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UNITED NATIONS
ECONOMIC
AND
SOCIAL COUNCIL



RESTRICTED

E/ICEF/R.29/Add.1
23 May 1950

ORIGINAL: ENGLISH

UNITED NATIONS INTERNATIONAL CHILDREN'S EMERGENCY FUND

Programme Committee

REPORT OF THE MEETING OF THE MEDICAL SUB-COMMITTEE
HELD ON 6 MAY, 1950 PARIS, FRANCE

Attendance and Agenda

1. The attendance was as follows:

Chairman:	Professor Debre	France
	Dr. Rajchman	Poland
	Dr. Holm	Denmark
	Dr. Van Zile Hyde	United States of America

Secretary: Dr. Borcic (WHO/UNICEF)

Also present:

Lady Allen (Social Affairs, United Nations)
Dr. V. Sutter (WHO)
Dr. MacDougall (WHO)
Mr. Davidson (Director, European Headquarters, UNICEF)
Dr. Gautier (International Children's Center)
Dr. Sacks (UNICEF/WHO)
Dr. Verhoestraete (WHO)
Mr. Hansen (JE)
Dr. Mande (JE/UNICEF)

2. The Agenda of the Medical Sub-Committee, as adopted was as follows:

1. Adoption of the Report of the Meeting of March 1950
2. Progress Report on BCG Campaigns
3. Progress Report on the International Pediatric Congress
4. Other business

3. The Medical Sub-Committee approved the report of its meeting of 18 March 1950

(document E/ICEF/R.29) with the deletion of the last sentence of paragraph 18.

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/PROGRESS REPORT

(32p.)

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PROGRESS REPORT ON BCG CAMPAIGNS

4. Dr. Holm, Director of the Joint Enterprise, submitted his Report on the BCG Programme for February and March, 1950, showing the position as at 1st April 1950 (Annex 1).

BCG CAMPAIGNS IN EUROPE

5. Dr. Holm reported on the progress being made in the European countries.

Finland

6. The handing over of supplies to the Finnish authorities for the continuation of the campaign has been completed. During the campaign the percentage of reactors differed greatly for various parts of Finland and a study is being carried out in the northern part in order to determine some of the factors responsible for the variation. The Finnish Government was congratulated on the work performed and on the preparations for continuation of the programme.

Czechoslovakia

7. The Czechoslovakian authorities are keeping up the high level of the vaccination campaign with 40 national teams working. The vaccine is produced locally for the campaign. Complete statistics have been prepared and a detailed report is being printed in Copenhagen which should be available in the near future.

Poland

8. The campaign in Poland was very successful and ended officially on 1 April 1950. It was noted that the question of the equipment and spare parts to be left in the country is being settled. Retesting in Poland, which took place after the close of the mass campaign showed in certain provinces, a very low percentage of reactors. It seems that this could be explained either by the effect of temperature or sunrays on the vaccine, or by the fact that a weaker vaccine was used. It was pointed out, however, that the technique employed by the travelling teams was good. The Sub-

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Committee noted that a thorough study was being made in Copenhagen on the effects of temperature, age, dosage and in particular on the effects of sunrays on the vaccine. Comparative study of vaccine produced in Poland is also being carried out in Copenhagen, while samples of Danish vaccine are sent to Poland.

Yugoslavia

9. The campaign in Yugoslavia is progressing satisfactorily. It is expected that it will be necessary for the programme to continue for several months during 1951. The Yugoslav Health Authorities have been asked to prepare a programme for continuation of the BCG campaign after the completion of the ITC campaign, as the basis for estimation of the equipment to be left behind. The International personnel remaining in Yugoslavia consists of 8 Scandinavians. The percentage of persons vaccinated is very small in some provinces and it has been decided to go over these areas again.

Greece

10. The Programme is developing satisfactorily. During April the work was extended to the northern part of the country and to the Islands. Because of transport difficulties the number of tested persons is relatively low. It is therefore expected that the campaign will not be completed before the first months of 1951. As the contract between the Government and the ITC expires on June 1950, the Greek authorities have expressed the desire to continue. The Sub-Committee was notified that ITC is prepared to prolong the agreement on the same conditions as hitherto. The question of low percentage of reactors was noted in connection with this campaign. This phenomenon is being specially studied.

Austria

11. The campaign in Austria is progressing satisfactorily and it is expected that it will be completed by the end of the summer of 1950, except for Vienna where it is expected to last a few months longer. It was mentioned again that the low number

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of persons tested, especially of those below school age and in the 14 to 18 age group, is due to the fact that written consent of the parents must first be obtained. During the last two months the work has been concentrated in Steiermark, Ober-Oesterreich and Nieder-Oesterreich. There are no Scandinavian teams in Vienna and the work is not going as rapidly as in other areas, but it is proceeding with satisfactory technique and organization. The Government has decided to proceed with an extensive retesting, and the Joint Enterprise has promised its support. To this date, the percentage of reactors to tuberculin three to six months after vaccination, is about 90%.

Italy

12. The Medical Sub-Committee noted that by mutual agreement between the Public Health Authorities and ITC, the ITC trial and demonstration campaign will terminate on 1 June 1950. By the end of March, the ITC teams in Sicily and Liguria were withdrawn, and by the end of April, the ITC HQ in Rome had been closed. The necessary number of cars and equipment will be left behind for finishing the programme in Liguria and ITC will supply the vaccine and tuberculin necessary for this campaign which will end, at the latest, in June 1950. All the equipment will then be returned to ITC.

Malta

13. The campaign in Malta started at the beginning of March with one Scandinavian team training local personnel. The campaign is expected to be completed within a short time, the number to be tested being 80,000.

Total Tested and Vaccinated in Europe

14. The Report included a summary of the figures from the European countries in which BCG programmes are proceeding, excluding the figures for March from Poland, which had not been received. Up to 31 March 1950, 14,345,368 have been tested,

/5,071,041 were

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5,071,041 were reactors and 7,542,441 have been vaccinated. (These figures were provided by the Tuberculosis Research Office). It was pointed out that some differences exist in figures shown on the ITC report and the figures given by the Tuberculosis Research Office. This temporary discrepancy will be cleared in future reports.

MIDDLE EAST

Lebanon

15. The campaign began in November 1949 and was carried out in Beirut and suburbs as per the agreement reached between the Lebanese Government and ITC. It was noted that because of local difficulties 45,000 persons only were tested out of 100,000 persons as originally estimated. As per the agreement, all ITC personnel and equipment were withdrawn at the beginning of April 1950. No plan has been presented for the continuation or extension of the BCG vaccination. The Medical Sub-Committee raised the question as to the plans of WHO concerning the continuation of such campaigns, expressing the wish that the efforts made by the Joint Enterprise be followed up. The representative of WHO pointed out that the future of BCG campaigns is an item for discussion on the agenda of the Joint Health Policy Committee and that recommendations have been considered for submission to the Executive Board of WHO. It was proposed to add to the conditions of a successful BCG campaign mentioned in the Report of the Medical Sub-Committee Meeting of 18 March (E/ICEF/R.29, paragraph 21, page 8) the additional condition that the Government of the country should set up suitable provisions for the continuance of the work. This proposal was approved by the Members of the Sub-Committee.

