

## Recommendations on Oral Poliomyelitis Vaccine

On December 18, 1962, the Special Advisory Committee on Oral Poliomyelitis Vaccine to the Surgeon General of the Public Health Service urged communities to move ahead on their poliomyelitis immunization plans, using all three types of Sabin oral vaccine and placing particular emphasis on children and young adults.

Surgeon General Luther L. Terry accepted the committee's recommendations and stated: "The committee feels and I wholeheartedly agree that of greatest importance is planning for the continuing vaccination of oncoming generations. This is the only way we will succeed in eradicating poliomyelitis permanently. In the oral and the Salk vaccines we have two established weapons against poliomyelitis and we can, I believe, look forward to the day when poliomyelitis is finally eliminated in this country. With about 650 cases reported in 1962 compared with almost 58,000 a decade ago, it is clear we are well on our way."

In regard to the committee's work, Dr. Terry said, "The care with which members of this committee—all experts in the scientific disciplines involved in the use of vaccines—have watched and evaluated developments in the widespread use of oral poliomyelitis vaccine is exemplary."

The members of the committee are: Dr. David Bodian, Johns Hopkins School of Medicine; Dr. John Fox, Public Health Research Institute of the City of New York; Dr. Archie L. Gray, secretary and executive officer, Mississippi State Board of Health; Dr. William McD. Hammon, University of Pittsburgh; Dr. Hugh Hussey, dean, School of Medicine, Georgetown University; Dr. Alexander Langmuir, Communicable Disease Center, Public Health Service; Dr. Roderick Murray, National Institutes of Health, Public Health Service; Dr. John Paul, Yale University School of Medicine; Dr. Albert Sabin, University of Cincinnati; Dr. Edward B. Shaw, University

of California School of Medicine; and Dr. Joseph E. Smadel, National Institutes of Health, Public Health Service.

Following is the full report of the advisory committee:

### COMMITTEE REPORT

The committee met to review all cases of suspect polioliike illness currently known to have been associated with the administration of oral poliovirus vaccine of all three types in non-epidemic areas. These included, in addition to cases previously considered, 25 cases newly discovered among persons fed vaccine, and 4 cases among individuals in contact with vaccinated persons. Some of the cases previously accepted as "compatible" have been dropped from this category because of additional clinical and laboratory evidence that has become available. New cases have been added to the compatible group where careful review has justified such action.

It should be emphasized that the committee does not consider that an individual case can be proved to be caused by the vaccine and no laboratory test has thus far provided a definitive answer. However, it has attempted to decide for each case whether or not it is compatible with the possibility of having been induced by the vaccine. Cases have been judged as compatible when three criteria were met: (a) onset within a period (4–30 days after feeding) consistent with a reasonable incubation period, (b) an illness clinically consistent with paralytic poliomyelitis and (c) laboratory findings which do not exclude a vaccine relationship.

On the basis of data now available, the total number of cases associated in time with the direct administration of type 3 vaccine and considered by a committee majority as compatible is now 11; 8 of the patients were over 30 years of age. Four cases were excluded as clearly unrelated to type 3 vaccination, and

seven cases were considered inconclusive as to a possible vaccine relationship.

The total number of cases associated with the administration of type 1 vaccine and considered as compatible is seven; four of the patients were over 30 years of age. Ten cases were excluded; six were considered inconclusive. None of the three type 2 associated cases was judged to be compatible.

During 1962 approximately 31 million type 1, 19 million type 2, and 15 million type 3 doses of oral vaccine were given in nonepidemic areas. Hence, the maximum potential risk for types 1 and 3 is of the order of 1 per million or less overall but higher for those over 30 years of age. For type 2 there is still no indication of risk.

Consideration of the four cases in unvaccinated persons in household contact with vaccinees resulted in two being judged compatible and two excluded. One additional compatible case occurred in a nonhousehold contact. Considering the large amount of vaccine administered and the known frequency of vaccine virus spread from vaccinated to unvaccinated persons, particularly within homes, it is concluded

that contact spread has posed no significant hazard.

It is therefore recommended that community plans for immunization be encouraged, using all three types, and that immunization be emphasized for children, in whom the danger of naturally occurring poliomyelitis is greatest and who serve as the natural source of poliomyelitis infection in the community. Because the need for immunization diminishes with advancing age and because potential risks of vaccine are believed by some to exist in adults, especially above the age of 30, vaccination should be used for adults only with the full recognition of its very small risk. Vaccination is especially recommended for those adults who are at higher risk of naturally occurring disease; for example, parents of young children, pregnant women, persons in epidemic situations, and those planning foreign travel.

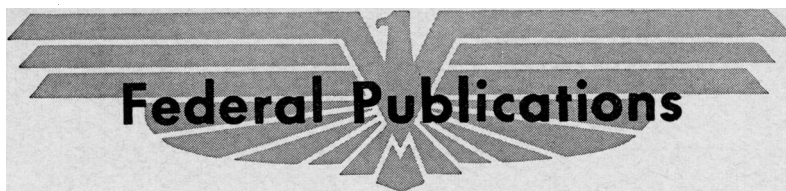
Of greatest importance is the planning of continuing vaccination programs to provide for the adequate immunization of the incoming generation.

