Cholera in Egypt and the Origins of WHO, 1947

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Part of a larger study on the history of WHO, Global Health Histories initiative, E. Fee, T. Brown et al.
General theme and questions:

In 1947 the organizers of WHO planned to hold the 1st World Health Assembly within a few months but the process took longer and faced urgent problems such as a cholera outbreak.

Tension between the need to respond to emergencies and institution building processes.

How to combine relief with prevention?
How to modernize quarantine regulations?
How to work in a conflictive region and period?
(Palestine refugees, the creation of Israel, the beginning of the Cold War)

John Lennon “Life is what happens to you while you are busy making other plans”
Background

Between 1882-1920s part of the British Empire but never officially a colony

In 1922 the UK unilaterally declared independence

However, British influence continued (maintaining its control over the Suez canal)
Occupied by the Germans during most of the WWII

In the early 20th century an export economy: cotton
In 1947 the total population of the country over 19 million
H.M. Farouk I, King of Egypt and of Sudan. ruled Egypt between 1936 and 1952.

Undermined by accusations of a lavish royal lifestyle in a poor country, corruption and pick-pocketing

In 1945 Egypt became a member of the Arab League with headquarters in Cairo; against UN plan for partition of Palestine into an Arab and a Jewish state

Egypt was defeated during the 1948 Arab-Israeli War but maintained control of a strip of territory around Gaza

A country on the threshold of a revolution

A military coup in 1952, directed by Gamal A. Nasser, forced Farouk to abdicate

A year later a republic emerged
Shortly after WWII: about 1000 Arab refugees homeless in Lebanon, Syrian, Jordan and Gaza

Medical and relief programs under WHO’s *The Lamp is Light, the Story of WHO*, 1951
Medical Modernization in Egypt during the 20th century

Rene Francis, *Public Health in Egypt*, Cairo 1951, NLM
Medical Modernization in Egypt

A medical tradition of 5,000 years.
Naguib Pasha Mahfouz, leading gynaecologist and international lecturer
A Serum and Vaccine Institute at Cairo
In 1936 a Ministry of Health definitely established
However,
still a country with bilharzia, hookworm, malaria

“Egyptian doctors have an eye for disorder that even a Dutch housewife cannot equal“

Francis, Public Health in Egypt
1945. *United Nations Conference*, San Francisco. Souza (Brazil) and Sze (China) propose to create an international health organization. Both members of the Health Division of United Nations Relief and Rehabilitation Administration, UNRRA.
A Brief Chronology of WHO, 1946-1948

1946
April: Technical Preparatory Committee prepares a Constitution
1946
July: International Health Conference in NY creates an Interim Commission, IC
1946
IC absorbs OIHP (Paris) Offices in Geneva and NYC
Between April 1947 and January 1948 IC meets at four months intervals
Also absorbs functions of the League of Nations Health Organization and UNRRA

1947 September & October: Cholera epidemic in Egypt

1948
24 June-24 July: 1st World Health Assembly, Geneva (65 nations)

Paradox: For its organizers the definitive establishment of WHO was slow because ratifications took longer than expected; seen from the present it appears as a short period. It questions the common perception that progress in international health usually proceeds slowly
Organizing principles

A single specialized agency with a high degree of independence

Link new medical developments and public health needs

Anticipate the major needs on world health. A selection of priorities

Include as many member States as possible


Work through Internal and External Committees: Internal; Administration and Finance, Epidemiology and Quarantine, Headquarters, Priorities, Relations

External: Bacteriological Standardization, Quarantine, Drugs, Malaria, Pilgrimage & Sanitary Conventions, Tuberculosis, Venereal Diseases, Pharmacopoeias, Revision of the International Lists of Diseases and Causes of Death
Network of WHO epidemiological radio-broadcasts in late 1940s
Expert Committee on Malaria

From left to right: Dr. E. Pampana (secretary), Dr. M. Ciucs (Roumania), Dr. A. Gabaldón (Venezuela), Dr. P. F. Russell (United States), Dr. N. Hamilton Fairley (United Kingdom)
Andrija Stampar, from Yugoslavia, Chairman WHO-IC; President of 1st World Health Assembly.

Brock Chisholm, from Canada, Executive secretary WHO Interim Commission (1946-1948); 1st Director-General WHO (1948-1953)
Aly Tewfik Shousha Pasha
“a medical politician” Henry Van Zile Hyde

--One of three vice-chairmen of WHO-IC and later 1st chairman of WHO Executive Board

--A bacteriologist in the Public Health Laboratories in Cairo in 1917 and in 1930 director of this institution

--Under-secretary of State for Health in Egypt since 1940 (and during the epidemic)

--Helped to establish the US medical research unit in Cairo

--One of the first foreigners to receive the US Freedom Medal

Joined the WHO staff in 1949 as the First director of the Regional Office for the Eastern Mediterranean (held position until 1957)
Cholera in Egypt in 1947. *Vibrio Cholera*

According to a WHO officer:

the *most dramatic story* of the Interim Commission.

