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DEPARTMENT OF HEALTH, EDUCATION, AND

CENTER FOR DISEASE CONTROL
ATLANTA, GEORGIA

SUMMARY MINUTES OF MEETING

May 16, 1974

The Immunization Practices Advisory Committee met in Atlanta, Geo a, May 16, 1974.

COMMITTEE MEMBERS PRESENT

Dr. H. Bruce Dull, Executive Secretary (Acting Chairman)
Dr. Elizabeth Barrett-Connor
Dr. Lonnie S. Burnett
Dr. William R. Elsea
Dr. Alexander D. Langmuir
Dr. Gilbert M. Schiff
Dr. Eleanor G. Shore

Ex Officio

Dr. Harry Meyer, Bureau of Biologics, FDA, DHEW

Liaison (American Academy of Pediatrics)

Dr. Samuel Katz

COMMITTEE MEMBERS ABSENT

Dr. David J. Sencer, Chairman
Dr. E. Charlton Prather

OTHERS PRESENT

Dr. Frank Ennis, Bureau of Biologics, FDA, DHEW
Dr. Morris Schaeffer, Bureau of Biologics, FDA, DHEW

PUBLIC OBSERVER (Open Session)

Dr. Richard J. Labowskie, Merck, Sharp, and Dohme Research Labora ies

STAFF PRESENT

Bureau of Epidemiology:

Dr. Philip Brachman
Dr. Lawrence Corey
Dr. Michael Gregg
Dr. Michael Hattwick
Dr. Robert Rubin

Bureau of Laboratories:	Dr. Marion Coleman Dr. Walter Dowdle Dr. Gary Noble
Bureau of Smallpox Eradication:	Dr. J. Michael Lane
Bureau of State Services:	Dr. J. Lyle Conrad

The meeting was called to order at 8:30 a.m. by the Executive Secr ary acting for the Committee's regular Chairman, Dr. David J. Sencer, rector, Center for Disease Control, who was unable to be present. Two new embers to the Committee were introduced:

Dr. William Elsea
City Commissioner of Health
Cincinnati, Ohio

Dr. Lonnie S. Burnett
Professor, Department of Gynecology
and Obstetrics
Johns Hopkins University School of
Medicine
Baltimore, Maryland

The Acting Chairman introduced Dr. Labowskie, public observer, and nen generally described the day's agenda. He commented on the open an closed segments of the meeting, explaining that late morning and afternoc sessions would be closed to the public in that unpublished results from the esting and evaluation of individual producers' products would be involved id that much of the discussion would relate to data with commercial or fin cial implications.

OPEN SESSION

Influenza

As is traditional at its spring meeting in preparation for develop g a public health recommendation on influenza vaccine for the coming y r, the ACIP discussed influenza in detail. In 1973-74, extensive typ B influenza was observed in the United States, particularly during t months of January-March. Most surveillance indices demonstrated t predominance of cases in younger age groups with school absenteeis and school-closings being common indicators of the extent of local out eaks. No discernible excess mortality was associated with type B outbrea .

Type A influenza occurred in limited portions of the eastern Unite States in February and March resulting in transiently elevated pneumonia- fluenza mortality in the Middle Atlantic Region. This was reflected in na onal mortality increases to the "epidemic threshold" during the same ti period.

Influenza virus B strains were reported to show minor variation fr proto- types B/Hong Kong/5/72 and B/Victoria/98926/70, but generally to b related to them. Influenza virus A strains showed a minor drift away from rototype A/England/42/72(H3N2) when strains studied from January to April w e compared. Clear antigenic relationships were, however, retained.

Reyes Syndrome

From December 1973 to April 1974, cases of Reyes syndrome were r rted in the United States in temporal and geographic association with pe B influenza outbreaks. Reyes syndrome is an acute childhood encep opathy with fatty degeneration of the viscera and was first described i 963. It is a rare condition which has been associated in time with a ber of viral infections, although most commonly with influenza virus parti- cularly type B. During the 1973-74 winter, somewhat more than 3 cases were reported in the United States, partly as a result of enhanc aware- ness of the condition and an emphasis on its surveillance.

Influenza Vaccine

Dr. Ennis presented data on a 1973-74 comparative trial of poten and reactogenicity of influenza vaccines among children and adult va nees. The evaluation was not only of the proportion of vaccinees devel ng specific antibody but also the antibody titer and the associated currence of vaccine reactions including local and systemic phenomena. Th roportion of vaccinees responding to immunization was generally found to b reater than 80 percent, although the proportion with four-fold rises in tibody titer was considerably lower. Mean antibody titers were general considered to be in a low but in a probably-protective range. Associated v ine reactions were generally minor but were detectable upon question ; and examination in up to 40 percent of vaccinees, both children and lts.

Dr. Noble described preliminary data from an investigation of li attenuated influenza vaccine used in young adults. Seroconversion rates we approxi- mately 70 percent following two doses of vaccine. Evaluation is ntinuing.

Meningococcal Vaccine Licensure

Meningococcal polysaccharide vaccine, group C was licensed on Ap . 2, 1974, for use limited to the military in the United States and u r demonstrated epidemic conditions in other countries where serogr) C disease predominates.

Vaccine Associated Reactions: Legislation in Scandinavia; Debat n U.K.

The Acting Chairman briefly advised the group that six countries w have specific legislative authority to compensate or otherwise s ort individuals who have been significantly injured as a result of r iving recommended vaccines. Denmark, in 1972, became the most recent ntry to enact such a legislation. Parliamentary debate in Great Brit in early 1974 raised the same issue.

CLOSED SESSION

The Committee reviewed with Dr. Morris Schaeffer and Dr. Harry M r the progress of the Bureau of Biologics' panels reviewing the sa y, efficacy, and labeling of bacterial, viral, and rickettsial vacc s.

It is expected that the panels' work and reports will be completed ing the next two years.

The Committee prepared a preliminary draft of recommendations for i uenza vaccine in the United States in 1974-75. It noted in particular th availability of a more potent bivalent influenza vaccine containing least 1200 CCA units of antigen, namely, 700 CCA units of A/Port Ch lers/ 1/73(H3N2) and 500 CCA units of B/Hong Kong/5/72.

It is expected that the Committee's final recommendation on influen vaccine will be completed by middle June 1974.

The Committee recommended that at subsequent fall and winter meetin rubella, polio, and pertussis vaccines, rabies immune globulin (hum , diphtheria toxoid, and the immunization of hospital workers and for n travelers be considered. The Committee tentatively selected Octobe 7-18, 1974, for its fall session.

The meeting adjourned at 5:00 p.m., May 16, 1974.

I hereby certify that, to the t of my knowledge, the foregoing mmary of minutes is accurate and com te.

Ma 24, 1974

Acting Chairman e