## Chemical and Biological Defense Training

A course providing general knowledge of the problems and techniques of defending civilian populations against chemical and biological weapons is being conducted for selected health and medical personnel by the Public Health Service. The course includes instruction in the current capabilities of chemical and biological agents and munitions systems, defense techniques, public health aspects, detection and identification of chemical and biological agents, survey and delineation of contaminated areas, decontamination, first aid and treatment, care and use of defensive equipment, and psychological aspects of chemical and biological warfare.

The week-long course has been given several times since January 1963. Forthcoming sessions are scheduled for May 13-18 and June 17-22, 1963. They are conducted at Fort McClellan, Ala., in cooperation with the U.S. Army Chemical Corps School.

Representatives of health departments, the Veterans Administration, the Public Health Service, faculty members of schools in the Medical Education for National Defense Program, and other interested persons may apply for the course. Enrollment forms and further information are available from the Deputy Chief, Training Branch, Division of Health Mobilization, Office of the Surgeon General, Public Health Service, Washington 25, D.C.



**Health Manpower Source Book. Medical specialists.** *PHS Publication No. 263, section 14; 1962; by Paul Q. Peterson and Maryland Y. Pennell; 233 pages; \$1.25.*

Basic data on the numbers, distribution, and characteristics of physicians (M.D.) engaged full or part time in medical specialties are presented. Information on physicians by type of practice and specialty is shown for selected years, 1931-62.

A summary section for 1961 presents data by type of specialty, followed by sections for each of the 26 specialties with detailed findings on certification, type of practice, age, sex, State location, and medical school from which the specialists graduated.

The final section includes data on doctors of osteopathy.

**NIMH Training Grant Program, Fiscal Years 1948-1961.** *PHS Publication No. 966; 1962; 63 pages; 40 cents.*

Information presented emphasizes the growth and increasing diversity of the program, noting that annual awards for the training of mental health personnel increased from slightly over \$1 million in fiscal 1948 to more than \$28 million in 1961. Data also are given on the geographic distribution of training awards and the types of schools or institutions receiving awards.

**Cancer Cause and Prevention.** *PHS Publication No. 959; 1962; 15 pages; 10 cents.*

Environmental and personal factors in the causation of cancer, as well as occupational hazards that to some extent may be avoided, are described. The discussion goes into the problems of air pollution, radiation exposure, and food additives. It also covers smoking and lung cancer,

referring to the conclusion reached by the Public Health Service in 1959 that smoking is the principal reason for the rise in lung cancer cases.

The booklet points out that as the older age group in the population increases, more people are living long enough to develop cancer induced by exposure to a causative agent earlier in life.

**Proceedings of the First Annual Conference of the Model Reporting Area for Blindness Statistics, 1962.** *PHS Publication No. 972; 1962; 86 pages.*

The organizational conference of a cooperative program to obtain reliable statistics on the nation's blind and to stimulate research in blindness is reported.

Proceedings include discussion of objectives, organizational structure and standards of the Model Reporting Area, need for good statistics on the blind, research potential of blindness registers, register problems among member States, technical details pertaining to register maintenance, and the nature of tabulations to be prepared annually.

**Police Work With Children. Perspectives and principles.** *Children's Bureau Publication No. 399; by Richard A. Myren and Lynn D. Swanson; 1962; 106 pages; 35 cents.*

This publication is designed to raise the professional approach of the police department to children's problems, while enhancing and spelling out the role of the juvenile specialist in dealing with these problems.

The document raises questions and poses problems about police roles in taking children into custody, keeping them in detention, and interviewing them. It also discusses admissibility of evidence of youth offenses

obtained from the child or youth involved in such offenses.

The publication should be helpful not only to the police, but to judges, probation officers, attorneys, citizen groups, and all persons interested in improving police practices in their communities.

**Planning Nurseries for Newborn in the General Hospital.** *PHS Publication No. 930-D-5; 1962; 26 pages; 25 cents.* Presents recommendations for planning nurseries for newborn infants, including plans showing design and arrangement of nurseries that meet the standards developed during a 2-year study and an equipment list.

**General Standards of Construction and Equipment**

**GENERAL HOSPITALS.** *PHS Publication No. 930-A-2; 1962; 57 pages; 40 cents.*

**LONG-TERM CARE FACILITIES.** *PHS Publication No. 930-A-3; 1962; 69 pages; 45 cents.*

**NURSES' RESIDENCE, SCHOOL OF NURSING, PUBLIC HEALTH CENTER, STATE PUBLIC HEALTH LABORATORY, DIAGNOSTIC or TREATMENT CENTER.** *PHS Publication No. 930-A-4; 45 pages; 35 cents.*

These publications present the requirements included in the Public Health Service Regulations, part 53, subpart M (appendix A).

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This section carries announcements of new publications prepared by the Public Health Service and of selected publications prepared with Federal support.

Unless otherwise indicated, publications for which prices are quoted are for sale by the Superintendent of Documents, U.S. Government Printing Office, Washington 25, D.C. Orders should be accompanied by cash, check, or money order and should fully identify the publication. Public Health Service publications which do not carry price quotations, as well as single sample copies of those for which prices are shown, can be obtained without charge from the Public Inquiries Branch, Public Health Service, Washington 25, D.C.

The Public Health Service does not supply publications other than its own.

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