,608,597, and that of smallpox cases notified, 64. In that year, 6,600,000 doses of glycerinated vaccine were produced. During the first half of 1961, 2,337,266 vaccinations were performed and 11,418,100 doses of glycerinated vaccine were produced up to August 1961, four cases of smallpox were reported.

BOLIVIA

The national smallpox vaccination campaign, begun in 1957 and intended to cover 80 per cent of the country's total population, was interrupted in December 1959 for financial reasons, after 2,758,567 persons had been vaccinated. There still remains a number of provinces with a total population of approximately 660,000 to be vaccinated. It is urgently necessary to complete this program.

The dried vaccine production laboratory, for which the Organization furnished the equipment, produced 310,000 doses of that vaccine during 1960 and 315,000 doses during the first half of 1961; 1,376,640 doses of glycerinated vaccine were also produced during the first half of 1961.

Only one case of smallpox was reported during 1960. During the same year 42,603 persons were vaccinated, and during the first half of 1961, 14,202.

BRAZIL

Smallpox is endemic in Brazil, and there are frequent epidemic outbreaks of varying intensity. In 1960, the State capitals reported 2,278 cases; the city of Rio de Janeiro reported 552 cases during the first eight months of 1961.

The Organization provided equipment for the production of dried vaccine to the States of Rio Grande do Sul and Pernambuco. Additional equipment for the same purpose was provided to the Oswaldo Cruz Institute for the expansion of its laboratory. A fellowship to visit scientific centers engaged in the production of dried vaccine was awarded to a medical officer.

A total of 4,910,091 smallpox vaccinations were performed during 1960, and 11,792,304 doses of glycerinated and 889,700 doses of dried vaccine were produced during the same year.

CHILE

The regular immunization program, which includes the vaccination of all babies and immigrants and the revaccination of 20 per cent of the population every five years, is the responsibility of the local public health services. The number of persons vaccinated during 1960 was 1,276,000 and during the first half of 1961, 131,966.

The Institute of Bacteriology, for which the Organization provided additional equipment in 1958, produced 960,000 doses of glycerinated vaccine and 530,000 doses of dried vaccine during 1960. For the first half of 1961 the production of glycerinated vaccine was 700,000 doses and that of dried vaccine 200,000 doses.

COLOMBIA

The national smallpox vaccination campaign, which was begun in October 1955 and intended to cover 80 per cent of the population, is now nearing completion. As of July 1961 the estimated population of Colombia was 14,446,580; of which 11,557,264 persons, therefore, had to be vaccinated. By April 1961 a total of 10,580,118 persons had been vaccinated in the house-to-house campaign. Of the vaccinations performed, 4,259,249 were primovaccinations and the remaining 6,320,869 were revaccinations. The inhabitants of five Departments: La Guajira, Magdalena, Arauca, Meta, Vichada, and Vaupes, still have to be vaccinated. Although population density in these Departments is low, these persons will have to be vaccinated if at least 80 per cent of the inhabitants of each geographical area of the country is to be immunized against smallpox.

The number of smallpox cases reported in 1960 was 209, and in the first eight months of 1961 only 15 cases. These figures clearly show the benefits resulting from the smallpox eradication campaign, especially if it is borne in mind that the program administration has taken the necessary precautions to assure early detection and notification of new cases and that these are subject to careful clinical and epidemiological examinations.

The permanent surveillance activities that should follow the completion of this intensive vaccination campaign still remain to be organized, as do the measures to be used to maintain the same level of immunity in the population as was achieved during the program. This last point is of capital importance to Colombia owing to its proximity to areas where smallpox is still endemic.

The Samper Martínez Institute, for which UNICEF provided laboratory equipment for the preparation of dried vaccine, produced 2,473,240 doses in 1960 and 1,063,312 doses in the first half of 1961.

The Organization assisted the Government of Colombia during this smallpox eradication campaign by providing a permanent consultant with great experience in the organization and development of this type of program, as well as a consultant specialized in the large-scale production of dried vaccine. Fellowships were also awarded to three professional workers to enable them to go abroad to study methods of dried smallpox vaccine production and the organization and development of vaccination campaigns.

#### CUBA

1,360,000 doses of glycerinated vaccine was prepared in 1960 and 699,000 doses during the first half of 1961. The Organization provided laboratory equipment for producing dried vaccine. In the first half of 1961, 129,647 persons were vaccinated.