An outbreak on September 22, 1947 in eastern Egypt

El Korein: a village of 15,000 inhabitants

Most cases in rural areas with no sanitation.

The epidemic came from outside but found local propitious conditions

The peak of the epidemic came in late October with 500 deaths and 900 new cases in one day

A disease that re-emerged in Egypt after an absence of about 45 years

Fear of spread to Europe

1817-1923 pandemics coming from India spread east and west of India.

However, after 1923 no major western spread of cholera beyond Afghanistan
First responses to Cholera epidemic

Panic and counterproductive police control

According to *The Lancet* it was a return to the “quarantine of the jungle”

Land quarantines, isolation of the sick, disinfection of houses,

prohibition of public markets and ice-cream

Prohibition

of washing cloths or bathing in the Nile and of open praying-

places on the banks of the Nile

Suppression

of outgoing movements of pilgrims from Egypt to India

(Pilgrim season to Moslem holy places started in early October

and 7,000 pilgrims ready to leave Suez)


Hysteria:

neighboring countries closed their frontiers to passengers, goods (including cotton) and mail from Egypt
In October, the Greek Government cancelled all flights to Cairo because of the epidemic DDT used for an “anti-fly campaign”.

A government plane over Athens using DDT as a precautionary measure to help prevent the spread of the disease in Egypt. In the background is the Acropolis which supports the Parthenon.
Possible origin of the epidemic
According to *The Lancet*, 8 September 1947, not related to pilgrimage

«...many think that they have traced the origin of the infection to Egyptian labourers…coming from India to British Army aerodromes, where the labourers work...There is also a coincidence between the Egyptian epidemic and that which started on August 15, 1947, in the Punjab after its partition between Pakistan and Hindustan and the migration of about 5 million persons that followed it»
WHO (IC) Intervention

Director-General and Expert Committee on Quarantine helped to coordinate
the sending of tons of vaccine and supplies
Supplies sent from the US reached Egypt in less than 3 days
Medical supplies such as:
syringes, hypodermic needles, blood plasma and sodium chloride and glucose,
for rehydration, and sulfonamides

WHO warned about “exaggerated” measures taken by bordering countries
Epidemic brought under control within six weeks

In 1902 the cholera epidemic had a death rate of 85 % or 35,595 people.
In 1947 the total of cases was 20,804 with 10,277 deaths (death rate: 50 %)

In 1947 population of Egypt over 19 million
Health campaign linked to health improvements

Health workers before the epidemic were about 1,700. During the epidemic the figure increased to 3,400
An opportunity for improving water systems. Chlorination. New sanitary pumps

Vaccination perceived as a “magic bullet”
and applied on a large scale.
A second vaccination in February 1948
Over 13,000 swabs taken from deceased persons between Dec. 1947 – Jan. 1948

According to experts, autumn and vaccination ended the epidemic
Only 10 cases in 1948.
None in the next year
According to a study in hospitals, the fatality rate among the inoculated was lower than among the non-inoculated

In 1973 WHO abolished cholera vaccination for international travel requirements in the International Health Regulations
The anti-cholera campaign in full swing
Francis, *Public Health in Egypt*
«Thanks to the colossal efforts of the Egyptian public health authorities, it had been possible…to circumscribe the epidemic to Egypt»

Brok Chisholm, cited in Francis

«People discouraged by reports of dissension among different States may thus become more aware of the tremendous potentiality of WHO and of the great opportunities of progress through international cooperation»

A. Shousa
A new and important element entered into the bilateral health story in 1947... [that] communism breeds on filth, disease, and human misery. Immediately after the enunciation of the Truman Doctrine of containment of communism, a Mission was sent to Greece. It contained an important health component composed of U.S. Public Health Service officers

«Historians may remember 1948 as the year in which the peoples of the world lived alternately between fear and hope: fear of atomic war, total destruction; hope that the UN would eliminate this threat. And they may well conclude that the coming into force of the UN WHO gave the people additional reason for hope, when hope was most needed»

(July 1, 1948) p. 529
Conclusions

Control of epidemic a form of validation, WHO not only a “debating society”

A learning experience on how to combine long-term planning and rapid responses to emergencies

The notion that “disease has no borders” acquired a real meaning

Encouraged the work for improving quarantine systems, international health and rural health systems

Mixed results in terms of cholera control. Cholera appeared controllable and role of carriers were established but traditional methods and discrimination continued

WHO could not avoid being involved in the Cold War

Major challenge for developing countries was to maintain gains and overcome a history of discontinuity
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<th>Region</th>
<th>Date of Creation</th>
<th>First Director</th>
<th>First Headquarters</th>
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<tr>
<td>South East-Asia</td>
<td>1 January 1949</td>
<td>Chandra Mani</td>
<td>New Delhi</td>
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<td>Fred. L. Soper</td>
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<td>1 July 1949</td>
<td>Aly Shousha</td>
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<td>September 1951</td>
<td>Norman D. Berg</td>
<td>Geneva</td>
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<td>Western Pacific</td>
<td>1 July 1951</td>
<td>I.C. Fang</td>
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<td>François Daubenton</td>
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