

M I S C E L L A N E O U S

“SMALLPOX — THE POINT OF NO RETURN” A HUMANITARIAN VICTORY

World Health Day, on 7 April 1975, was dedicated to the final effort by all the nations of the world to rid mankind of an age-old scourge—smallpox, which can soon be expected to disappear for ever.

WHO Director-General Dr. H. Mahler said:

“When the WHO smallpox eradication programme began just eight years ago, 30 countries were endemic and many more reported importations of the virus . . . The eradication of smallpox will represent one of the historic milestones in medicine, but—more than that—this first global eradication of a major disease provides an outstanding example of the constructive results nations can achieve when they work together toward the common cause of better health for all . . . As victory becomes certain, we are at the ‘point of no return’. It is the beginning of the end for smallpox, which can never return to ravage the earth as in centuries past.”

Such a great victory would have been impossible without close surveillance by national health services. Mr. J. Klein commented, in this respect:

As they gained experience in the war against variola, national health armies changed battle plans, shifting their heaviest guns from trying to vaccinate “everyone” to the strategy of surveillance—followed by quick containment and elimination of the outbreak. At first, while smallpox was common, this strategy enabled broader inroads to be made against contagion; later, it permitted efficient counter-measures against reintroduction of smallpox and, finally, it was effective in verifying that the disease had indeed been banished.

In several countries, transmission of smallpox was halted less than one year after surveillance programmes had become established, despite the fact that by no means all their citizens had been vaccinated. In other countries, where mass vaccination alone was attempted, but was unaccompanied by adequate surveillance and containment, smallpox persisted.

The object of the surveillance strategy is of course to make most efficient use of the resources available to overcome smallpox; to detect and investigate any reported cases, and then—if verified as variola—to overwhelm them with counter-measures.

The national surveillance units playing this key role usually consist of teams of two to five individuals who travel almost constantly in search of possible cases, inquiring at schools and markets and encouraging cooperation and assistance by health personnel, village leaders, teachers and others. Usually just a small number of such teams, centrally located, are enough to oversee activities throughout a country and to assist in organizing quickly the countermoves to contain a possible outbreak.

By no means is this always an easy matter. The difficulties overcome by surveillance workers make a magnificent success story in themselves.

Often the population still threatened by infection is thinly scattered over large areas deficient in transportation and communication facilities; they tend to migrate, and their health services frequently lack sufficient resources to keep a close and continuous look-out for any resurgence of infection. Sometimes, the problem areas are in the congested centres of large cities where many are uncooperative or ignorant. Long hours, sometimes days of walking, impassable rivers, ferocious dogs, voracious insects, poor water and sometimes hostile villagers who attack with sticks, stones or even spears... None of these is unknown to the faithful surveillance worker.

Still, surveillance is the key. And teams must remain on guard long after the "last" confirmed case.