#### ECUADOR

The number of smallpox cases reported during 1960 was 2,185, and up to 23 August 1961, 310. The smallpox eradication program was begun in 1958 and intended to immunize 80 per cent of the country's inhabitants within not more than 5 years. Up to May 1961 the number of vaccinations performed was 1,573,149, mainly in the Provinces of Guayas, Chimborazo, Loja, Esmeraldas, Pichincha, and El Oro. Many provinces with areas difficult of access and a population scattered in extensive mountainous and coastal areas still remain to be covered.

The development of the campaign has been very irregular, with frequent and prolonged interruptions; personnel performance and the number of vaccinations given is low.

With a view to completing the eradication program within the next two years, the Organization has submitted suggestions to the Government of Ecuador regarding a system of program administration and offered additional technical and material assistance.

A permanent consultant collaborated with the Government in the development of this program.

The Institute of Hygiene prepared 1,055,740 doses of dried vaccine in 1960 and 516,400 doses during the first half of 1961. In the latter period the Institute also prepared 37,148 doses of glycerinated vaccine.

#### HAITI

The vaccination campaign, which was begun in 1957 and

interrupted in 1958, has not been resumed. In 1960 the number of persons vaccinated was 441, and during the first half of 1961, 1,247.

#### MEXICO

There have been no cases of smallpox in Mexico since 1952. The local public health services maintain a high level of immunity in the population by means of regular immunization programs. In 1960, the number of persons vaccinated was 3,637,344 and in the first half of 1961, 4,052,288. The Organization provided equipment for the large-scale production of dried vaccine.

#### PARAGUAY

A program to vaccinate at least 80 per cent of the country's population within three years was started in September 1957. By February 1960, when 1,462,904 persons representing 86.7 per cent of the estimated population as of 30 June 1959 had been vaccinated, the campaign was considered to be completed. Glycerinated vaccine produced in Uruguay was used and the method of vaccinating numerous small population groups was employed during the campaign. The regular public health services were made responsible for the maintenance of suitable immunity levels. In 1960, 122,897 persons were immunized and in the first six months of 1961, 41,734 persons; these figures show that the maintenance work is not being performed as extensively as is necessary.

No case of smallpox was recorded during the second half of 1958 and during the course of 1959. However, 35 cases were reported in 1960 in a group of native nomads which could not be located in the country's jungle areas at the time of the vaccination campaign. No secondary cases occurred, despite the fact that opportunities existed for other persons to become infected; this incident furnishes evidence of the efficacy of the vaccine utilized and of the correctness of the technique used during the campaign. During the first half of 1961, no case of smallpox was reported.

#### PERU

As the result of an eradication campaign begun in October 1950, which covered 87 per cent of the country's population, no case of smallpox has occurred in Peru since December 1954. In 1960, up to October, 884,392 persons were vaccinated, and during the first half of 1961, 473,544 persons. The National Institute of Hygiene produced 1,362,300 doses of dried and 563,465 doses of glycerinated vaccine during 1960; production between January and June 1961 was 1,200,000 doses of dried and 7,311,000 doses of glycerinated vaccine.

URUGUAY

In 1960 the number of smallpox cases recorded was 17. Up to the month of August 1961, Uruguay notified one case of smallpox. The Laboratory of the Municipality of Montevideo produced 1,982,000 doses of glycerinated vaccine and 68,500 doses of dried vaccine in 1960; production during the first half of 1961 was 650,000 doses of glycerinated and 70,000 doses of dried vaccine. The laboratory equipment for the production of dried vaccine was furnished by the Organization.

VENEZUELA

Since 1957, when a smallpox vaccination campaign that covered the entire country was completed, there have been no cases of smallpox in Venezuela. To maintain the results achieved, the production of dried vaccine was increased, for which purpose the Organization provided the necessary equipment. Smallpox vaccination is beginning to be made part of the regular activities of the local public health services, with a view to total integration in the future. In 1960 the number of persons vaccinated was 920,969, and during the first half of 1961, it was 608,148. Smallpox vaccine production was as follows: 3,925,000 doses of glycerinated and 316,000 doses of dried vaccine in 1960; 2,185,000 doses of glycerinated and 281,000 doses of dried vaccine between January and June 1961.

5. Final considerations

All countries in the Americas where smallpox formerly occurred, have been able to eliminate the disease or are on the verge of doing so by means of national vaccination programs carried out in a methodical manner and without interruptions. The only exception are Brazil and Ecuador, where smallpox continues to be endemic and gives rise to a considerable number of cases each year. It would seem self-evident that there is an urgent need for both these countries to solve their smallpox problem, not only as a local health measure but also as a contribution to other countries of the Hemisphere which, as a result of great efforts, have succeeded in eliminating the disease from their territories.

