

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL

MINUTES OF MEETING

Immunization Practices Advisory Committee
January 26, 1981
Atlanta, Georgia

The Immunization Practices Advisory Committee (ACIP) met in Conference Room 207 at the Centers for Disease Control in Atlanta, Georgia, on January 26, 1981. Those in attendance are listed below:

COMMITTEE MEMBERS PRESENT

Dr. Catherine M. Wilfert, Chairwoman
Dr. James Chin
Dr. Suzanne E. Dandoy
Dr. John B. DeHoff
Dr. Maxine Hayes
Dr. Frederick L. Ruben
Dr. Jay P. Sanford
Dr. Stephen Schoenbaum
Dr. Gary Smith

Ex-Officio Members

Dr. William S. Jordan, Jr. (NIH)
Dr. Harry Meyer, Jr. (BOB)

Liaison Representatives

Dr. J. M. S. Dixon (NACI)
Dr. Peter A. Flynn, Capt., USN (DOD)
Dr. Richard J. Jones (AMA)

Executive Secretary

Dr. H. Bruce Dull

COMMITTEE MEMBERS ABSENT

Dr. William M. Marine

Liaison Representatives

Dr. Edward A. Mortimer, Jr. (AAP)

HHS STAFF PRESENT

BUREAU OF BIOLOGICS, FDA

Hope E. Hopps

CENTERS FOR DISEASE CONTROL

Office of Center Director

Dr. William H. Foege
Donald A. Berreth
Gene W. Matthews

Center for Prevention Services

Dr. Roger Bernier
Dr. Steven Fite-Wassilak
Dr. Wayne Greaves
Dr. Alan Hinman
Dr. Walter Orenstein

Center for Infectious Diseases

Dr. Walter R. Dowdle
Dr. John C. Feeley
Dr. Loreen Herwaldt
Dr. Peggy Neill
Dr. Harold Russell

Center for Environmental Health

Dr. J. Donald Millar

OTHERS PRESENT

Elise Bloom
F. B. Brandon
W. F. Daly
LTC. Frederick J. Erdtmann (USA)
Alexis Finlay
Alan Gray
Charles S. Marwick
Aubrey S. Outschcorn
Linda Paulin
Karlyn Shedlowski

INTRODUCTION

The Winter meeting of the ACIP was opened by the Chairwoman, Dr. Catherine Wilfert, at 8:00 a.m., January 26, 1981. After welcoming all participants, Dr. Wilfert introduced Dr. Richard Jones, new liaison member from the American Medical Association, and Dr. H. Bruce Dull, newly appointed Executive Secretary of the Committee (erstwhile Executive Secretary who will again assume the responsibility) replacing Dr. Donald Millar. Dr. Millar leaves the post in order to become Director, Center for Environmental Health, CDC.

Dr. Wilfert called on Dr. William Foege to discuss the status of re-organization of CDC, previously described by him at the ACIP meeting October 15-16, 1980. As he had outlined then, the change in CDC's structure is intended to accommodate to an outcome-oriented concept of its function. The 6 centers and 3 program offices that make up CDC's principal structure were described, and resulting questions, answered.

PNEUMOCOCCAL VACCINE MEETING

Dr. Wilfert reviewed a December 16, 1980 meeting in Washington, D.C. which had been called to examine in detail available data on the effectiveness of pneumococcal vaccine. Certain other members of ACIP had also been present at that meeting and concurred in Dr. Wilfert's summary that in general the vaccine appeared to be safe, potent, and effective in groups where tested, although the population studies were admittedly limited. She commented that among immunologically-suppressed patients, adequate antibody responses and consequent protection were less clear. Immunization of such patients will need further evaluation.

In discussing the Washington meeting and the pneumococcal vaccine data in general (known in some detail by the Committee as a result of prior review), it was concluded that the regularly scheduled revision of the Committee's statement on pneumococcal vaccine in 1981 would provide an opportunity to assure that any new data on the vaccine are incorporated and recommendations made consistent with current viewpoints. It was, therefore, recommended that pneumococcal vaccine and revision of the existing statement be placed on the agenda for the May 1981 meeting.