Israel

16. The campaign is proceeding satisfactorily. It is now concentrated in the camps for immigrants, where two international and nine local vaccinators have been at work.

/Egypt

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Egypt

17. In Cairo, the difficulties mentioned previously had been overcome. The main part of the work has been concentrated on the vaccination of special groups, i.e. factories, firms, etc. It was noted that it had been planned to limit the age to not more than 30 in Upper Egypt. In this region three teams have started examining school children. In the Provinces of Aswan and Girga, the campaign progressed satisfactorily, the attendance being almost 100%. Teams of one doctor and three nurses are proving to be most efficient, handling up to 25,000 persons per month. The Egyptian authorities have agreed to increase the number of local vaccinators. It is planned to concentrate the larger number of teams in one province at a time and to cover all of Egypt by following this method, ending in Cairo and Alexandria. The whole campaign is considered as a demonstration and the Government wishes for the Joint Enterprise to continue for a few months more, after which it will take over the work. The Medical Sub-Committee was informed that the Joint Enterprise planned to go forward, as is the case for India and Pakistan, pending WHO's decision as to when it will assume future responsibility. Dr. Holm was congratulated by the Chairman of the Executive Board and by the Chairman of the Medical Sub-Committee for the success obtained during the BCG campaign in Egypt.

Syria

18. The campaign started on 1 March 1950 in Damascus where school children were first tested and vaccinated, and was extended to the total population, district by district. The attendance and results were excellent. As from the 1st April, the campaign was extended to Aleppo. It will be extended to other small cities and rural areas. The work of the Joint Enterprise was to be a demonstration for one year and it is planned to hand it over to the Government in the autumn of 1950, after which time the Government will be prepared to take it over.

/Iran and

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Iran and Iraq

19. The question of BCG campaigns for Iran and Iraq was raised at the meeting. The representatives of the Joint Enterprise pointed out that it had already been announced in previous meetings that it cannot take on any new countries. The representative of WHO stated that plans for both of these countries have been drawn up and submitted to the Regional Director of WHO.

BCG CAMPAIGNS IN THE FAR EAST

India

20. Progress is very satisfactory in some provinces with a big number of local teams in operation. More than one million persons have been tested to date, the slightly lower figures shown on the report representing only those for whom cards had been counted, and the figures not being available from some provinces. The campaign will cover about half of the population of the 40 provinces of India. It was noted by the Sub-Committee that the agreement between ITC and the Government of India was prolonged until the end of 1950. The number of Scandinavian vaccinators will be reduced from 1st April to half, therefore three teams will be left in India.

Pakistan

21. The campaign is progressing satisfactorily. In West Pakistan the campaign was started in Lahore and the co-operation from the local authorities is excellent. In East Paksitan, the campaign was interrupted due to local difficulties, but was resumed again at the end of March.

Ceylon

22. Negotiations are being conducted in regard to the procedure which the Government will follow in continuing BCG work.

/BCG CAMPAIGNS

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BCG CAMPAIGNS IN NORTH AFRICA

23. Dr. Mande, at the invitation of Dr. Holm, commented on recent developments in the BCG work in North Africa, pointing out the differences in the situation in each country. It was mentioned that the co-operation of doctors is excellent throughout North Africa. It was also mentioned that because of climatic conditions, which are particularly hard in North Africa during the summer months, it has been agreed that the work shall only be resumed by half the international personnel until 1st October.

Morocco

24. Over one million persons, of the original target of 3.5 million, have been tested in ten months. However, it is expected that a revised target of 3 million will be reached by June 1951.

Tunisia

25. The campaign is proceeding satisfactorily and it is expected that it will be completed in 1951.

Algeria

26. The campaign has been accelerated; more than 200,000 persons having been tested up to the end of March. At the present rate, the work will be completed by the end of 1951.

Tangiers

27. The campaign is set to begin on 8 May and will be completed by the middle of June this year. In order to solve local difficulties, the Medical Sub-Committee recommended that the possibility should be considered, to include in the teams a physician of Spanish and one of Italian nationality.

/LATIN AMERICA

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LATIN AMERICA

28. Dr. Holm supplemented his prepared report with brief additional comment on most recent developments in the arrangements for the campaigns soon to begin in two Latin American countries. It was pointed out that while it was true that the Joint Enterprise had decided that it could not take on any new countries, it had also decided to fully carry out any commitments already made for help in mass of demonstration campaigns.

Mexico

29. An agreement between the ITC and the Mexican Minister of Health and Welfare was signed on 30 March. Instead of 11 local teams mentioned in the previous report of the Medical Sub-Committee, 6 teams only will be employed; this reduction is due to financial difficulties. It was requested by the Mexican Government that two Scandinavian teams be sent instead of one. The pilot work in Mexico City is expected to begin on 1 May to be followed by the mass campaign soon after. The vaccine used in the campaign will be studied in Copenhagen and in Mexico City at the same time. It will be sent to Denmark in special boxes similar to those used to ship Danish vaccine to Pakistan.

Ecuador

30. The programme is expected to begin about the 1st of July and will continue for one year. A Norwegian doctor will go to Ecuador while the Chief of the Tuberculosis Section of the Ministry of Health of Ecuador will visit Europe before the campaign begins.

/SUMMARY OF

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SUMMARY OF COUNTRIES OUTSIDE OF EUROPE

31. It was reported that the total of the persons tested was 2,794,224, out of which 667,350 were reactors and a total of 1,246,225 persons had been vaccinated.

GENERAL QUESTION ON BCG CAMPAIGNS

32. The Sub-Committee took note that there have not been any cases of previous complications nor fatal cases in the periods under review. The Meeting also noted that the figures for all the countries reveal the fact that the relation of the number tested to the target figure depends largely on the co-operation obtained from local authorities.

33. The question of statistics was raised and it was agreed that the Joint Enterprise cannot be expected to solve the problems and that it requires a three-way co-ordination of JE, WHO/UNICEF and the country concerned, which, through its national technicians, can alone compile the information necessary for a complete study, in which task it can, however, be assisted by JE and WHO.

34. The Medical Sub-Committee pointed out that while the studies made in Copenhagen on vaccines are of the greatest importance, it seems essential that reports on such studies be made available as soon as possible to all workers in the field.

35. The Meeting also stressed the importance of having, as soon as possible, a report on the age-percentage breakdown of positive reactors to tuberculin in all countries where campaigns were carried out. It was requested that such reports be sent out as and when available. It was suggested that Dr. Palmer, of the Research Office, be requested to discuss these problems at the next meeting of the Medical Sub-Committee.

