THE LAST CASE

Ali Maow Maalin was a twenty-three-year-old cook at the local hospital. He developed fever on October 22 followed by a rash on October 26. His case was a classic one in depicting omissions and mistakes in program operations. He had never been vaccinated despite having once served as a vaccinator and despite having worked at the hospital where employee vaccinations were supposed to be mandatory. On October 12 two sick children arrived at the hospital in a vehicle from a nomad encampment. They were to be housed in an isolation camp nearby. Both of them had smallpox, and one died two days later. Maalin volunteered to ride with them to direct the driver to the camp about 200 yards away. His exposure was brief but adequate.

Maalin was admitted to the hospital on October 25 with a presumptive diagnosis of malaria. He received numerous visitors and walked freely around the hospital and outside the compound. A day later he developed a rash that was diagnosed as chicken pox and he was sent home. A popular man, he received many visitors until October 30 when a male nurse suspected that Maalin had smallpox. He was then sent immediately to the isolation camp.

An intensive search began to find everyone with whom he had come into contact. In all, ninety-one face-to-face contacts were identified, twelve of whom had no vaccination scar, and six who had been hospital patients or visitors. Heroic measures were taken, including a search and vaccination of the town and of everyone entering or leaving town at any one of four checkpoints. House-by-house searches throughout the region were conducted monthly, and a national search was completed on December 29.

Between the declaration of a state of emergency and the last case, only 141 days had elapsed. Veterans from around the world had surmounted one more unprecedented challenge. The epidemic was stopped before the annual pilgrimage to Mecca got under way. Meanwhile 3,022 cases had occurred.

Ali Maow Maalin survived his illness and continued to reside in Merca doing a variety of different tasks. But he has a place in history as the last naturally occurring case in a continuing chain of transmission extending back at least 3,500 years.

The work was not yet finished, however. There was “only” the need to ensure that sufficiently sensitive surveillance programs were in place around the globe for at least two years in order to satisfy ourselves and health officials throughout the world that smallpox had truly been eradicated, that there was no remaining focus of the disease anywhere, and that vaccination could cease.

Understandably, health officials in every country were anxious to begin utilizing smallpox staff to work in other programs. Persuading them, and all smallpox eradication staff, of the critical need to continue activities was a task almost as formidable as stopping smallpox in the first place. Fortunately, many of the veteran, dedicated staff stayed the course.