DTP VACCINE

Prior to the current ACIP meeting, members had received a revised draft of its DTP statement scheduled for routine updating. Introducing the draft, Dr. Alan Hinman distributed a second version of the first draft based on preliminary suggestions. Besides factual updating, Dr. Hinman pointed to other proposed changes in the statement: tabulations of schedules, schedule change affecting the fifth DTP dose depending on the age when prior dose was given, section on DTP side effects, and more specific recommendations on wound management.

As background for general discussion, two surveillance summaries were presented. Dr. Peggy Neill presented information on the status of pertussis in the United States and described establishment of a new surveillance scheme to parallel that in the routine reporting network. The concept behind the new surveillance is to describe more fully pertussis cases and their epidemiologic and immunity characteristics. In addition to noting that the total number of reported cases has shown a gradual decline from nearly 2200 in 1977 to a provisional total in 1980 of less than 1700, there has been an increase in the proportion of cases less than 1 year of age. Data from 1979 on secondary attack rates in childhood contacts of cases within households showed a vaccine efficacy of 94 percent. The total number of persons involved in this evaluation was small (47), but the evaluation was considered to be useful as a prototype assessment of the vaccine's protection.

A report by Dr. Loreen Herwaldt on diphtheria and tetanus showed that the low incidence of diphtheria in the United States is continuing to decline: in 1980 only 5 cases of respiratory diphtheria were reported to CDC. Four of the five cases occurred in adults. This observation and serosurveys conducted in the United States revealing low diphtheria antibody levels in adults indicate need for emphasis on immunization of adults at risk of exposure.

Although the incidence of tetanus in the United States has been relatively constant over the past five years--0.04 reported cases per 100,000 population per year--the case fatality ratio has decreased from 60 percent to less than 40 percent. The reasons for the decline are not completely understood but may reflect prompt diagnosis and treatment. Wounds are the usual portal of entry of Clostridium tetani, and nearly two-thirds of these appear to occur in or about the home. From 5 to 10 percent of all cases reported in recent years have occurred in elderly persons with advanced peripheral vascular disease who have decubitus ulcers or gangrene.

General discussion of the DTP vaccine draft statement showed concurrence with content. Remarks were primarily clarifying and editorial. Additional comments were requested from Committee members within two to three weeks. Thereafter, a further modified draft will be circulated.

HEPATITIS

Dr. Donald Millar described the "penultimate draft" of the hepatitis globulin statement and directed attention to an amendment covering the use of hepatitis B immune globulin. The Committee was asked for prompt final review and comment in view of proposed publication in the near future.

SURVEILLANCE REPORT ON MEASLES ELIMINATION

Dr. Hinman reported to the Committee that in 1980 a provisional total of only 13,400 cases of measles was reported. In recent weeks there have been fewer than 100 cases notified per week. In 1980, 77 percent of counties in the United States reported no measles at all, and there have been no military or military-related cases since early in 1980. Of particular interest were observations on measles cases imported from Mexico, Canada, and the United Kingdom--possible to trace because of the small amount of indigenous measles.

INFLUENZA WORKSHOP INTRODUCTION

Dr. Walter Dowdle briefly reviewed the agenda proposed for the Surgeon General's Meeting on Influenza scheduled for the day following this meeting, January 27, in which the ACIP will participate.

OTHER BUSINESS

Dr. Wilfert raised a question about the availability of rabies vaccine, an item discussed at the previous meeting. Dr. Harry Meyer reported that the Wyeth rabies vaccine is not currently being marketed because of problems in the manufacturing process. He added that these are expected to be overcome in the relatively near future when the vaccine will again be approved for distribution. He noted that a Merieux rabies vaccine is available.

Questions about a perceived excessive use of smallpox vaccine in the United States resulted in general discussion of its distribution. Available data on the number of doses of vaccine distributed suggest uses for reasons presumed to have little to do with personal protection or compliance with international travel requirements. The Committee asked that options for control over distribution--such as by centralization of supply and redistribution to authorized users--be developed for reporting at the next ACIP meeting.

The Spring meeting of ACIP was set for May 21-22. Suggested agenda items: vaccines against plague, pneumococcal disease, influenza, DTP (if not concluded by correspondence), smallpox, and hepatitis. It was also recommended that an already proposed statement on immunization of adults be included.

With the thanks of the Chairwoman, the meeting was adjourned at 4:30 p.m.

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

Catherine M. Wilfert 2-16-81
Catherine M. Wilfert, Chairwoman Date