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/BCG VACCINE

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BCG VACCINE PRODUCTION

36. The Medical Sub-Committee discussed the part of Dr. Holm's report relating to the present situation of the vaccine-producing laboratories established or planned in the various countries.

Finland

37. The Finnish Government is still expected to make a formal request for assistance in establishing a BCG laboratory.

Czechoslovakia

38. The Czechoslovakian Government, assisted by the Joint Enterprise, which supplied equipment and chemicals, has set up a laboratory and is now producing and using its own vaccine. No further requests are anticipated.

Greece

39. The BCG laboratory at the Pasteur Institute in Athens is considered excellent by WHO. However, it has not yet received WHO's approval due to certain financial difficulties and consequent instability, which have yet to be solved. The Medical Sub-Committee proposed that since the laboratory in Athens will produce vaccine both for Greece and export; the Joint Enterprise could then continue to give assistance to the laboratory in accordance with ITC policy. The Medical Sub-Committee will give further consideration to this problem.

Poland

40. The laboratory at Lublin is in full operation, producing all the vaccine needed for Polish consumption, and weekly comparative studies are made with Danish vaccine.

/Yugoslavia

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Yugoslavia

41. The operation of the BCG laboratory in Belgrade now depends on WHO's approval and on the problem of personnel yet to be solved.

Egypt

42. The person who will be in charge of the BCG laboratory at Cairo has spent a six-months training period in Europe.

Pakistan

43. At the present time it is believed that almost a year will be required before the BCG laboratory in Karachi can be in operation.

India

44. Since the laboratory at Madras is producing vaccine for India and for export, namely Ceylon, ITC has decided to supply the laboratory with additional material.

North Africa

45. The vaccine for Morocco is still sent from Copenhagen, while the Pasteur Institute of Paris supplies Algeria and Tunisia. The three laboratories in North Africa have not yet been approved by the WHO. These laboratories would be able to produce the quantities of vaccine required for routine work but it would be more difficult for them to produce adequate quantities required for mass campaigns.

Latin America

46. The laboratory in Mexico City has been assisted by the Joint Enterprise and will supply vaccine for use in Mexico and also for Ecuador until the laboratory at Guayaquil is ready to produce.

/THE PARIS PILOT

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THE PARIS PILOT STATION

47. Dr. Gautier, invited by the Chairman to comment on the services of the Paris Pilot Station in testing and comparing vaccines for the BCG campaigns, reported that up to this time the Pilot Station has been studying vaccines and tuberculin from two sources only: the Pasteur Institute of Paris and the Danish Serum Institute of Copenhagen. Vaccines are also expected from Athens for study. However, a much larger service which could be rendered by the Pilot Station would be the testing of new vaccines produced by countries, and also the study and evaluation of dry vaccines. The Medical Sub-Committee stressed the importance of the comparison of vaccines produced in different places and the necessity of establishing more pilot stations, which, in order to be sure of their local product, would need to know the potency and quality of other vaccines.

PROGRESS REPORT ON THE INTERNATIONAL PEDIATRIC CONGRESS

48. The Medical Sub-Committee had before it a report showing the present position with regard to the selection of candidates to attend the International Pediatric Congress to be held in Zurich in the Summer of 1950 (Annex II). In Europe, 12 countries have responded and have accepted the offers of fellowship. Bulgaria and Poland have declined the offer, with thanks, preferring to provide funds for the national delegates from national resources.

In the Middle East, all five countries have accepted.

In the Far East and Latin America, seven countries have accepted. Three countries in Latin America have declined the offer.

It was reported that on the Sunday prior to the formal sessions of the Congress, a discussion of BCG campaigns would be held.

/NEXT MEETING

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NEXT MEETING OF THE MEDICAL SUB-COMMITTEE

49. The Delegate from the United States raised the question of the frequency of the meetings and requested that the meetings be held quarterly. Dr. Holm stressed the value of the meeting and proposed that the Medical Sub-Committee hold a joint meeting with the Scandinavian Co-ordinating Committee in Copenhagen. The Medical Sub-Committee approved the proposal and requested Dr. Holm to approach the Scandinavian Co-ordinating Committee on the feasibility of meeting in July. The date of the next meeting was thus left open until the answer from the Scandinavian Committee is received.

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ANNEX I

INTERNATIONAL TUBERCULOSIS CAMPAIGN

REPORT FOR FEBRUARY AND MARCH, 1950, ON THE BCG PROGRAMME, FROM THE DIRECTOR
OF THE JOINT ENTERPRISE TO THE MEDICAL SUB-COMMITTEE

Position as at 1st April, 1950.

A. EUROPEAN COUNTRIES

1. FINLAND

The handing over to the Finnish authorities of supplies for the continuation of the campaign has been completed. No formal request has yet been received for equipment for a BCG laboratory, but this is expected shortly.

2. POLAND

Estimated number to be tested: 6 million

<u>Month</u>	<u>No. tested.</u>	<u>No. of reactors</u>	<u>No. vaccinated</u>
February 1950	68,180	34,450	25,547
March 1950		(No figures received)	
TOTAL:			
July, 48 -			
February, 50	5,561,483	2,536,626	2,550,624

Number of vaccinators: February: 74 national
March : ? national

Number of vehicles: 2 Sedans, 36 Panel Vans and 2 jeeps

Development of programme: The work in Poland has continued during February and March along the same lines as indicated in the previous report.

On 1st April 1950, the ITC campaign officially ended, and the one Scandinavian doctor (who has been the only Scandinavian working in the campaign in Poland for the last three months) should then leave the country. At the time of the writing of this report, we are expecting his return to HQ any day. Not until after his arrival are we able to give a detailed report concerning the important question of the result of re-testing.

Medical and other equipment:

The question as to how much equipment and spare parts should be left in the country is still unsettled, due to some difficulty regarding spare parts.

3. YUGOSLAVIA

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3. YUGOSLAVIA

Estimated number to be tested: 4 million

<u>Month</u>	<u>No. tested</u>	<u>No. of reactors</u>	<u>No. vaccinated</u>
February, 1950	83,946	24,414	46,245
March, 1950	110,100	39,508	55,689
TOTAL: August, 48 - March, 50	2,104,077	727,502	1,105,982

Number of vaccinators: February: 49 national
March : 47 national

Number of vehicles: 2 Sedans, 29 Panel Vans and 3 jeeps

Development of programme:

Dr. Neubauer has informed us that the work generally is progressing satisfactorily. It is difficult to judge at the present time when the campaign will be completed, but Dr. Neubauer's impression is that it will be necessary for the programme to continue for several months during 1951. The Yugoslavian Health Authorities have been asked to prepare a programme for the continuation of the BCG campaign in Yugoslavia after the completion of the ITC campaign, as the basis for estimation of the equipment to be left behind by ITC. So far no information has been obtained.

