SMALLPOX ERADICATION IN THE AMERICAS*

From the earliest period of colonization smallpox, which was unknown to the natives up to that time, became one of the principal communicable diseases in the Continent. Despite the attempts made by several governments to eradicate it, smallpox continues to be a serious public health problem in the Americas. This fact is reflected in the reports on the incidence of the disease. According to data sent to the Pan American Sanitary Bureau by the health administrations of seventeen countries, in the five-year period 1948–1952, 85,900 cases of smallpox were recorded, with 14,200 deaths. Far from exaggerating the magnitude of the problem, these figures tend to underestimate it considerably, because of the reporting difficulties encountered in many countries and territories. On the other hand, the incidence of smallpox in the Americas is no exception, as it still continues to be a world-wide public health problem a century and a half after the discovery of the vaccine, a weapon that is easily handled and safely applied against this disease. And no one country can feel safe so long as smallpox exists in others. It is well known how readily the disease spreads, especially since modern transportation now spans the greatest distances in a time far shorter than the smallpox incubation period. The campaign against the disease therefore should be pursued on a world-wide scale, as is provided in the WHO International Sanitary Regulations No. 2.

In response to the need to eradicate smallpox, the XIII Pan American Sanitary Conference (Ciudad Trujillo, 1950) recommended to the Member Countries that a program of smallpox vaccination and revaccination be implemented in their respective territories, with a view to eradicating the disease throughout the Continent, and that these programs, from the international viewpoint, be carried out through the coordinated efforts of the Pan American Sanitary Bureau and the national programs of the individual governments.1 Two years later the Directing Council, at its VI Meeting (Havana, 1952), assigned a special fund of $75,000 for initiation of a supplementary antismallpox program in 1953. The Council authorized the Executive Committee to include this program in the intercountry programs of the 1954 Proposed Program and Budget of the Pan American Sanitary Bureau.2 The smallpox problem is a matter of concern to public health authorities and governments throughout the world, a fact evidenced by the Sixth World Health Assembly’s approval of a resolution inviting the WHO Executive Board “to proceed with a detailed study of the means of implementing such a [smallpox] campaign, this study to include, inter alia, consultation with Member States and with WHO regional committees”.

The regional antismallpox campaign launched by the Pan American Sanitary Bureau pursuant to the Directing Council decision, has many difficulties to surmount. One of the principal obstacles is the inadequacy of transportation facilities in vast regions of the Continent, where the glycerinated vaccine may deteriorate before reaching its destination. This was the reason it was deemed advisable to promote the local production of sufficient quantities of dry vaccine. Locally produced dry vaccine solves the problems of transportation and climatic conditions, as well as the difficulty of acquiring large quantities of vaccine in the producing countries. With a view to stimulating and improving local production, an expert visited several countries to cooperate with public health authorities in the instal-

1 Resolution XIX, Final Act, XIII Pan American Sanitary Conference (Ciudad Trujillo, 1950).
2 Resolution IV, VI Meeting of the Directing Council, Pan American Sanitary Organization.
3 Doc. WHA6.18

* Based on Documents CSP14/14, CE22/17 and Annex I, Pan American Sanitary Organization.
lation and operation of proper laboratories for producing dry vaccine.

Up to the present time, the Bureau has provided the equipment necessary to install laboratories for dry vaccine production in Argentina, Bolivia, Chile, Cuba, Ecuador, and Peru, as well as similar materials for Brazil.

The objective of the regional antismallpox program will be to promote and to cooperate with the countries in the development of effective, permanent, and economical control measures that will form an integral part of the national public health services. Thus, the Pan American Sanitary Bureau will provide the American countries with: advisory services with respect to laboratory techniques for diagnosing smallpox and techniques for producing smallpox vaccine; consultative services for the planning and implementation of national campaigns to eradicate smallpox and, especially, for integrating them in the general public health services of the countries; assistance and cooperation in the preparation of national legislation for the prevention of this disease; supplies and equipment for production laboratories and vaccination campaigns; fellowships and facilities for training local personnel in vaccine production techniques, and in the planning and organizing of field activities.

The Executive Committee, at its 22nd Meeting, approved the Director's proposal to recommend to the XIV Pan American Sanitary Conference that the surplus of funds from 1953 be utilized for the intensification of the campaign against smallpox, and the XIV Conference authorized the Director to utilize the amount of $144,089 from the Special Fund for the program to eradicate smallpox in the Americas. With the national programs under way, with the intensification of other programs, and with the technical and financial resources contributed by the countries to international public health activities, the continent-wide battle against smallpox is entering a new phase that should prove decisive in eradicating a disease that for centuries has taken lives and caused unnecessary losses in the Western Hemisphere.