DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

CENTER FOR DISEASE CONTROL
ATLANTA, GEORGIA

SUMMARY MINUTES OF MEETING

October 6-7, 1975

The Immunization Practices Advisory Committee met in Atlanta, Georgia, October 6-7, 1975.

COMMITTEE MEMBERS PRESENT

Dr. David J. Sencer, Chairman
Dr. H. Bruce Dull, Executive Secretary
Dr. E. Russell Alexander
Dr. Elizabeth Barrett-Connor
Dr. Lonnie S. Burnett
Dr. William R. Elsea
Dr. Eleanor G. Shore
Dr. Reuel A. Stallones

Ex Officio

Dr. Paul Parkman, Bureau of Biologics, FDA, DHEW (For Dr. Harry Meyer)

Liaison (American Academy of Pediatrics)

Dr. Saul Krugman (For Dr. Samuel Katz)

COMMITTEE MEMBERS ABSENT

Dr. E. Charlton Prather

CONSULTANTS

Dr. Saul Krugman, New York University School of Medicine
Dr. Robert W. McCollum, Yale University School of Medicine
Dr. James W. Mosley, University of Southern California
Dr. Allan G. Redeker, John Wesley Hospital, Los Angeles
Dr. Patricia E. Taylor, Health and Welfare, Canada

OTHERS PRESENT

Dr. Andrew Fleck, New York State Health Department
Dr. Robert J. Gerety, FDA, DHEW
Dr. Harvey G. Klein, Blood Bank, NIH
Dr. Donald O. Lyman, New York State Health Department
Dr. Henry Parker, NRC, Division of National Academy of Sciences
Dr. David Rimland, Grady Memorial Hospital, Atlanta

STAFF PRESENT

Bureau of Epidemiology:	Dr. John Bryan
	Dr. Walton B. Creech
	Dr. Michael B. Gregg
	Dr. John C. Harris
	Dr. Jay Jacobson
	Dr. James E. Maynard, Phoenix
	Dr. Lawrence Schonberger, Baltimore
	Dr. Ronald M. Zweighaft
Bureau of State Services:	Dr. John Witte

The meeting was called to order at 8:30 a.m. by Dr. David J. Sencer, Director, Center for Disease Control, the Committee's regular Chairman. Following brief comments on the general objectives of the Hepatitis-B Workshop, he called on Dr. H. Bruce Dull, Executive Secretary of the Committee, to serve as Acting Chairman.

The Acting Chairman introduced Committee members and consultants and elaborated the Hepatitis-B Workshop design and goals. He indicated that the Center for Disease Control recognizes its responsibilities relating to prevention and control of hepatitis-B and is quite agreeable to continuing some of the efforts of the National Research Council's Committee on Viral Hepatitis. In that the NRC's Committee will cease to exist at year's end, CDC plans to pursue the prevention and control initiatives which the NRC Committee has begun and has asked the ACIP, the Public Health Service's principal advisory body on immunization and related preventive medical practices, to become directly involved. The Acting Chairman went on to indicate that the objectives of the current Workshop are to present a digest of current information on hepatitis-B and to begin to formulate concepts on prevention and control. These concepts should derive from the recognized environments in which hepatitis-B transmission is known to occur and should be supported by the current state of knowledge of the disease and its epidemiology.

Hepatitis Surveillance

Hepatitis has been reportable in the United States since the early 1950's. Hepatitis-B, serum hepatitis, first became separately reportable in 1966. Incidence data have indicated a remarkable change in the seasonal and cyclical characteristics of traditional hepatitis patterns in recent years. Although the causes for there now being little seasonal and annual variation are not well defined, it has generally been concluded that the epidemiology of hepatitis is responding to various factors among which are: the relatively increasing importance of hepatitis-B, minimization of transfusion-associated hepatitis as a result of regular screening for hepatitis-B antigen, and the use of immune serum globulin prophylaxis for contacts of presumed hepatitis-A.