It would therefore seem indicated to recall that the level of immunity in the population achieved during the eradication campaign must be maintained. Moreover, to facilitate a suitable evaluation of the campaign, it would be advisable for the countries to make provision for the laboratory diagnosis of suspect cases of smallpox, a measure which is increasingly necessary as the eradication campaign progresses.



Table A

## Reported Cases of Smallpox in the Americas, by country,

1951-1961

Area	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961 (*)
Total	9.221	9.301	8.957	11.979	8.348	6.371	5.836	4.343	4.763	4.789	1.382
Argentina	1.404	982	336	256	55	86	335	27	36	64	4
Bolivia	728	432	429	624	372	481	1.310	183	7	1	
Brazil(a)	1.190	1.668	923	1.035	2.580	2.385	1.017	1.232	2.629	2.278	631 (d)
Colombia	3.844	3.235	5.526	7.203	3.404	2.572	2.145	2.009	950	209	15
Cuba											
Chile	47	15	9						1		
Ecuador	174	665	708	2.516	1.831	669	923	863	1.140	2.185	317
U.S.A.	11	21	4	9	2		1				
Guatemala	3	1	1								
Mexico	27										
Panama								(b)8			
Paraguay	282	797	770	207	57	132	103	21		35	
Peru	1.218	1.360	172	115							
Uruguay		16	7	1	45	42	2			19(f)	1 (e)
Venezuela	280	109	72	13	2	(c) 4					
Netherlands											
Antilles	1										
British											
Guiana	11										
Martinique	1										

(\*) Up to August

(a) Data for Guanabara State and the Capitals of Other States

(b) Including 4 imported cases

(c) Clinical diagnosis not supported by epidemiological evidence

(d) Data for Rio de Janeiro

(e) Imported case

(f) Including 2 imported cases.

Table B

Estimated Populations and  
Smallpox Vaccinations during  
1959-1961

Country	1959		1960		1961 (first half)
	Population in 1,000	Smallpox Vaccinations	Population in 1,000	Smallpox Vaccinations	Smallpox Vaccinations
Argentina	20,614	1.280.486	20,956	1.608.597	2.337.266
Bolivia	3,416	422.945	3,462	42.603	14.202
Brazil	64,216	7.856.294	65,743	4.910.091	...
Chile	7,465	2.778.686	7,627	1.275.000	131.966
Colombia	13,824	2.643.381	14,132	1.988.386	748.794
Costa Rica	1,126	15.820	1,171	14.657	18.943
Cuba	6,661	25.083	6,797	38.635(a)	129.647
Dominican Rep.	...	5.027	3,014	26.057	12.600
Ecuador	4,169	546.667	4,298	507.361	284.723
El Salvador	2,520	32.818	2,612	29.383	33.373
Guatemala	3,652	34.428	3,759	58.160	79.312
Haiti	3,464	-	3,505	441	1.247
Honduras	1,887	12.824	1,950	17.843	2.682
Mexico	33,304	5.287.714	34,626	3.637.334	4.052.288
Nicaragua	1,424	10.521	1,475	8.803	13.941
Panama	1,024	33.108	1,053	24.835	9.559
Paraguay	1,728	589.316	1,768	122.897	41.734
Peru	10,524	824.100	10,857	884.392(b)	473.544
Uruguay	2,700(c)	87.324	...	214.360	99.622
Venezuela	6,512	1.060.850	6,709	920.969	608.148
Antigua	...	...	54	1.859	1.246
Barbados	...	...	235	10.741	8.600
Belice	90	...	90	4.050	1.018
Curaçao	...	...	(193)	3.665	...
Grenada	...	...	89	3.402	1.350
Jamaica	...	...	1,607	79.060	39.185
Martinique	271	...	277	14.094	...
Montserrat	...	...	12	1.204	...
St. Kitts- Nevis-Anguilla	...	...	57	3.300	...
Surinam	255	...	270	3.665	...
Trinidad-Tobago	...	...	832	3.839	...
Dominica	...	...	60	...	1.720

.... Data not available.

(a) Information incomplete

(b) Up to October 1960

(c) 1958

Note: In the United States of America, during 1960, for normal annual requirements 16,000,000 doses of vaccine were distributed.