4. GREECE

Estimated number to be tested: 2-3 million

<u>Month</u>	<u>No. tested</u>	<u>No. of reactors</u>	<u>No. vaccinated</u>
February, 1950	65,776	10,587	47,383
March, 1950	74,551	10,825	55,137
TOTAL: October, 48 - March, 1950	872,854	197,528	584,260

Number of vaccinators: February: 17 national, 16 Scandinavian
March : 16 " 16 "

Number of vehicles: 2 Sedans, 16 Panel Vans

Development of programme:

The programme is developing satisfactorily, and the number tested is increasing. Work is now about to begin in the northern part of Greece bordering on Yugoslavia, where up to recently it has not been possible to work. During the coming months, work is also going to be carried out on the Dodecanese Islands, the Ionic Islands and the Island of Crete. Because of transport difficulties, the number of persons tested will again decrease.

The contract between the Greek Government and the ITC has been on a yearly basis, and the present contract expires on 30th June, 1950. The Greek authorities have expressed the desire to continue, and ITC is prepared to prolong the agreement on the same conditions as hitherto.

5. AUSTRIA

ANNEX I

INTERNATIONAL TUBERCULOSIS CAMPAIGN

REPORT FOR FEBRUARY AND MARCH, 1950, ON THE BCG PROGRAMME, FROM THE DIRECTOR
OF THE JOINT ENTERPRISE TO THE MEDICAL SUB-COMMITTEE

Position as at 1st April, 1950.

A. EUROPEAN COUNTRIES

1. FINLAND

The handing over to the Finnish authorities of supplies for the continuation of the campaign has been completed. No formal request has yet been received for equipment for a BCG laboratory, but this is expected shortly.

2. POLAND

Estimated number to be tested: 6 million

<u>Month</u>	<u>No. tested.</u>	<u>No. of reactors</u>	<u>No. vaccinated</u>
February 1950	68,180	34,450	25,547
March 1950		(No figures received)	
TOTAL:			
July, 48 -			
February, 50	5,561,483	2,536,626	2,550,624

Number of vaccinators: February: 74 national
March : ? national

Number of vehicles: 2 Sedans, 36 Panel Vans and 2 jeeps

Development of programme: The work in Poland has continued during February and March along the same lines as indicated in the previous report.

On 1st April 1950, the ITC campaign officially ended, and the one Scandinavian doctor (who has been the only Scandinavian working in the campaign in Poland for the last three months) should then leave the country. At the time of the writing of this report, we are expecting his return to HQ any day. Not until after his arrival are we able to give a detailed report concerning the important question of the result of re-testing.

Medical and other equipment:

The question as to how much equipment and spare parts should be left in the country is still unsettled, due to some difficulty regarding spare parts.

3. YUGOSLAVIA

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5. AUSTRIA

Estimated number to be tested: Approx. 2 million

<u>Month</u>	<u>No. tested</u>	<u>No. of reactors</u>	<u>No. vaccinated</u>
February, 1950	55,660	12,381	37,921
March, 1950	99,422	21,483	69,766
TOTAL: to 31st March 50	589,941	122,773	404,914

Number of vaccinators: February: 37 national, 8 Scandinavian
March 49 " 8 "

Number of vehicles: 4 Sedans, 8 Panel Vans, 1 Steyr Car, 7 jeeps

Development of programme:

The work is progressing satisfactorily. The main work during the last two months has been concentrated in Steiermark, Ober Oesterreich and Nieder Oesterreich. There are no Scandinavian teams in Vienna, and the work is going slightly more slowly here, but with satisfactory technique and organization.

Considerable effort has been concentrated on carrying out systematic retesting. The percentage of reactors to tuberculin three to six months after vaccination is about 90%.

6. ITALY

<u>Month</u>	<u>No. tested</u>	<u>No. of reactors</u>	<u>No. vaccinated</u>
February, 1950	2,464	599	1,390
March, 1950	6,425	1,799	3,328
TOTAL: to 31st March 50	48,803	13,785	27,802

Number of vaccinators: February: 21 national, 5 Scandinavian
March 24 " 5 "

Number of vehicles: 2 Sedans, 3 Panel Vans

Development of programme: At the last meeting of the Medical Sub-Committee, Dr. Ustvedt gave a verbal report of his recent visit to Italy. By mutual agreement between the Public Health Authorities and ITC, the ITC campaign will terminate on 1st June, 1950. By the end of March, the ITC teams in Sicily and Liguria were withdrawn, and by the end of April, the ITC HQ in Rome will be closed. The necessary number of cars and equipment will be left behind for finishing the programme in Liguria, and ITC will supply the vaccine and tuberculin necessary for this campaign, which will end at the latest in June 1950. After this, all the equipment will be returned to ITC, with the assistance of the UNICEF Mission in Rome.

7. MALTA

Estimated number to be tested: 80,000

/Number of

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Number of vaccinators: 13 national, 2 Scandinavian
Number of vehicles: 4 Panel Vans
Development of programme:

The campaign in Malta started at the beginning of March with one Scandinavian team training local personnel. Up to the end of March three local doctors and ten local nurses have been trained. On account of the fact that the first month has been a training period, the number of persons tested has been small.

<u>Month</u>	<u>No. tested</u>	<u>No. of reactors</u>	<u>No. vaccinated</u>
March, 1950	4,917	862	3,711

SUMMARY OF EUROPEAN COUNTRIES

The summary of examinations and vaccinations up to 31st March, 1950, is as follows:

	<u>Country</u>	<u>No. Tested</u>	<u>No. of Reactors</u>	<u>No. Vaccinated</u>
ITC	Austria	500,739	103,097	343,088
	Finland	750,000	—	362,000
	Czechoslovakia	3,407,318	1,026,851	2,084,271
	Yugoslavia	2,104,077	727,502	1,105,982
	Greece	839,261	185,909	565,367
	Hungary	1,952,024	1,055,611	771,853
	Italy	10,552	2,750	5,742
	Poland	4,776,480	2,068,459	2,300,427
	Malta	4,917	862	3,711
	TOTAL:	14,345,368	5,071,041	7,512,441

(Figures for March from Poland not received)

B. MIDDLE EAST

1. LEBANON

Estimated number to be tested: 100,000

<u>Month</u>	<u>No. tested</u>	<u>No. of reactors</u>	<u>No. vaccinated</u>
February, 1950	5,444	773	2,567
March, 1950	546	89	361
TOTAL: to 31st March, 50	43,463	5,354	28,311

Number of vaccinators: 10 national, 5 Scandinavian
Development of programme:

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Number of vaccinators: 13 national, 2 Scandinavian
Number of vehicles: 4 Panel Vans
Development of programme:

The campaign in Malta started at the beginning of March with one Scandinavian team training local personnel. Up to the end of March three local doctors and ten local nurses have been trained. On account of the fact that the first month has been a training period, the number of persons tested has been small.

