

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL

MINUTES OF MEETING

Immunization Practices Advisory Committee
October 18-19, 1982
Atlanta, Georgia

The Immunization Practices Advisory Committee (ACIP) met in Conference Room 207 at the Centers for Disease Control in Atlanta, Georgia, on October 18-19, 1982. Those in attendance are listed below:

COMMITTEE MEMBERS PRESENT

Dr. James Chin, Chairman
Dr. John B. DeHoff
Dr. D. A. Henderson
Dr. Samuel L. Katz
Dr. Joan K. Leavitt
Dr. Frederick L. Ruben
Dr. William Schaffner
Dr. Stephen C. Schoenbaum

Ex-Officio Members

Dr. William S. Jordan, Jr. (NIH)

Liaison Representatives

Dr. J. Michael Dixon (NACI)
Dr. Peter A. Flynn, Capt., USN (DOD)

Executive Secretary

Dr. J. Michael Lane (outgoing)
Dr. Jeffrey P. Koplan (incoming)

COMMITTEE MEMBERS ABSENT

Dr. William N. Marine

HHS STAFF PRESENT

BUREAU OF BIOLOGICS, FDA

Dr. Paul D. Parkman

CENTERS FOR DISEASE CONTROL

Office of the Director

Donald Berreth
Karen Kaunitz

Center for Infectious Diseases

Dr. Walter R. Dowdle
Dr. John Bennett
Dr. Jonathan Kaplan
Dr. Robert Craven
Dr. Walter Williams

Center for Preventive Services

Dr. Kenneth Bart
Dr. Roger M. Bernier
Dr. Alan Bloch
Dr. Alan Hinman
Dr. Sandra Doster
Dr. Robert Kim-Farley
Dr. Walter Orenstein
Dr. Harrison Stetler
Dr. S. Wassilak

OTHERS PRESENT

Dr. Gary Gridi
Colonel Alfred K. Cheng
Dr. H. Bruce Dull
LTC. Frederick Erdtmann
Dr. Harry Guess
John Chriss Hoffman
Capt. W. B. Mahaffey
Dr. Sami Mayyasi
Karlyn L. Shedlowski
Stephen A. Szumski
Charles S. Taylor

Monday, October 18, 1982

Opening remarks were made by Drs. Lane and Chin. Dr. Koplan was introduced as the new Executive Secretary for ACIP. The morning was spent in discussion of the general recommendations for immunization. Dr. Hinman provided an introduction to the changes made in these recommendations. Discussion was then held on the definitions for such items as vaccination, immunization, etc. Changes, additions, and subtractions were then made page by page in the draft document.

Subjects discussed included the following:

- A section or sentence to be added on route and site of immunization for adults;
- whether a diagram would be useful in showing proper sites of vaccination;
- multiple dose vaccines;
- what should be done with doses given between the interval for primary versus booster injections;
- the age of administration;
- whether there should be special immunization procedural changes dictated by epidemics;
- the temporal relationships of vaccine administration;
- the various components of vaccines and their potential for allergic reactions;
- whether a statement on specific IgA deficiency should be included in the altered immunity section;
- whether a specific level of elevated temperature should be considered as grounds for deferral of vaccination;
- whether a sentence should be added on relative risks of vaccines given during pregnancy for different stages of pregnancy;
- immunoglobulin and its relationship to vaccination;
- discussion on sources of vaccine information for practitioners and the fact that all governmental sources should have consistent format and information.

A revised draft will be completed by the Immunization Division and distributed to the members of the Committee for their further comments.

Other ACIP Business

Discussion was next held on the role of the ACIP in terms of expanding the responsibilities of ACIP to include non-vaccine areas. It was the consensus of the group that antibiotic or other agents that might be used in chemoprophylaxis of infectious diseases would be appropriate particularly those for which vaccines were also available, but to broaden the role of ACIP much further would be inappropriate to the areas of expertise represented on the panel, and the large number of subjects currently being discussed do not permit the addition of new areas.

Discussion of ACIP Role

Discussion was then held on the re-publication of ACIP statements in other Journals such as JAMA, or the PDR to better disseminate the recommendations being made. It was also noted that it would be better to have better liaison with other professional organizations and to get the attention of their membership towards ACIP recommendations appropriate to that membership. There was concern about the distribution of the MMWR on its new subscription basis.

Hospital Workers

A presentation was then made by Dr. Walter Williams on vaccination for hospital workers giving proposed guidelines for immunization programs in hospital workers. It was the consensus of the Committee that these guidelines should be reconsidered and revised to fit more into existing immunization recommendations.

Future ACIP Meeting Dates

The next meeting of the ACIP meeting was planned for Monday and Tuesday, January 24-25, 1983, at which time topics for discussion will include: hepatitis B vaccine surveillance, polio vaccine, and the control of distribution of smallpox vaccine.

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

James Chin 12/20/82
James Chin, Chairman Date

Interagency Vaccine Group

Discussion was next held on the workings of the Interagency Vaccine Group. Dr. Dowdle presented. He discussed the new pertussis vaccine produced in Japan and the difficulty in making this vaccine available in the U.S. due to the concern about liability by the Japanese manufacturers. He then discussed hepatitis B vaccine and the theoretical risk of transmission of Acquired Immune Deficiency Syndrome via this vaccine. He emphasized that the Interagency Vaccine Group had felt that the procedure for preparation of hepatitis B vaccine was quite adequate and was satisfactory for eliminating all known infectious agents. In keeping with this, a statement was placed in the September 3, 1982, MMWR describing vaccine production and safety. Surveillance of hepatitis B vaccine reactions was then discussed. It was stated that the VA hospitals have such a surveillance system underway, but there was concern among ACIP members that more aggressive efforts should be made in establishing a vaccine surveillance system.

Japanese B Encephalitis Vaccine

The next topic of discussion was Japanese B encephalitis vaccine and the problem of Japanese B encephalitis in travelers to Asia. A presentation was made by Dr. Robert Craven of the CDC's Center for Infectious Diseases describing the epidemiology of Japanese B encephalitis in Asia and what is known about the Japanese B encephalitis vaccine prepared by the Japanese. Discussion centered around what the true risks are of both the disease and the vaccine and the level of efficacy of the vaccine. Adequate data are not available on any of these subjects. However, it was the consensus of the group that it was appropriate for CDC to proceed with obtaining an IND for evaluation of the vaccine and to enable its distribution to travelers to Asia at the same time as acquiring information on vaccine efficacy and adverse reactions. Similarly it was felt that CDC should attempt to acquire more information on the risks of Japanese B encephalitis in various parts of Asia to various types of travelers.

NIAID Hemophilus Workshop

The next topic of discussion was the NIAID hemophilus workshop. Dr. William Jordan for NIH described this workshop, the groups at increased risk for H Flu, a description of how some vaccines are currently being prepared and improvements in vaccine technology and the potential availability of a vaccine.

Tuesday, October 19

Swine Flu Vaccine Stockpile

Discussions began with Dr. Hinman making a presentation on the status of the swine flu vaccine stockpile. Forty-two million doses are in storage. Samples have been sent to the Office of Biologics and the FDA for potency testing, and determination will be made as to whether these vaccine doses should be maintained.

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James Chin

James Chin, Chairman

12/20/82

Date