Table C  
Smallpox Vaccine Production  
1959-1960  
(number of doses)

	1959		1960		1961 (first half)	
	Glycerinated Vaccine	Dried Vaccine	Glycerinated Vaccine	Dried Vaccine	Glycerinated Vaccine	Dried Vaccine
Argentina	4.099.400	60.000	6.600.000		11.418.100	
Bolivia		543.000		310.000	1.376.640	315.600
Brazil	17.217.090	-	11.792.304	889.700		
Colombia	-	4.511.600		2.473.240		1.063.312
Costa Rica	-	-	-	-	-	-
Cuba	210.000		1.360.000		699.000	-
Chile	7.850.000	1.310.000	960.000	530.000	700.000	200.000
Ecuador	-	1.210.820		1.055.740	37.148	516.460
El Salvador	50.000	-	60.300		140.750	-
Guatemala	230.900	-	484.400	-	417.400	-
Honduras	20.200	-	20.200		12.500	-
Mexico	20.859.300	-	10.477.800		5.790.600	49.500
Nicaragua	15.100	-	15.300		44.875	
Panama	-	-	-	-	-	-
Paraguay	-	-	-	-	-	-
Peru	1.029.400	2.735.610	563.465	1.362.300	311.00	1.200.000
Dominican Rep.	-	-	-	-	-	-
Uruguay	1.726.700	-	1.982.000	68.500	650.000	70.000
Venezuela	4.751.000	217.000	3.925.000	316.000	2.185.000	281.000

Note: During 1961 the United States of America maintains a reserve of 40,000,000 doses of smallpox vaccine. This amount includes both glycerinated and dried vaccine.

Resolution WHA14.40

SMALLPOX ERADICATION PROGRAMME

The Fourteenth World Health Assembly,

Having examined the Director-General's report on the smallpox eradication programme;

Considering that progress has been made in the programme, particularly as concerns the production of potent and stable vaccines; and

Noting, however, that this disease still represents an important problem in international travel, according to the reports of the WHO Committee on International Quarantine, that for this reason it is urgent to speed up the activities of the programme, and that in order to do so it is necessary to provide adequate material resources and advisory services.

1. RECOMMENDS that those countries which have not yet done so should start their eradication programme as soon as possible;
2. URGES those countries more economically advanced to make voluntary contributions in cash or in kind so as to increase the funds of the WHO Special Account; and
3. REQUESTS the Director-General to report further to the Fifteenth World Health Assembly.

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PAN AMERICAN  
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Washington, D. C.  
October 1961

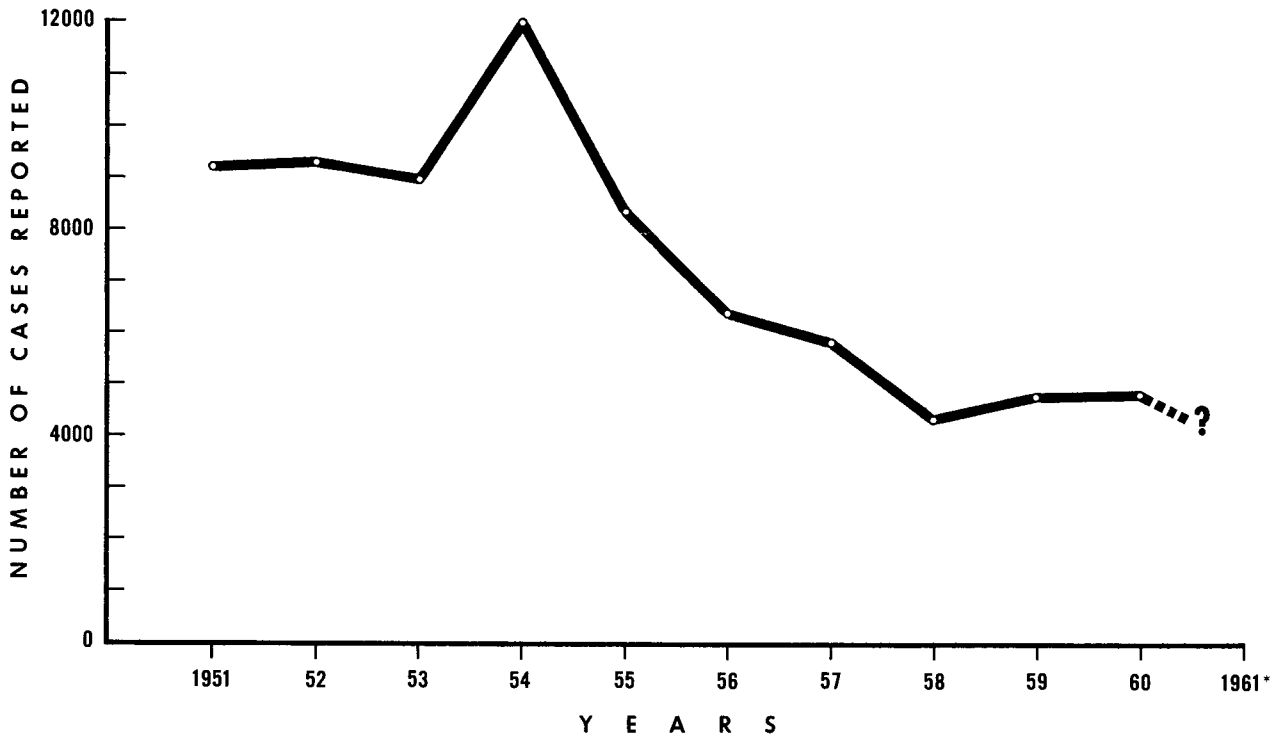
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CD13/18 (Eng.)  
ADDENDUM I  
14 October 1961  
ORIGINAL: ENGLISH

