

A plan to eradicate polio by 2000

In October 1977, after an 11-year campaign aimed at its global eradication, the variola virus caused the last naturally acquired case of smallpox. In 1988, the 41st World Health Assembly, meeting in Geneva, committed the international community to the global eradication of a second disease, poliomyelitis.

That same year His Excellency the Minister of Health endorsed the Kingdom's plan for the eradication of poliomyelitis from Saudi Arabia by 2000. The broad objectives of the plan are achievement of zero poliomyelitis cases associated with the wild poliovirus and the absence of wild poliovirus in all clinical and environmental samples obtained throughout the Kingdom.

There are three strategies: (1) commitment at all levels of the community to ensure the personnel and financial resources essential to achieving this goal; (2) delivery of polio vaccine in the manner most effective in interrupting transmission of the wild poliovirus and eradicating it from the Kingdom; and (3) effective surveillance to detect every case of poliomyelitis associated with wild poliovirus and any circulating wild poliovirus.

These strategies will be implemented by activities in seven major areas: immunization coverage, surveillance, laboratory services and vaccine quality control, training, health education, rehabilitation services and research and development.

The first line of offense in battling poliomyelitis must come from clinicians. They should report to public health officials within 24 hours any patient they see with acute flaccid paralysis (AFP). At the same time, they should ensure that two fecal samples from the patient are properly collected and sent to the central laboratory in Riyadh for analysis. They should consider any case of AFP in a child under 15 to be poliomyelitis until complete clinical and laboratory evaluation proves otherwise. Doctors who have experience with poliomyelitis should act as consultants in examining AFP cases and should promote the poliomyelitis eradication plan. Pediatricians should screen all children under the age of 5 to verify vaccination with fully potent oral polio vaccine.

At the regional level, the program su-

pervisor will act as a liaison between the health personnel in his region and the Ministry of Health. He will ensure the prompt reports of all cases of AFP from all health units in his area. He also will notify the director of health or the general director in his region and officials at the Ministry of Health of any new poliomyelitis cases and make sure that they are properly investigated.

Finally, the director of health will provide financial, technical and adminis-

trative support. He will form a technical committee for the eradication of poliomyelitis at the regional levels as well as committees in each hospital. He will also receive reports of all AFP cases and ensure that a proper investigation of each case is done, noting especially whether the regional committee submits a report on each case within 60 days of the first report of symptoms.

Reported by the Infectious Disease Department, Ministry of Health.

Mark your calendar . . .

In the Kingdom

Nov. 29-Dec. 3, 1993 -- Second national symposium on control of hospital infection. Sponsored by the General Directorate of Health Affairs, Qassim region. Organized by the Central Committee for Control of Hospital Infection -- Ministry of Health and the Medical Education and Research Center, King Fahad Specialist Hospital, Buraidah.

Jan. 17-20, 1994 -- Symposium on public health. Sponsored by the Directorate of Health Affairs, Jeddah region. Topics include hospital and health management, environmental health, health education, maternal and child health, and epidemiology and infectious diseases.

Outside the Kingdom

Jan. 23-28, 1994 -- INCLIN XII in Chiang Mai, Thailand. Sponsored by the International Clinical Epidemiology Network (INCLIN), the U.S. Centers for Disease Control Field Epidemiology Training Programs, the International Epidemiology Association, the Thai Clinical Epidemiology Research & Training Complex and Chiang Mai University.

October 1994 -- "Eastern Mediterranean Region: Heading Toward the 21st Century." Sponsored by the International Epidemiology Association, the World Health Organization, ministries of health and other international organizations.

What is the FETP?

The Field Epidemiology Training Program (FETP) is a two-year teaching program in applied epidemiology for physicians and other health professionals. Five residents are accepted for training each year.

The program was started in 1988 in Saudi Arabia through a cooperative agreement between the Ministry of Health and the United States Centers for Disease Control (CDC). There are now six other FETPs worldwide (Taiwan, Philippines, Mexico, Indonesia, Peru, and Thailand).

FETP residents are assigned work in disease surveillance, outbreak investigations, and long-term projects on selected diseases of public health importance.

Most residents will continue their careers in public health with the government when they have finished their training.

Saudi Epidemiology Bulletin will present the results of recent work by the residents as well as by other contributors. Persons interested in contributing to *Saudi Epidemiology Bulletin*, seeking epidemiologic assistance, or applying to the training program should contact Dr. Nasser Al-Hamdan, technical supervisor of the FETP, or Dr. Robert Fontaine, consultant to the FETP (phone and fax 479-0726 or 478-1424). Correspondence should be addressed to: Field Epidemiology Training Program Ministry of Health P.O. Box 6344 Riyadh 11442, Saudi Arabia