DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

CENTER FOR DISEASE CONTROL
ATLANTA, GEORGIA

SUMMARY MINUTES OF MEETING

October 17-18, 1974

The Immunization Practices Advisory Committee met in Atlanta, Georgia, October 17-18, 1974.

COMMITTEE MEMBERS PRESENT

Dr. David J. Sencer, Chairman
Dr. H. Bruce Dull, Executive Secretary
Dr. Elizabeth Barrett-Connor
Dr. Lonnie S. Burnett
Dr. William R. Elsea
Dr. Alexander D. Langmuir
Dr. E. Charlton Prather
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

OTHERS PRESENT

Dr. Bennett Elisberg, Bureau of Biologics, FDA, DHEW
Dr. Frank Ennis, Bureau of Biologics, FDA, DHEW
Dr. Saul Krugman, New York University School of Medicine
Dr. John Robbins, Bureau of Biologics, FDA, DHEW
Dr. Morris Schaeffer, Bureau of Biologics, FDA, DHEW

STAFF PRESENT

Bureau of Epidemiology:

Dr. Philip Brachman
Dr. John Bryan
Dr. Lawrence Corey
Dr. Eugene Gangarosa
Dr. Michael Gregg
Dr. John Harris
Dr. Michael Hattwick

Bureau of Epidemiology: (continued)	Dr. Charles Hoke Dr. Jay Jacobson Dr. Richard Kaslow Mrs. Elizabeth Paz Dr. David Snydman Dr. Paul Walter
Bureau of Laboratories:	Dr. Walter Dowdle Dr. Robert Ellis Dr. Gary Noble Dr. Morris Suggs
Bureau of State Services:	Dr. John Modlin Dr. Robert Rosenberg Dr. John Witte

The meeting was called to order at 8:30 a.m. by Dr. David J. Sen :,
Director, Center for Disease Control, the Committee Chairman. F
announced a plan under development for the Center to assemble an
expert committee to re-review all cases of oral poliomyelitis va ine-
associated disability. The purpose of such in-depth review will : to
reassess the continuing suitability of technical criteria used t judge
the possible relationship of poliomyelitis vaccine to paralytic .ness.

Dr. Sencer also asked the Committee to prepare to review the dat on BCG
vaccine effectiveness and the vaccine's utility in tuberculosis evention
and control activities in the United States. Such a review will : placed
on the agenda of the next ACIP meeting (winter 1975) and will in .ve not
only the Committee membership but invited consultants as well.

Dr. Sencer asked the Executive Secretary to assume the chair for ıe
remainder of the meeting.

OPEN SESSION

Influenza

Influenza in the United States in 1973-74 was reported fully in : spring
meeting and was briefly summarized indicating the type B influen pre-
dominance in the United States with some localized outbreaks of ıe A
influenza later in the winter-spring 1974 season. International
influenza B predominated although some considerable type A outbr :s were
also observed. No influenza outbreaks have been reported in the ıited
States or in other countries in the recent months.

Influenza viruses isolated from individual cases of illness in v .ous
parts of the world during the 1973-74 season and since then have ıown
some continuing antigenic variation consistent with the expected :ifts
away from predominant viruses. Type A influenza virus strains c :inue
within the general family of viruses seen in recent years but ar .ess like
the Hong Kong, England, and Port Chalmers prototypes than was so ıe year
ago.

A followup was presented on the live influenza vaccine trials be ; con-
ducted collaboratively by the Center. General results indicated ıat the
attenuated strain being employed produced minimal adverse effect namely
occasional nasal stuffiness, infrequent virus shedding, non-tran .ssibility
of vaccine virus, and an approximately 70-80 percent antibody re nse among
vaccinees. A continuation of the program is planned in order to vestigate
specifically the effectiveness of the product.

Dr. Meyer and Dr. Ennis described a recent BoB-sponsored vaccine rkshop
for purposes of analyzing data on the effects of endotoxin in in enza

vaccine. In general, it appears that endotoxin and influenza v s antigens may lead to enhancement of vaccine reactogenicity not explainable by the simple additive effects of the two substance Further studies are underway. New regulations to limit the amo of endo- toxin permissible in influenza vaccines are being developed in er to minimize their undesirable effects.

