

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
CENTER FOR DISEASE CONTROL
Atlanta, Georgia

SUMMARY MINUTES OF MEETING

October 3, 1978

The Immunization Practices Advisory Committee met in Atlanta, Georgia, on Tuesday, October 3, 1978. Those participating in the meeting are listed below:

COMMITTEE MEMBERS PRESENT

Dr. E. Russell Alexander
Dr. Suzanne E. Dandoy
Dr. H. Bruce Dull
Dr. Edwin D. Kilbourne
Dr. Reuel A. Stallones
Dr. Thomas M. Vernon,
Acting Chairman

Ex-officio Members Present

Dr. William Jordan
Dr. Harry Meyer, Jr.

Liaison Members Present

Dr. J. M. S. Dixon
Dr. Edward A. Mortimer, Jr.

INVITED PARTICIPANTS

Dr. James Chin
Dr. Maxine Hayes
Dr. Jay P. Sanford
Dr. Kenneth R. Wilcox, Jr.
Dr. Catherine M. Wilfert

DEPARTMENT OF HEALTH, EDUCATION, & WELFARE

Office of Asst. Secretary for Health
Dr. Louise Liang

Center for Disease Control
Office of Center Director
Mr. Charles Gozonsky

Bureau of State Services

Dr. Roger Bernier
Dr. David Brandling-Bennett
Dr. Laurence Farex
Dr. John Frank
Dr. Alan Hinman, Acting
Executive Secretary
Dr. Donald Millar
Dr. Philip Nieburg
Dr. Stephen Preblud
Dr. Mary Serdula

VISITORS PRESENT

Dr. Michael N. Oxman, San Diego
Mr. Charles Taylor, UPI, Atlanta

The meeting was opened by Acting Chairman Dr. Thomas Vernon at 8:33 a.m. Following introductions, Dr. Hinman presented a brief summary of the present status of measles in the United States, stating that the situation was currently so favorable it appeared it might well be feasible to interrupt the transmission of measles in this country and eliminate indigenous measles over the course of the next four years. The possibilities were being discussed actively within CDC and HEW, and it was anticipated that a decision and an announcement might be forthcoming soon. Some of the data in the handout prepared for the Executive Committee of the Association of State and Territorial Health Officials were referred to in the discussion.

Discussion then turned to the material presented in the handout, "Measles Vaccination in Adolescents and Young Adults," and the proposed statement on "Measles Prevention." The proposal of Dr. Saul Krugman that a routine "filler" dose of measles vaccine be administered at the time of school entry was also brought forth for discussion. Since this "filler" dose would likely be combined measles/rubella vaccine, there was some discussion as to whether or not school entry was the most appropriate time for administration or whether it should be given at approximately the fifth grade. Ultimately, the Committee decided that it was premature to recommend a routine second dose of measles vaccine and that it would be appropriate to ascertain the effectiveness of the current childhood immunization initiative prior to coming to such a decision.

Committee members were in general agreement with all of the proposed substantive changes for the measles statement, particularly the need for strengthening the statement as regards adolescents and young adults. There was concern about the wording of some sections (particularly the one dealing with females of childbearing age) and the arrangement of some of the topics within the statement. During the course of the meeting, substitute wordings were proposed and agreed to in concept, and a tentative arrangement for the statement was agreed to. The changes were to be incorporated into a new draft statement and circulated for comment as quickly as possible.

Because of the prolonged discussion about measles and the measles statement, the agenda was substantially rearranged. The update on polio was canceled, and the update on BCG was shifted to 1:00. At that time Dr. Farer presented a summary on recent information regarding BCG vaccine.

The history of Public Health Service policy on BCG vaccination, leading up to the first ACIP recommendations on BCG vaccines in 1975, was reviewed. A summary was given of the ongoing investigations on BCG complications being conducted by the Scientific Committee on Prophylaxis of the International Union Against Tuberculosis. In European countries in particular, accumulating data on the risk of adverse reactions to BCG, as compared to the risk of tuberculosis in children, are likely to serve as the basis for alterations in BCG vaccination policies in the future. Finally, a statement published in the Official Records of the World Health Organization, No. 246, Part III, regarding preliminary results of the BCG trial in India, was read. The statement indicated that the rate of new cases occurring in the population which had been uninfected at the beginning of the trial was surprisingly low; based on only 148 bacteriologically confirmed cases of tuberculosis in this group, a preliminary analysis did not indicate, so far, an advantage in favor of the vaccinated groups as compared with placebo. The ACIP agreed to review its current recommendations on BCG vaccines at its next meeting.