Hepatitis-B, Clinical Aspects

There are variously recognized persistent and chronic forms of hepatitis in which hepatitis-B antigen and antibody play an important role. Clinical and laboratory observations have produced at least five categories: 1) protracted acute hepatitis, 2) HBAg carrier state, 3) persistent hepatitis (unresolved hepatitis), 4) chronic active liver disease (chronic active hepatitis), and 5) drug induced chronic hepatitis. Only in the most general terms can prognosis regarding hepatitis-B antigen carriage be related to clinical syndromes.

Hepatitis-B, Diagnosis

There has been a rapid refinement and evolution of hepatitis-B antigen and antibody testing in the past few years. Obvious throughout the overall appraisal of serological testing is the need for standardization and for comparative data based on equally sensitive studies. So-called "third generation tests," such as radioimmunoassay, reverse passive hemagglutination, and electron microscopy, offer considerable improvement in the reliability in laboratory support of clinical and epidemiological investigations.

Hepatitis-B, Epidemiology

Although there are many generally accepted characteristics of the transmission of hepatitis-A and hepatitis-B, much of the newest information has come from observations in environments with known high risk. Renal dialysis units, oncology treatment centers, dental operatories, surgical suites, institutions for the mentally retarded, and such definable environments have provided notable sites for investigation. Anecdotal data, outbreak studies, and routine surveillance have yielded considerable information on risk but only limited data on applicable control procedures. Although not controlled observations, there appears to have been merit in reducing or eliminating continued spread from known hepatitis-B antigen sources--epidemiologically associated with cases and deaths--by minimizing exposure to blood from minor hand injuries incurred in dental and surgical practice. Seemingly effective have been the wearing of surgical gloves, double-gloving, masks, and the like.

Hepatitis-B, Antigen Carrier Management

Participants considered the current NRC Guidelines on Hepatitis-B Carriers (1974 revision) and New York State recommendations on hepatitis-B, oriented primarily toward institutionalized persons (1975). Both these documents and the general Workshop discussion focused on high risk environments and the sorts of prudent but reasonable recommendations that might minimize risk of transmission. It was suggested that the current NRC recommendations be updated to reflect new information and that a revised set of guidelines be the subject for collaborative NRC/ACIP efforts in coming months. To accomplish this, CDC accepted the responsibility for preparing a working draft derived

from the current Workshop's discussions and conclusions. This draft will be circulated to Workshop participants and modified according to responses. This version might be used for full NRC Hepatitis Committee and ACIP study and review at a joint meeting. December 16 was proposed as a possible date. Confirmation and details are to be discussed by the potential sponsoring agencies.

Encephalitis--United States, 1975

The status of anthropod-borne encephalitis in the United States in 1975 was reviewed for the Committee. Tabulations on St. Louis Encephalitis in the United States indicate that more cases will likely have been reported in 1975 than in any time in the last 20 years. Through September 30, 1975, 19 States and the District of Columbia had reported cases of confirmed SLE. In outbreaks under investigation, cases have followed characteristic patterns of slight female predominance, predominant older age group involvement, and fatalities in the aged.

Report--AAP Polio Vaccine Workshop, August 1975

A report on discussion of activated polio vaccine was presented by Dr. Krugman, the AAP liaison to the ACIP. Being self-explanatory, the report was accepted and not discussed in detail.

Meningococcal Polysaccharide Vaccine

The Committee reviewed the most recent draft statement on meningococcal polysaccharide vaccine and recommended acceptance following clarification of definitions and some additional editing. It was suggested that the statement be considered primarily informational, now that both monovalent serogroup A and C vaccines and a combination product have been licensed in the United States.

Other Business

It was recommended that the agenda for the next ACIP meeting include a discussion of inactivated and live virus polio vaccines. The dates of January 29-30, 1976, were selected.

The meeting was adjourned with the thanks of the Acting Chairman at 3:00 p.m.

I hereby certify that, to the best of my knowledge, the foregoing summary of minutes is accurate and complete.

for Chairman — 10/28/75 Date