Influenza vaccine prepared for 1974-75 when given to industrial rkers in one U.S. locale produced a higher rate of local and systemic re ions than expected. Preliminary data indicate that 25 percent or mo of adults receiving the vaccine complained of considerable systemic and l l reaction. The implicated lot of vaccine is under continuing re-examinatio but data from laboratory studies indicate it to be consistent with other ts from the same producer. The Committee concluded that these specific servations on reactogenicity appeared to be atypical for reasons as not ye learly understood. Additional data are being collected on experiences administering the 1974-75 influenza vaccines to patients, industrial groups, other groups.

Traveler Immunization

Committee members were provided with a recently published Suppl nt to the Morbidity and Mortality Weekly Report dealing with immunization r foreign travel incorporating many ACIP concepts.

Associated with traveler immunization practices, the Committee asked to consider the present management of yellow fever immunization in e United States through designated centers — a procedure developed prim ly to assure the viability of administered vaccine. Requests from in idual physicians or clinics for authorization to administer yellow fe vaccine are generally granted on the number of immunizations to be perf ed.

After review of current technical issues, the Committee favored facilitation of yellow fever immunization and encouraged the Center to revie ts practices with respect to authorizing yellow fever vaccination centers. Committee also recommended that the Bureau of Biologics explore the feasi ity of producers' providing single dose vials of yellow fever vaccine. t suggested that efforts be made to assess the suitability of a more libera ed policy by conducting periodic surveys of the experience of vaccinees re iving vaccine from large clinics, individual physicians, and other pr lers.

Cholera in Europe and Guam

In early spring 1974, cholera was first identified in Portugal. ne initial introduction into the country has not been established, althoug t is likely that it was by means of contaminated shellfish. Cases had been orted from various parts of the country by early May. General spread has b n suspected

to relate variously to contaminated fruits, vegetables, and sh fish. Officially, 2,200 cases have been reported and more are continu . Case identification and therapy have been prompt and effective. ortality has been low among hospitalized patients. Cholera has now exte d from Portugal to the Madeira and Cape Verde Islands, the farthest we the current pandemic of cholera has moved. Serotype of cases has b Inaba, El Tor.

In Guam, during July 1974, cholera was diagnosed among a small ber of construction workers, the initial case, a fatality, diagnosed a he time of postmortem examination. This outbreak appeared to result fr common source exposure, most likely home-prepared salted, raw fish. T involved cases were generally mild. Environmental studies revealed exte ve contamination.

CLOSED SESSION

The Committee reviewed with Dr. Morris Schaeffer, Dr. Harry Mey and Dr. Saul Krugman the progress of the Bureau of Biologics' Viral ccine Panel which has been reviewing safety, efficacy, and labeling o irus vaccines. Dr. Krugman, panel chairman, reviewed progress and i tified areas in which regular interaction with the ACIP would be desir e. Questions raised by the panel were discussed; some were schedul for additional review and discussion.

OPEN SESSION

CDC Immunobiologics Activities

CDC's Immunobiologics Activity was reviewed, noting the program origin in 1965 and its growth to the present time when 25 different pr cts are provided for special-risk persons or the management of unus health conditions. Dr. Ellis discussed the mechanics of product distr tion and described that the principal emergency products are located in different airport sites for ready availability.

Data are being collected on botulinum toxoids following observa ns of reduced potency of earlier products. Although antitoxins are a lable for therapy, laboratorians continue to request toxoid immunizat prior to potential exposure. The Committee encouraged continued eval ion of the toxoids. No cases of lab-acquired botulism have ever been orted.

Dr. Ellis reported receiving numerous requests for Schick test erial primarily to study immunologic competency in patients suspected having deficiency states. The sources of such material are greatly de ted, and the Committee generally recommended that efforts be made to sti ate a

sufficient supply of Schick testing material not only to meet t needs
for immunological determinations but also to conduct surveys on e adequacy
of diphtheria protection. This latter effort is especially ger e in view
of localized outbreaks occurring in various parts of the countr uring the
past few years.

Zoster Immune Globulin (ZIG)

The Committee was apprised of continuing efforts by the Center establish
the effectiveness and dosage of ZIG. The Committee noted the d erences
in judgments on the relative value of ZIG in preventing chicken among
patients with immunodeficiency states and encouraged that effor be made
to establish objectively the benefits and proper dosages.