At 1:30 p.m. discussion continued on measles and lasted until 2:45 p.m., at which time Dr. Harry Meyer described the new rubella vaccine (RA 27/3), a human diploid cell vaccine, which will become available approximately January 1 and will replace the current duck embryo rubella vaccine.

Dr. Preblud then presented information about the current status of rubella. Basically following the material presented in the handout, "Update on Rubella," he also included data indicating that the United Kingdom was currently having a substantially increased incidence of rubella. Although the reported occurrence of rubella in this country has declined markedly since the introduction of vaccine, the primary effect of this has been in younger age groups. The incidence rates in those 15 years and older have remained essentially constant since the introduction of vaccine. While this might give rise to some concern about the effectiveness of the strategy being pursued in the United States, it was also noted that the reported occurrence of congenital rubella syndrome had declined and that, through the use of vaccine in young children, we appear to have eliminated nationwide epidemic rubella and may be currently facing an "endemic" level.

The current epidemiologic trends in rubella occurrence indicate the necessity for strengthening our approach to immunization of adolescents and young adults and in particular point out the need for a straightforward stance on whether or not pregnancy testing is required. Following substantial discussion, it was agreed that the same approach should be taken for rubella as for measles (i.e., simple inquiry as to the possibility of pregnancy and a warning about the theoretical risks).

There was then substantial discussion as to whether or not a recommendation should be made that workers in health care settings should all be immune to rubella in order to protect not only female employees but also pregnant female patients who might be exposed to employees who had rubella. Three recent outbreaks in hospital settings where hospital personnel exposed pregnant female patients were described. Dr. James Chin presented a discussion of the approach being taken in California in which it is being urged that hospital employees who are likely to be in face-to-face contact with substantial numbers of pregnant women be immune to rubella. Some of the practical problems of implementation of a blanket recommendation for immunization of all health care workers were discussed, and it was ultimately decided that the approach taken would be to recommend immunity to rubella for all personnel likely to transmit rubella to female patients and for female employees at risk of contracting rubella from infected patients.

A very brief update on the influenza immunization program was presented: 48 project grants have been awarded, contracts have been signed with manufacturers of adult and whole-virus youth formulation vaccines. No contract has as yet been signed for split-virus youth formulation vaccine. It is estimated that approximately 3.5 million doses of vaccine will be administered in the Federally-supported program. Copies of the vaccine information statement for use with influenza vaccine in the public setting were distributed.

Dr. Roger Bernier presented a summary of the studies of abscesses associated with Sclavo DTP vaccine. In brief, a total of 65 abscesses have been reported from 11 States. These 65 abscesses occurred out of a total of

approximately 57,000 doses of Sclavo DTP vaccine Lot 110-D administered. By contrast, only one abscess was reported in association with 174,000 doses of DTP from other manufacturers. In addition, there have been reports of a small number of abscesses associated with the use of Sclavo DTP vaccine Lot 112-A. Sclavo has withdrawn all its DTP vaccine from circulation within the United States for the time being. The mechanism of formulation of the abscesses is as yet unclear.

The forthcoming International Symposium on Pertussis in Bethesda was mentioned, and it was felt highly desirable for the Committee to be represented at the Conference. Drs. Catherine Wilfert and Kenneth Wilcox indicated an interest in attending, and it was agreed that arrangements would be made to send them as representatives of the ACIP.

The last item of business was a discussion of a suggestion that the ACIP form a small subgroup which would consider issues of implementation of immunization programs. This subgroup would work closely with representatives of State and local health departments and would periodically report its findings back to the parent Committee. Such a function is within the Charter of the ACIP. Substantial reservations were expressed by Committee members as to the advisability of formation of such a subgroup, as it was felt that these considerations might become "the tail that wagged the dog." There was also concern that formation of such a subgroup might preclude the formation of a National Immunization Policy Commission which rightfully would have substantial concern with issues of implementation. Ultimately, the feeling was that at the moment it would not be advisable to form such a group.

The meeting adjourned at 5:45 p.m.

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

Alan Hinman MD 13-X-78
Acting Executive Secretary Date