

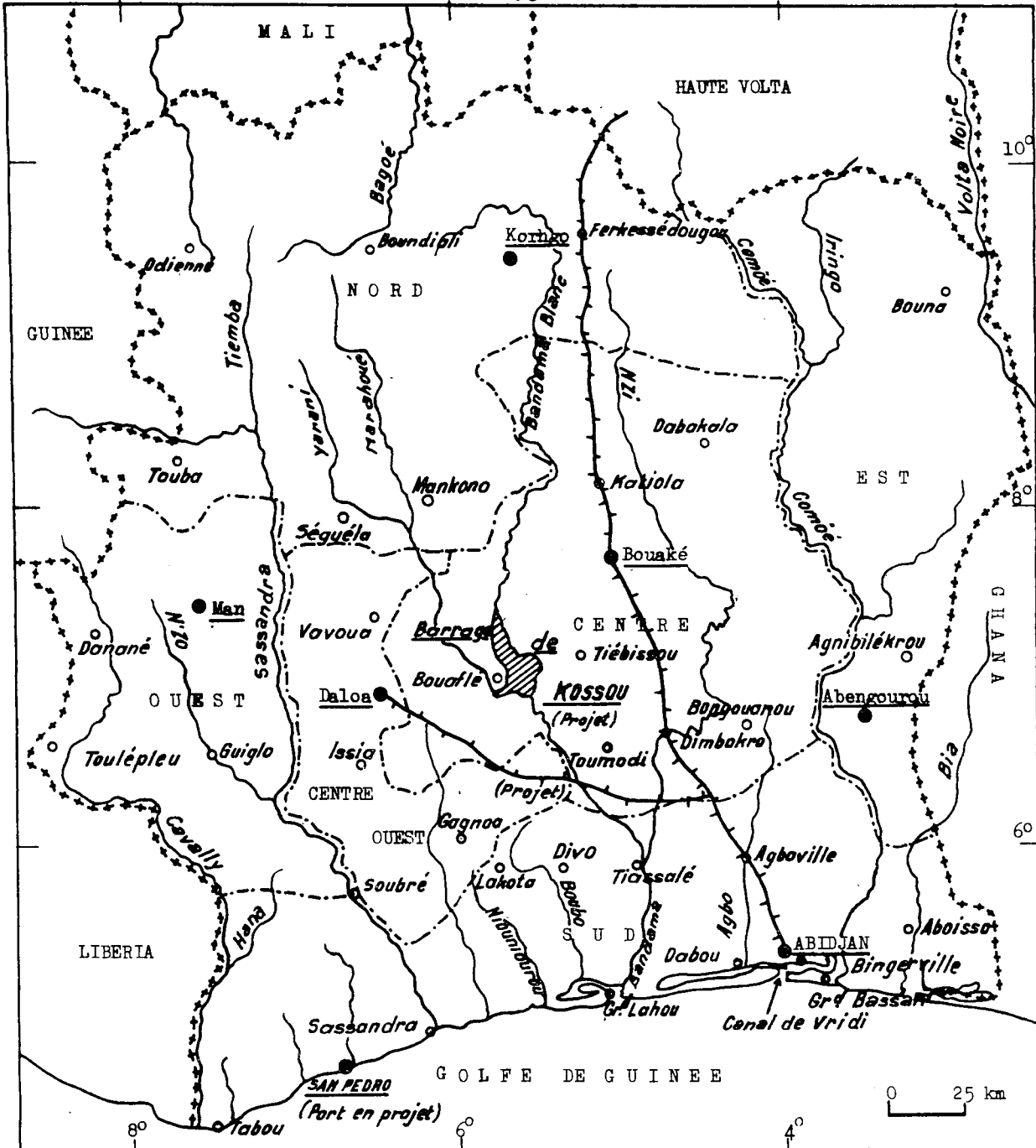
Area: 322 500 km<sup>2</sup>

Population: 4 764 800

Population density: 15/km<sup>2</sup>

Medical officer currently responsible for smallpox eradication: Dr Emmou Coffi

Title: Chief Medical Officer, Institute of Hygiene



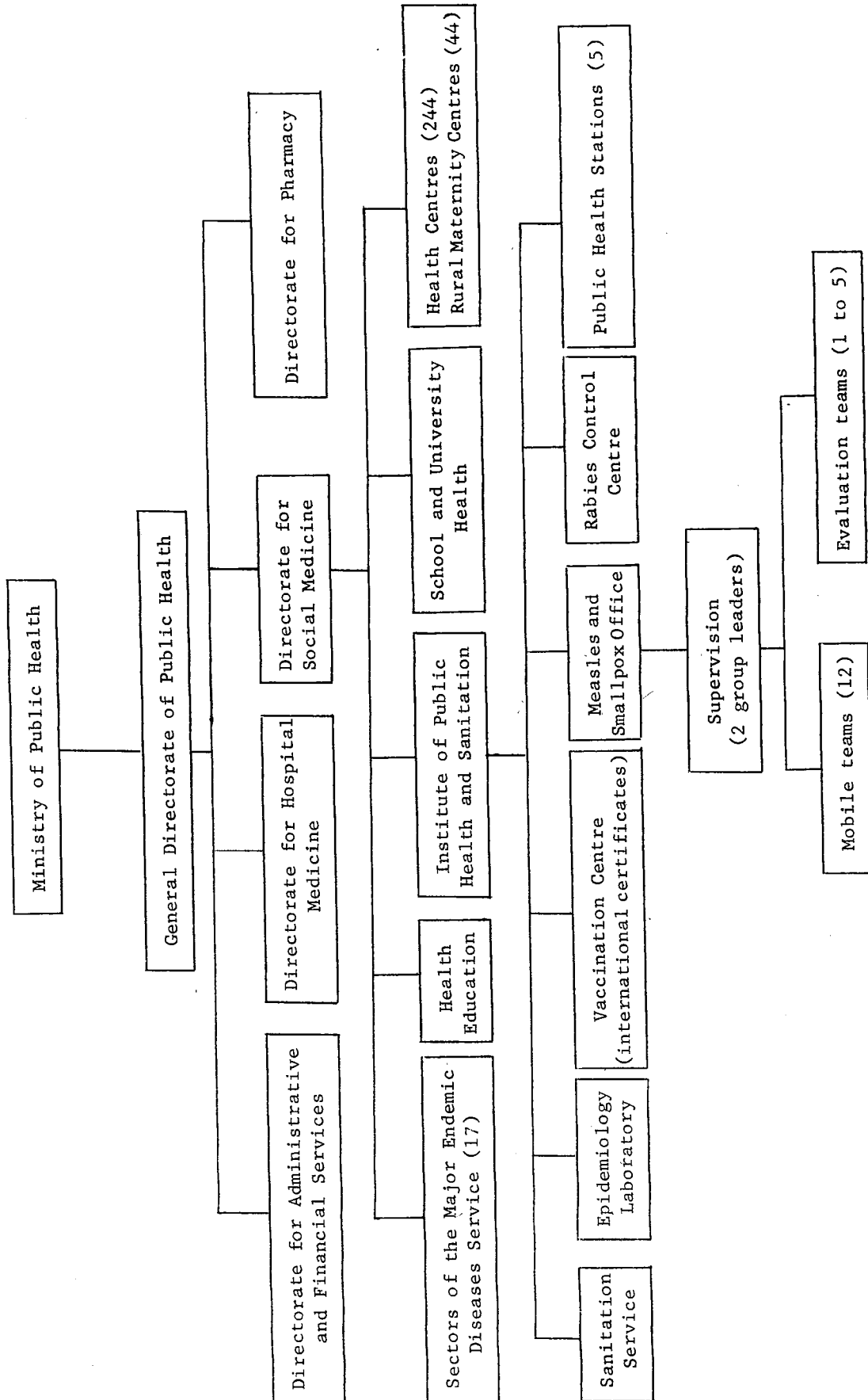
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PART I. IMPLEMENTATION OF THE PROGRAMME, 1969-1971

1.1 Organization

1.1.1 Diagram of the organizational structure used for the programme:



1.1.2 Number of fixed and mobile health units (including hospitals and dispensaries):

- 59 hospitals
- 2 hospitals
- 20 urban health centres
- 7 urban maternity centres
- 14 MCH centres
- 17 school and university health services
- 28 dispensaries run by various missions
- 14 miscellaneous dispensaries
- 244 rural health centres
- 17 sectors of the Major Endemic Diseases Service, with mobile case-finding, treatment and prevention teams that travel about within their respective districts
- 12 national mobile teams of the Institute of Hygiene

1.2 Vaccination programme

1.2.1 The national smallpox eradication plan was decided on in 1960. In 1967 American aid (supplies of staff, vaccine, vehicles and camping equipment) made it possible to continue this campaign.

The programme was drawn up in the light of demographic considerations, the distribution of towns and villages, means of communication, etc.

The staff who were given instruction in vaccination techniques were as follows:

- 2 group leaders providing supervision in the field;
- 12 national mobile teams responsible for carrying out campaigns throughout the country;
- evaluation teams, varying in number from one to five as required.

The campaign proper was conducted in three phases:

- An attack phase; this was the mass campaign when the entire population was vaccinated.
- A consolidation phase, which consisted of revisiting those localities where the effective percentage had not been achieved.
- A maintenance phase, covering new members of the population (newborn, foreigners and non-vaccinated subjects).

The mobile teams were given the task of visiting the 8362 localities in the Ivory Coast. Everywhere the percentage of subjects vaccinated had to be 80% or higher. Up to 1969 every person vaccinated was issued with a vaccination card. An American survey confirmed that the required percentage had been achieved everywhere. The results were positive, and since 1967 no case of smallpox had been reported anywhere in the Ivory Coast.