<u>Month</u>	<u>No. tested</u>	<u>No. of reactors</u>	<u>No. vaccinated</u>
March, 1950	4,917	862	3,711

SUMMARY OF EUROPEAN COUNTRIES

The summary of examinations and vaccinations up to 31st March, 1950, is as follows:

	<u>Country</u>	<u>No. Tested</u>	<u>No. of Reactors</u>	<u>No. Vaccinated</u>
ITC	Austria	500,739	103,097	343,088
	Finland	750,000	—	362,000
	Czechoslovakia	3,407,318	1,026,851	2,084,271
	Yugoslavia	2,104,077	727,502	1,105,982
	Greece	839,261	185,909	565,367
	Hungary	1,952,024	1,055,611	771,853
	Italy	10,552	2,750	5,742
	Poland	4,776,480	2,068,459	2,300,427
	Malta	4,917	862	3,711
		TOTAL:	14,345,368	5,071,041

(Figures for March from Poland not received)

B. MIDDLE EAST

1. LEBANON

Estimated number to be tested: 100,000

<u>Month</u>	<u>No. tested</u>	<u>No. of reactors</u>	<u>No. vaccinated</u>
February, 1950	5,444	773	2,567
March, 1950	546	89	361
TOTAL: to 31st March, 50	43,463	5,354	28,311

Number of vaccinators: 10 national, 5 Scandinavian
Development of programme:

By the middle of March, ITC had completed its campaign in Lebanon. The agreement between the Lebanese Government and ITC called for an over-all BCG campaign in Beirut and suburbs, which was expected to be completed in six months. Out of a total population of 345,000, it was estimated that 100,000 were included in the 1-18 age-groups. The total number examined was approx. 45,000. The number reached was not as high as expected by the ITC, particularly because of resistance in certain groups; vaccination among the Armenians proved to be impossible.

By mutual agreement between the Government and ITC, the signed agreement was fulfilled and by 1st April 1950 all personnel and equipment were withdrawn. The Lebanese Government have not presented any plan for continuation of the BCG vaccination or extension of the work to the rest of Lebanon and have not asked the Joint Enterprise for any equipment to be left.

2. ISRAEL

Estimated number to be tested: 400,000

<u>Month</u>	<u>No. tested</u>	<u>No. of reactors</u>	<u>No. vaccinated</u>
February, 1950	19,487	4,163	12,276
March, 1950	38,892	17,198	15,255
TOTAL: to 31st March, 50	167,299	44,619	97,882

Number of vaccinators: February: 9 national, 2 Scandinavian
March : 19 " 2 "

Number of vehicles : 2 Sedans, 4 Panel Vans

Development of programme:

During February, the work in the big cities (Tel Aviv, Jaffa, Jerusalem and Haifa) was finished. The work was made difficult because of bad weather, even snowstorms. During March, work has been concentrated on the emigration camps, where two international and nine local vaccinators have been at work. Work was also started during March on military groups, with five specially-trained military teams. For special reasons, ITC cannot obtain any statistics of the work carried out among the military:

The work on the whole has progressed satisfactorily.

3. EGYPT

<u>Month</u>	<u>No. tested</u>	<u>No. of reactors</u>	<u>No. vaccinated</u>
February, 1950	22,992	13,737	6,530
March, 1950	38,049	20,590	11,162
TOTAL: to 31st March, 50	77,622	46,793	19,759

Number of vaccinators: February: 12 national, 6 Scandinavian
March : 21 national, 8 Scandinavian

Number of vehicles: 2 Sedans, 8 Panel Vans.

/ Development of programme

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Development of programme:

Up to the beginning of March, the main part of the work had been concentrated, for special reasons, in Cairo, with vaccination of such groups as Police, fire brigade, some big factories, and some firms. Three teams had started in the southern part of Egypt examining school children. Counter-propaganda and consequent rumours had made the work difficult in Cairo. The Ministry of Education insisted that before testing and vaccinating school children, the positive consent of the parents should be obtained, and this had further complicated the work.

From the beginning of March, most of the work has been concentrated in Upper Egypt, in the Provinces of Aswan and Girga, and the progress was satisfactory. The attendance of the population was almost 100% and the number examined by each team has increased considerably.

After negotiations with the Egyptian Health Authorities, it was agreed to increase the number of local vaccinators.

The initial difficulties in the BCG campaign in Egypt seem now to be overcome, and the campaign is, on the whole, progressing satisfactorily.

4. SYRIA

<u>Month</u>	<u>No. tested</u>	<u>No. of reactors</u>	<u>No. vaccinated</u>
March, 1950	16,897	4,971	9,415

Number of vaccinators: 4 national, 6 Scandinavian

Number of vehicles: 2 Sedans and 7 Panel Vans

Development of programme:

The campaign started first in the City of Damascus, taking, during the first weeks, school children, but from the middle of the month the total population of the City, district by district. The attendance in the schools was 100% and the response of the general population was extremely good. It is planned to start in Aleppo at the beginning of April.

As the first month was a training period for the locally-recruited personnel, the number of persons examined was relatively small.

C/ FAR EAST

1. INDIA

<u>Month</u>	<u>No. tested</u>	<u>No. of reactors</u>	<u>No. vaccinated</u>
February, 1950	162,287	79,087	55,569
March, 1950	167,701	80,459	47,088
TOTAL: to 31st March, 50	849,764	407,285	283,714

/Number of vaccinators

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Number of vaccinators: 47 national, 18 Scandinavian
Number of vehicles: 2 Sedans, 8 Panel Vans
Development of programme:

The work continued during February and March on the same lines as during the past year, with instruction of local personnel in different provinces.

BCG vaccination is actually going on in a number of provinces where demonstration work has been completed. The work is not going with equal success in all provinces, but in some progress is absolutely satisfactory with a big number of local teams in operation. The figure given for number of examinations does not represent a real picture of the situation. It has been difficult to obtain figures for the number of persons tested and vaccinated in several of the provinces where the local Health Authorities are continuing the work after the demonstration period has been completed.

The agreement signed between the ITC and the Ministry of Health of the Government of India expires on 1st April. In a letter from the Director General of Health Services, dated 12th January, 1950, the Government ask for continuation of the campaign up to the end of March, 1951. ITC contacted WHO to find out when WHO would be ready to take over the direction of the vaccination campaign in India, and having been informed by WHO that they would be in a position to take over on 1st January, 1951, the agreement between ITC and the Government of India was prolonged until the end of 1950.

The number of Scandinavian vaccinators will be reduced from 1st April to half (three teams), with the understanding that if there is a special desire and need, the number can be increased by one team, at two months' notice. It is understood that the work of the international teams will consist of three parts: (i) demonstration and instruction campaigns, in new provinces (Central Provinces, Rajputana and Kashmir), (ii) short-term assistance in provinces where demonstration campaigns have been completed but where there is special need for assistance, particularly in the cities where the "tuberculosis centres" will be established, (iii) extensive retesting.

ITC is prepared to send further supplies for use by the local teams.