Topic 25: STATUS OF SMALLPOX ERRADICATION IN THE AMERICAS

The graph attached should follow Table A in Document CD13/18.

## COUNTRIES AND TERRITORIES REPORTING CASES OF SMALLPOX AND NUMBER OF CASES PER YEAR IN THE AMERICAS, 1951-1961\*



### NUMBER OF REPORTED CASES PER COUNTRY OR TERRITORY

ARGENTINA	1404	982	309	256	55	86	335	27	36	64	4
BOLIVIA	728	432	429	624	372	481	1310	183	7	1	
BRAZIL (a)	1190	1668	923	1035	2580	2385	1411	1232	2629	2278	631**
CHILE	47	15	9						1		
COLOMBIA	3844	3235	5526	7203	3404	2572	2145	2009	950	209	15
ECUADOR	174	665	708	2516	1831	669	913	863	1184	2185	317
GUATEMALA	3	1	1								
MEXICO	27										
PANAMA								(b) 8			
PARAGUAY	282	797	770	207	57	132	103	21		35	
PERU	1218	1360	172	115							
UNITED STATES	11	21	4	(c) 9	(c) 2		(c) 1				
URUGUAY		16	7	1	4.5	42	2			(d) 19	(e) 1
VENEZUELA	280	109	72	13	2	(f) 4					
BRITISH GUIANA	11										
MARTINIQUE	1										
NETHERLAND ANTILLES	1										

\* Through August, 1961.

\*\* Rio de Janeiro only.

(a) Reports cover State of Guanabara and State Capitals. (b) Includes 4 imported cases.

(c) These cases do not fulfill the generally accepted criteria for a diagnosis of smallpox.

(d) Includes 2 imported cases. (e) Imported. (f) Clinical diagnosis, no epidemiological evidence.

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Washington, D. C.  
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CD13/18 (Eng.)  
CORRIGENDUM  
7 October 1961  
ORIGINAL: SPANISH

Topic 25: STATUS OF SMALLPOX ERADICATION IN THE AMERICAS

C O R R I G E N D U M

The Table annexed replaces Table A in Document CD13/18.

Table A

Reported Cases of Smallpox in the Americas, by country,  
1951-1961

Area	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961(*)
Total	9.221	9.301	8.957	11.979	8.348	6.371	5.836	4.343	4.763	4.791	968
Argentina	1.404	982	336	256	55	86	335	27	36	64	4
Bolivia	728	432	429	624	372	481	1.310	183	7	1	
Brazil (a)	1.190	1.668	923	1.035	2.580	2.385	1.017	1.232	2.629	2.278	631 (d)
Colombia	3.844	3.235	5.526	7.203	3.404	2.572	2.145	2.009	950	209	15
Cuba											
Chile	47	15	9						1		
Ecuador	174	665	708	2.516	1.831	669	923	863	1.140	2.185	317
U.S.A.	11	21	4	9	2		1				
Guatemala	3	1	1								
Mexico	27										
Panama								(b)8			
Paraguay	282	797	770	207	57	132	103	21		35	
Peru	1.218	1.360	172	115							
Uruguay		16	7	1	45	42	2				
Venezuela	280	109	72	13	2	(c) 4				19(f)	1 (e)
Netherlands Antilles	1										
British Guiana	11										
Martinique	1										

(\*) Up to August

(a) Data for Guanabara State and the Capitals of Other States

(b) Including 4 imported cases

(c) Clinical diagnosis not supported by epidemiological evidence

(d) Data for Rio de Janeiro

(e) Imported case

(f) Including 2 imported cases