

NOTES

Ending Smallpox in Asia

For the first time in history the WHO campaign to eradicate smallpox extends into every state and province of every country in the world where the disease exists. From being a worldwide scourge smallpox has been fought back until today it remains entrenched on only two continents—Africa and Asia. Asia remains one of the last footholds of the disease. Smallpox is still endemic in India, Pakistan, Bangladesh and Nepal. The total incidence for these countries so far in 1972 (January-September) is 35,599 cases. India accounts for 62 per cent of these, Bangladesh 22 per cent, Pakistan 14 per cent and Nepal one per cent. Afghanistan and Indonesia accounted for less than one per cent.

Smallpox can be eradicated in any country regardless of geography or climate. However, other obstacles stand in the way of achieving eradication in Asia. No campaign can be successful unless every single case is reported; yet though there has been improvement much remains to be done. Certain populations still hide cases for religious reasons. Some health personnel do not report cases because of fear that they will be blamed for not having done enough to prevent them. Vehicles that break down sometimes cannot be repaired rapidly because of administrative difficulties. Old and ineffectual smallpox vaccine may still be in use in some areas because local staff lack the necessary authority to throw it out.

Smallpox control, particularly, in several large cities, is split up among many authorities and institutions who do not pool their efforts. Hospitals, for example, should be required to report smallpox cases each week because they themselves may act as centres of infection.

Poor reporting of cases may also be due to lack of knowledge. People may not know where to report smallpox. To remedy this, "Awareness posters", prepared by WHO, showing a mother and an infected child have been printed in 26 different languages. The caption reads "Kash with fever—smallpox? Report to the nearest health centre". These are being distributed throughout the region. Health staff is being pressed to send regular, complete weekly reports. And a new, more active approach uses teams to search out cases in slums, schools and in the neighbourhood of infected villages.

Once an outbreak is known to occur, the campaign can swing into action. In the country, "fire fighting teams" can avoid administrative delay and get to work stamping out the spread of infection. These teams consist of two to four persons who go from outbreak to outbreak in their vehicle. One team can usually cover a population of two to 10 million. These teams are being used in Bangladesh and in some states in India. Four have recently been set up in Nepal. But more teams like these will be needed throughout the Region.

In India, with the exception of Bombay which has remained free of smallpox since 1970 due to a good vaccination programme, many cities remain endemic. They become the source of infection for rural outbreaks. In return, rural people may bring new sources of infection to the cities. Studies show that more than 80 per cent of all cases occur in unvaccinated children less than 15 years of age. And the largest number of cases occur in slums and among poor people. Top priority is now being given to these high risk groups. Children and poor city dwellers are prime targets.

In India, the problem areas in 1972 were in the northern states of the country: Uttar Pradesh, Haryana, Bihar and West Bengal. In the southern

states (190,000,000 population) only small localized outbreaks occurred. Remarkable progress has been made in the states of Rajasthan and Gujarat which had recorded the highest incidence of smallpox in India in 1969 and 1970 respectively. Today, the number of cases has fallen to a very low level in both these states.

In Nepal, cases were reported this year in two zones, Bheri and Seti, where eradication programmes began only in late 1971. All the most vulnerable areas, which include the entire Terai, are now actively engaged in the programme.

In Bangladesh, the majority of outbreaks are localized in four districts: Barisal, Faridpur, Khulna and Rangpur.

ANNOUNCEMENT

Pediatric Dermatology Seminar
Fontainebleau Hotel
Miami Beach, Florida
February 22nd to 24th, 1974

The Skin and Cancer Unit of Mount Sinai Medical Centre is sponsoring a seminar in Pediatric Dermatology, to be held at the Fontainebleau Hotel, Miami Beach,

Florida, February 22nd to 24th, 1974. Address all inquiries to: Mrs. Frances Richardson, Postgraduate Education, Mount Sinai Medical Center, 4300 Alton Road, Miami Beach, Florida 33140.

The speaker will include Albert M. Kligman, Sidney Gellis, Robert Gorlin, Gordon Sauer, Nardo Zaias, Milton Grossman, Philip Frost, A. Bernard Ackerman, Ginter Kahn etc.