2. PAKISTAN

<u>Month</u>	<u>No. tested</u>	<u>No. of reactors</u>	<u>No. vaccinated</u>
February, 1950	14,512	5,710	5,343
March, 1950	29,105	13,668	8,345
TOTAL: to 31st March 1950	108,631	45,162	32,804

Number of vaccinators: February: 20 national, 5 Scandinavian
March: 19 national, 6 Scandinavian
Number of vehicles: 1 Sedan, 4 Panel Vans
Development of programme:

Altogether the ITC campaign in Pakistan is progressing satisfactorily. In East Pakistan the work had to be interrupted in Dacca on account of riots but could be resumed again by the end of March. In West Pakistan, a new campaign was started in Lahore, and the work is progressing very satisfactorily, with excellent co-operation from the local health authorities. Should further supplies be required for the

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/local teams

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local teams, ITC is willing to consider sending these.

D. NORTH AFRICA

1. MOROCCO

Estimated number of persons to be tested: 3.5 million

<u>Month</u>	<u>No. tested</u>	<u>No. vaccinated</u>
February, 1950	102,000	43,000
March, 1950	143,800	54,126
TOTAL: to 31st March, 1950	1,043,363	518,302

Number of Teams: 4 International
4 Moroccan, each consisting of one doctor and 4 nurses

Number of vehicles: 3 Sedans, 17 Panel Vans, 1 Truck

Development of programme:

Very favourable conditions prevail in the large towns in the north of Morocco. The percentage of persons who have come to be vaccinated varies from 95% to 100% in the case of children up to 15 years of age.

For older persons it happens in the towns that a certain number of factory apprentices cannot be touched; in fact, in all these towns, where the population has increased very rapidly during the last years, the number of inhabitants is greatly varying.

The co-operation between the international teams and the local authorities is excellent in every respect.

The work will be interrupted on 14th June on account of the religious festivities of the Ramada. It will be resumed at the end of this period, i.e. on 20 July.

Owing to climatic conditions, which are particularly hard in North Africa during the summer months, it has been agreed that the work shall only be resumed by half the international personnel until 1st October.

Estimated termination of the campaign: June, 1951.

2. TUNISIA

Estimated number of persons to be tested: 1.5 million

<u>Month</u>	<u>No. tested</u>	<u>No. vaccinated</u>
February, 1950	25,487	15,376
March, 1950	40,088	17,079

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/Total at 31st March

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	<u>No. tested</u>	<u>No. vaccinated</u>
TOTAL: at 31st March, 1950	156,017	72,856

Number of teams: 2 international
2 Tunisian
each consisting of one doctor and 4 nurses

Number of vehicles: 2 Sedans, 9 Panel Vans, 1 Truck
Development of programme:

The territories in the South have been completed during these two months in two sectors:

One at Djerba and another at Tozeur, where attendance for vaccination has been very poor.

On the whole, the number of population expected have turned up for vaccination.

As in Morocco, the work will be interrupted on 14 June because of the Ramadan festival. It will be resumed at the end of that period, i.e. 20th July, with half the international personnel, on account of the climatic conditions. By 1st October, all the teams will be at work again.

Estimated termination of the Campaign: 1st April, 1951.

3. ALGERIA

Estimated number of persons to be tested: 4.5 million

<u>Month</u>	<u>No. tested:</u>	<u>No. vaccinated:</u>
February, 1950:	77,055	23,650
March, 1950: (not yet received)		
TOTAL: as at 28th February, 1950	94,069	31,654

Number of teams: 3 International
2 Local - (a third is being formed)
each consisting of one doctor and 4 nurses.

Number of vehicles: 3 Sedans, 11 Panel Vans, 2 jeeps, 1 truck.
Development of programme:

The vaccination conditions in Algeria have improved immensely since January. The working plan has been fixed in a more precise manner. Thanks to a better formation of the local administrators and the doctors responsible for public health, the attendance of the population now goes on under very good conditions, often surpassing the expected figures, and often making the work of our teams rather difficult.

/There will be

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There will be the same interruption for the Ramadan as in the two other countries. Work will be resumed on 20th July, with effective force in the whole Kabylie.

Expected date of completion of the Campaign: end of 1951.

4. TANGIERS

An agreement will be signed between the ITC and the Administration of the Zone of Tangiers on 6th April 1950. The campaign will start at the beginning of May and will be finished about the middle of June. The work will be carried out on exactly the same lines as in Morocco.

The number to be tested is estimated to be 30,000.

E. LATIN AMERICA

1. MEXICO

An agreement between the ITC and the Mexican Minister of Health and Welfare was signed on 30th March, 1950. Because of difficulties being experienced by the Government of Mexico in balancing their budget for the current year, the extent of the BCG vaccination campaign has been reduced; instead of 11 local teams, there will be only 6. Discussions are in progress between the Government and the ITC concerning details of the programme, including the number of Scandinavian personnel.

Preparations have been made for starting the pilot work in Mexico City at the beginning of May, and the mass campaign as soon as possible thereafter. The ITC Chief of Mission and Administrative Officer will be arriving in Mexico during the last week in April to assist in making local arrangements.

2. ECUADOR

The agreement between the Ecuadorean Government and the ITC has not yet been signed, but ITC has been informed by telegram that the Government will sign the agreement on the World Health Day on 7th April.

Preparations for the start of the programme are in progress, and it is expected that the work will start in the latter part of June, 1950.

ITC has invited the Chief of the Tuberculosis Section of the Ministry of Health, Dr. Jorge Higgins, to visit Europe during April and May to study the problems connected with mass campaigns and to visit countries where ITC campaigns are in progress.

SUMMARY OF COUNTRIES OUTSIDE EUROPE to 31st March, 1950.

	<u>Country</u>	<u>No. tested</u>	<u>No. of reactors</u>	<u>No. vaccinated</u>
<u>ITC</u>	India	849,764	407,285	233,711
	Ceylon	25,776	16,622	3,391
	Pakistan	108,631	45,162	32,804

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<u>Country</u>	<u>No. tested</u>	<u>No. of reactors</u>	<u>No. vaccinated</u>
Israel	167,299	44,619	97,882
Egypt	77,622	46,793	19,759
Lebanon	43,463	5,354	28,311
Syria	16,897	4,971	9,415
Arab Refugees	211,323	25,751	148,137
Morocco	1,043,363	—	518,302
Algeria	94,069	38,338	31,654
Tunisia	156,017	32,455	72,856
	<u>2,794,224</u>	<u>667,350</u>	<u>1,246,225</u>
	(+ Algeria)	(+ Morocco)	(+ Algeria)

BCG VACCINE PRODUCTION

(Position regarding BCG laboratories as at 1st April 1950)

EUROPEAN COUNTRIES

FINLAND

ITC has been informed that an official request will be made to ITC by the Finnish Health Authorities for assistance in establishing a BCG laboratory. So far no request has been received.