Rabies Immune Globulin

Rabies Immune Globulin was licensed in the summer of 1974 and h become
generally available since September. It appears that the suppl s sufficient
and that additional lots of the globulin will become available er this fall.
Plans have been made for evaluating need in the event that dema exceeds
supply. Dr. Hattwick reviewed data previously presented on the e of HRIG
and duck embryo vaccine (DEV) which indicates the need for 21 d y vaccine
doses plus 2 boosters to produce antibody response among patien who receive
vaccine and globulin.

Meningococcal Meningitis

Dr. Jacobson reviewed the epidemic of meningococcal meningitis ch has been
occurring predominantly among children in Sao Paulo and other a s of Brazil
since 1971. Although in the early epidemic, cases were caused sulfa
resistant serogroup C meningococci, since spring 1974, the majo y of cases
have been serogroup A. The overall rate of illness based on in nation
provided in the summer of 1974 is an incidence of 65 cases per ,000
population per month.

This is the most serious urban outbreak of meningococcal mening s ever
reported.

As previously reported to the Committee, the Brazilian Ministry Health
has instituted a polysaccharide vaccine campaign for purposes o isease
control and also of evaluating its relative effectiveness. In g eral,
data on the serogroup C polysaccharide vaccine administered to s ll
children indicates poor antibody response and lack of protective fficacy.
Serogroup A vaccine tested in children in Africa and other parts the
world shows approximately 90 percent effectiveness from one dose Its use
in Brazil is anticipated to provide an opportunity for further e luation.

Dr. Jacobson presented a theoretical analysis of the cost/benefi ıspects of using an effective meningococcal polysaccharide vaccine in co :ries with only endemic meningococcal disease. The Committee encourag refine- ment of this approach as part of a general exploration of planni for the appropriate use of polysaccharide vaccines in routine preventive :dical practice.

Dr. John Robbins reviewed the general status of polysaccharide v :ines and current production capabilities for such chemically specifie)roducts. He pointed out that in order to provide a sufficient supply of m .ngococcal polysaccharide vaccines would require substantial effort among c ıercial laboratories capable of carrying out the chemical processes. Su production efforts would likely occur only with a specified national policy

Hepatitis-B in Dentists

Although not yet described in the public health literature, ther ıave been several clusters of hepatitis-B cases occurring in association w ı dental practice. Mechanisms of spread among dental patients or between :ntists and patients have not been clearly established. Methods of cont ., therefore, remain obscure. Efforts are being made to study intensively the)idemiological importance of hepatitis-B antigen carriers in order to apply the data to the potential risk of infection in dentistry. The Committee urg that such data be collected and that management of potential risks be rela l to known hazards and not to hypothetical risks.

Hospital Personnel Immunization

Dr. Kaslow reviewed the status of a CDC report for hospital pers ıel incorpo- rating general recommendations of the ACIP on immunization. He 'iewed specific questions of the need for and suitability of influenza :cine, mumps vaccine, polio vaccine, and rubella vaccine for susceptibl ıospital employees. Committee comments and general reactions will be inc)orated into a further draft of the report to be distributed for review.

Other Business

As a special item of business, Dr. Gangarosa presented data on t compara- bility of intradermal cholera vaccine to that subcutaneously adm .stered. In general, findings were of approximately equivalent protective ılue but with substantially fewer local or systemic reactions. Antibody 'els and duration of immunity information suggest that the intradermal ro : is not as good, possibly because of antigen mass. It was pointed out t although the intradermal vaccination could have merit in terms of lowered :actogenicity, it might not be acceptable to the quarantine authorities of coun .es requiring

cholera vaccine certification from travelers. Furthermore, the mmittee felt that if dosage were to be changed, additional information w ld be required. It recommended that no action be taken at the present ime.

The Committee concluded its meeting by selecting potential dates or its winter session. Either January 15-16 or 29-30 appeared to be su able. Committee members intend to check calendars and designate prefer e.

The meeting was adjourned at approximately 4:30 p.m.

I hereby certify that, the best of my knowledge, the fore ng summary of minutes is accurate d complete.

Chairman

11/8/74
Date