During this campaign, the techniques and vaccines used varied from one period to another:

- 1960-1967: vaccine from the Paris Vaccination Institute, using the scarification technique;
- 1967-1972: Dryvax vaccine (Wyeth Laboratories, USA) in containers for use with the PED-O-JET;
- 1972-1974: the same vaccine, using the multiple pressure method.

The vaccinations carried out from 1967 to 1971 were as follows:

	1967	1968	1969	1970	1971
	1 582 177	1 756 200	1 581 777	512 954	660 297

### 1.3 Surveillance and containment programme

1.3.1 In principle, all the health units mentioned in section 1.1.2 should submit weekly epidemiological returns and notify diagnosed and suspected cases to the statistics service and the public health service.

1.3.2 Notifications are made by telegram, with a letter of confirmation, to the statistics service and to the Institute of Public Health. An epidemiological confirmation survey is carried out by those in charge of the programme (see attached form, which serves as an epidemiological return - Annex I).

1.3.3 No case of smallpox was reported in Ivory Coast during the period 1967-1971.

1.3.4 The last case was reported on 13 March 1967.

## PART II. SURVEILLANCE AND VACCINATION PROGRAMME, 1972-1975

### 2.1 Surveillance programme

2.1.1 All the health units mentioned in section 1.1.2 are responsible for notifying cases to the statistics service and to the Institute of Public Health.

2.1.2 The following units regularly submit epidemiological returns:

- 21 hospitals
- 3 MCH centres
- 4 health centres
- 17 sectors of the Major Endemic Diseases Service (monthly returns)

Returns of other units are irregular or non-existent.

#### 2.1.3 List of suspected cases

25 July 1974: Diekro encampment (Didiévi sub-prefecture). Patient: Ave Valérie, aged one year, female; clinical diagnosis: smallpox.  
Findings of CDC Laboratory, Atlanta, 16 August 1974: dermititis bullosa.

9 August 1974: Koumassi encampment (Abidjan). Subject: E. Doua Gue, age 22, female; clinical diagnosis: chickenpox.  
Findings of CDC Laboratory, Atlanta, 29 August 1974: chickenpox.

#### 2.1.4 Number of deaths attributable to chickenpox

Year	Cases	Deaths
1972	7 059	0
1973	6 250	0
1974	-	-

2.2 Vaccination programme (1972 to present time)

2.2.1 The organization described in section 1.2.1 still exists (12 mobile teams and one to five evaluation teams supervised by two group leaders).

The programme drawn up in 1972 provides for the combined vaccination against smallpox and measles of children aged six months to four years. This constitutes a maintenance programme.

In 1974 the Ministry of Health decided to revaccinate the entire population against yellow fever. Smallpox vaccination was combined with this mass campaign.

No cases of smallpox have been reported during this period. Two suspected cases underwent laboratory checks (CDC, Atlanta); the results were negative.

The vaccine used is still Dryvax from the Wyeth Laboratories in the United States of America.

Number of vaccinations performed

1972: 265 761 vaccinations

1973: 59 698 vaccinations

1974: 843 297 vaccinations

January to June 1975: 274 204 vaccinations

SE/WP/75.2

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ANNEX I

REPUBLIC OF IVORY COAST  
MINISTRY OF PUBLIC HEALTH AND POPULATION

UNIT: NATIONAL SMALLPOX ERADICATION PLAN  
(Epidemiology)

Ref: Circular letter No. 219/MSP/DG/8  
dated 5 November 1963

QUESTIONNAIRE

Fill in diagnosis and despatch to serve as an epidemiological report

Case reported to (authority):

Ministry of Health (Statistics), date:  
Institute of Public Health: YES/NO, date:

Form of notification: routine notification: YES/NO  
special notification: YES/NO

I. PATIENT'S IDENTITY:

Name:  
Sex:  
Age:  
Usual place of residence:

II. SITUATION

Hospitalized on:  
Not hospitalized ( ?):

III. IMMUNOLOGICAL STATUS

Vaccinated (date):  
Unvaccinated:

IV. ORIGIN AND FORM OF CONTAMINATION

Presumed route

Direct contagion:

Contact with a smallpox patient: YES/NO  
Contact with a convalescent: YES/NO

If applicable, what became of the presumed contaminating agent?

Indirect contagion:

Where was the subject 15 days before falling ill?

What journeys did the patient make during the eight days preceding the first signs of the disease?

V. DIAGNOSIS

Date of first symptoms:

Date of diagnosis:

Was the patient seen by the physician: YES/NO

If not, who made the diagnosis?

VI. CLINICAL ASPECTS

Brief description of the development of the eruption and its state today:

Present condition of the patient (. . .th day)

Temperature:

VII. PROPHYLAXIS

Measures taken in the municipality or neighbourhood of origin

vaccination of relatives: YES/NO

vaccination of neighbours: YES/NO

vaccination of the neighbourhood: YES/NO

vaccination of the municipality: YES/NO

Vaccine used:

Batch(es) No.

Disinfection of premises: YES/NO

Disinfection of clothing: YES/NO

Disinfection of bedding: YES/NO

Methods used in each case

Isolation measures recommended and carried out if the patient was not hospitalized.

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