CZECHOSLOVAKIA

Equipment and chemicals for the newly-established BCG laboratory in Prague were despatched by rail from Copenhagen in December, 1949. In March, 1950, a statement was received to the effect that all had arrived in good order. The cost of equipment and chemicals necessary for a two years' vaccine production (not including freight and insurance) amounted to 4,571 dollars.

It is believed that the laboratory is now producing BCG vaccine. The State Serum Institute sends each week Danish vaccine to Prague for comparison purposes.

With regard to tuberculin, the Health Authorities have been informed that tuberculin stock solution and tuberculin jelly can be supplied for a period of three years, and they have been asked whether this would be of interest to Czechoslovakia. So far no reply has been received.

GREECE

Equipment and chemicals for six months' vaccine production were sent by air to the BCG laboratory at the Pasteur Institute in Athens at the end of October, 1949, and further equipment and chemicals by ship in November, 1949. Equipment and chemicals needed for making tuberculin dilutions from tuberculin stock solution were also sent to Athens. The ITC Mission has informed HQ that everything has arrived safely, but no statement has yet been received from the Greek Health Authorities. The cost of

/ equipment and chemicals

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equipment and chemicals (not including freight and insurance) amounted to 7,090 dollars.

To help in the initial stages of vaccine production for intracutaneous use, ITC engaged a French doctor from the Pasteur Institute in Paris.

A request for approval of the laboratory by the WHO Expert Committee on Biological Standardization has been sent to Geneva, but ITC has not yet received information as to whether or not approval will be given. Vaccine supplies for the campaign in Greece are, therefore, still being sent from Copenhagen. During February and March, 1950, Greek vaccine has been sent once a week to the State Serum Institute in Copenhagen for comparison with Danish vaccine, and the tests (carried out on guinea-pigs only) show that the Greek vaccine corresponds in potency to the Danish vaccine.

As far as tuberculin is concerned, since January, 1950, the Greek Pasteur Institute has produced tuberculin dilutions from stock solution sent from Copenhagen for the ITC campaign in Greece.

POLAND

Equipment and chemicals for the extended and improved BCG laboratory in Lublin were sent by rail from Copenhagen in December, 1949, and a statement has been received from the Ministry of Health that the goods have been received in good condition. The cost (not including freight and insurance) amounted to 8,164 dollars.

It is known through the ITC Chief of Mission that vaccine is now being produced on a relatively large scale. During February and March, 1950, small quantities of the Lublin vaccine have been sent to the State Serum Institute, Copenhagen, for comparison purposes. The result of tests (which have been carried out on guinea-pigs only) is that the Polish vaccine is almost of the same potency as the Danish. The State Serum Institute intends to send to Poland a small sample of Danish vaccine each week for a total period of six months for comparison purposes.

With regard to tuberculin, stock solution of purified tuberculin will be sent every other month, starting in April, and tuberculin jelly once every six months for three years.

YUGOSLAVIA

Equipment and chemicals for the BCG laboratory in Belgrade were sent by rail from Copenhagen in December, 1949, and a statement has been received to the effect that everything arrived safely. The price (not including freight and insurance) amounted to 6,422 dollars. No information is to hand as to whether the Yugoslavian Health Authorities have applied for approval of the laboratory by the WHO Expert Committee on Biological Standardization. Both vaccine and tuberculin are still being sent from Copenhagen.

MIDDLE EAST

Vaccine and tuberculin dilutions for the work in the countries in the Middle East

/ (Lebanon

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(Lebanon, Egypt, Israel and Syria) are still being sent from Copenhagen in special refrigerated containers by commercial air lines. This arrangement works very well, and reports received show that the vaccine always arrives in the different countries in satisfactory condition (temperature about 4°C).

EGYPT

At the request of the Egyptian Government, the Serum and Vaccine Institute at Agouza Cairo, was visited by the ITC Laboratory Consultant in December, 1949. The possibilities for erecting a BCG laboratory, both in a temporary building and in a new building were discussed, and advice was given concerning the WHO minimum requirements; ITC assistance in respect of equipment and chemicals; and also possible assistance from the ITC in the form of sending a trained bacteriologist to help in starting the laboratory. An Egyptian doctor has already spent four months in Scandinavia and France for training in BCG technique. At the end of March, 1950, the Egyptians submitted plans for a temporary, as well as for a new, BCG laboratory building. These plans have now been revised, and the amended plans, together with comments, will be sent back to Cairo before the end of April 1950.

ISRAEL

At the request of the Israelite Health Authorities, a vaccine production institute in Jerusalem and the Weismann Institute in Tel-Aviv were visited by the ITC BCG Laboratory Consultant in November 1949.

Jerusalem was chosen as the place for the laboratory, but as the existing buildings there might possibly be adapted for a BCG laboratory were rather old-fashioned, and as it would be a somewhat costly affair to have a BCG laboratory up to the approximate standard installed there, it was decided to build a new, self-contained, BCG laboratory building. Plans for such a new building (which should be a sort of model BCG laboratory) were discussed and roughly worked out on the spot, together with the Chief Engineer from the Ministry of Health.

The question of sending one or two bacteriologists to Europe for training in BCG technique was also discussed, as well as the possibility of ITC giving assistance by sending a trained bacteriologist to Jerusalem to help in starting the BCG laboratory.

In February, 1950, ITC HQ received detailed plans from the Chief Engineer, and after having been revised, in consultation with the ITC Consulting Engineer, the plans were returned to Israel in March, 1950, together with comments.

FAR EAST

Vaccine for Pakistan has been sent since January, 1950, in specially-constructed refrigerated containers, from the State Serum Institute in Copenhagen. Tuberculin stock solution has also been sent from Copenhagen since January.

The vaccine for India and Ceylon is produced at the Government of India BCG laboratory at the King Institute, Madras. Tuberculin for tuberculin dilutions is sent from Copenhagen.

/PAKISTAN

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PAKISTAN

At the request of the Government of Pakistan, the Bureau of Laboratories and Malaria Institute in Karachi was visited by the ITC BCG Laboratory Consultant in December, 1949. The possibilities of establishment of a BCG laboratory in some of the already existing buildings were discussed. A building with no partition walls was chosen as being excellent for the purpose. The question of sending two bacteriologists to Europe for training in BCG preparation technique was discussed, as well as possible assistance from ITC by sending a trained bacteriologist to help in starting the laboratory. Plans for the building chosen were received in Copenhagen in March, 1950. In consultation with the Consulting Engineer, ITC has now indicated how a BCG laboratory can best be installed in the existing building. These plans, together with comments, will be sent to Karachi by the end of April, 1950.

At the time of his visit to Karachi, the ITC BCG Laboratory Consultant also assisted in starting a small laboratory at the above-mentioned Institute for making tuberculin dilutions from the stock solution sent from Copenhagen. Equipment and chemicals for this laboratory had been purchased in advance and despatched from Copenhagen, and had arrived in Karachi in December, 1949. The cost of this equipment (not including freight and insurance) amounted to 1,018 dollars. To be in charge of the preparation of tuberculin dilutions, ITC has engaged a bacteriological technician from the State Serum Institute.

INDIA

The BCG laboratory in Madras, which was established in 1943 with WHO assistance, was visited by ITC Laboratory Consultant in December, 1949. He found the work being done in the laboratory of excellent standard, and during his visit was able to give assistance in small technical problems. The technique of vaccine production was altered slightly, and samples of the vaccine which have since been received in Copenhagen for comparison with the Danish vaccine (tests on guinea-pigs only) show that the Indian vaccine now has the same potency, or is perhaps even slightly stronger, than the Danish vaccine. As the vaccine production at the Indian Laboratory is being carried out on a steadily-increasing scale, ITC has purchased and despatched supplementary equipment and chemicals during March, 1950. The cost of this equipment (not including freight and insurance) amounted to 3,116 dollars.

NORTH AFRICA

The BCG vaccine for Algeria and Tunisia is produced at the Pasteur Institute in Paris, from whence also tuberculin dilutions and tuberculin jelly are despatched. For Morocco, the BCG vaccine has since January, 1950, been despatched from the State Serum Institute, Copenhagen. Tuberculin for Morocco is sent from Paris.

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/ LATIN AMERICA

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LATIN AMERICA

MEXICO

Some equipment and chemicals for the BCG laboratory in Mexico City were despatched from Copenhagen in March, 1950. Equipment for preparation of tuberculin dilutions has also been sent. The total cost (not including freight and insurance) amounted to 2,516 dollars.

The BCG laboratory in Mexico City was visited in January, 1950, by the Chairman of the WHO Expert Committee on Biological Standardization, who recommended approval of the laboratory. Samples of vaccine have been sent for comparison purposes to the State Serum Institute, Copenhagen, during March and April, and the result (tests on guinea-pigs only) is that the Mexican vaccine is slightly weaker than the Danish.

ECUADOR

Equipment and chemicals for preparation of tuberculin dilutions at the laboratory in Guayaquil, Ecuador, will be despatched in April 1950. The cost (not including freight and insurance) is 1,108 dollars.

Plans for erection of a new BCG laboratory building in Guayaquil were received at ITC, Copenhagen, at the end of February, 1950. These have been revised, in consultation with ITC Consulting Engineer, and will be returned to Ecuador, with comments, before the end of April.

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INTERNATIONAL PEDIATRIC CONGRESS - ZURICH

Since the last medical Sub-Committee Meeting held in Paris on 18th March 1950, the position with regard to the selection of candidates for the International Pediatric Congress of Zurich is as follows:-

- 1) Far Eastern Countries and Latin America. Replies are still awaited for 12 countries but we have received the following advanced information: Out of the 18 Far Eastern countries contacted, 5 countries have answered and have accepted to send the 2 openings offered to them. The Philippine government has also accepted one additional opening. Out of the 15 Latin American countries 5 have answered but only 2 countries, namely Guatemala and Uruguay, have accepted to send one candidate each.
- 2) Middle East Countries. All 5 countries have answered and have accepted to send an average of 4 candidates each to Zurich, 2 of whom will also attend the seminars.
- 3) Europe. 12 countries have answered. Only Bulgaria has declined the offer. The Mission was requested to re-approach the Government on this matter. Of the 11 countries which have accepted to send candidates, 8 have sent in the questionnaires for an average of 8 candidates in the first category and 3 candidates in the second. Germany, Czechoslovakia, Poland have sent their acceptance but the names of the candidates have not yet been received.

Due to the fact that several overseas countries will not be in the position to pay the high travel expenses for their candidates some further openings were offered to the following European countries by EHQ's letter of 27th April: Austria, Finland, France and North Africa, Greece, Italy, Malta, Yugoslavia and Germany.

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EUROPE AND NORTH AFRICA

Country	Government acceptance	Questionnaires received		Further allocations proposed (our letter 27th April 1950)		TOTAL
		First Cat.	Second Cat.	First Cat.	Second Cat.	
AUSTRIA	Yes	7	3	10	4	24
FINLAND	"	8	2	8	2	20
FRANCE	"	10	2	12	4	28
NORTH AFRICA	"	4	2	6	3	15
GREECE	"	7	2	3	1	13
ITALY	"	11	3	10	4	28
MALTA	"	2	-	-	-	2
YUGOSLAVIA	"	8	5	10	4	27
GERMANY	"	10 ^x	10 ^x	10	4	26
CZECHOSLOVAKIA	"	8 ^x	2 ^x	-	-	10
POLAND	"	10 ^x	2 ^x	-	-	12
<p>x Questionnaires not received.</p> <p>BULGARIA No - The Mission has been asked to approach the Government again on this matter</p> <p>ALBANIA) HUNGARY) ROMANIA)) Have not answered</p>						
<hr/>						
TOTAL:	11 countries have accepted	85	25	69	26	205
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Country	Government acceptance	Questionnaires received		Further allocations proposed (our letter 27th April 1950)		TOTAL
		First Cat.	Second Cat.	First Cat.	Second Cat.	
	B/F	85	25	69	26	205
<u>LATIN AMERICA</u>						
GUATEMALA	Yes		1			1
URUGUAY	"		1			1
BRAZIL	No					
BRITISH HONDURAS	No					
HONDURAS	No					
TOTAL:	2 countries have accepted		2			2
<u>MIDDLE EAST</u>						
EGYPT	Yes	3	2			5
ISRAEL	"	1	1			2
LEBANON	"	1	1			2
SYRIA	"	<u>2</u>	<u>2</u>			<u>4</u>
TOTAL:	4 countries have accepted	7	6			13
<u>FAR EAST</u>						
PHILIPPINES		2	2			4
PAKISTAN			1			1
MALAYA		1				1
INDONESIA		<u>1</u>	1			<u>2</u>
THAILAND			<u>1</u>			<u>1</u>
TOTAL:	5 countries have accepted	4	5			9
(Awaiting reply from 12 other countries both for Latin America and Far East)						
GRAND TOTAL:		96	38	69	26	229

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30 May 1950

ORIGINAL: FRENCH

UNITED NATIONS INTERNATIONAL CHILDREN'S EMERGENCY FUND

Programme Committee

REPORT OF THE MEETING OF THE MEDICAL SUB-COMMITTEE

HELD ON 6 MAY 1950, PARIS, FRANCE

Corrigendum

Page 10, paragraph 39 - For the last two sentences of this paragraph, substitute

the following:

"Under the circumstances, the Committee agrees to consider ways and means of paying a salary to Miss Senechal for several more months.

On the other hand, it expressed the hope that in the interim pressure would be brought to bear simultaneously on both the French and the Greek Governments with a view to getting them to make the necessary financial effort so that the Pasteur Institute in Athens, which now has quite adequate equipment, will be in a position to function regularly."

(1.P.)

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