MINUTES, MEETING NO. 23, ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES, OCTOBER 2, 1972.

The Advisory Committee on Immunization Practices met at the Center for Disease Control on October 2, 1972. Those in attendance were:

Committee

Dr. H. Bruce Dull, Secretary
Dr. R. LeRoy Carpenter
Dr. Theodore C. Eickhoff
Dr. Alexander D. Langmuir
Dr. E. Charlton Prather
Dr. Gilbert M. Schiff
Dr. Eleanor G. Shore

Ex Officio

Dr. Alice D. Chenoweth
Dr. Harry M. Meyer, Jr.

Liaison (American Academy of Pediatrics)

Dr. Samuel L. Katz

CDC--Participants and Discussants

Epidemiology Program:	Dr. Michael Gregg Dr. Robert Rubin Dr. George Baer Dr. Eugene Gangarosa
Immunization Branch:	Dr. John Witte Dr. A. David Brandling-Bennett
Smallpox Program:	Dr. William Foege

OTHERS PRESENT

Dr. Paul D. Parkman
Bureau of Biologics
Food and Drug Administration
Rockville, Maryland

The meeting was called to order by the Acting Chairman, Dr. Bruce Dull, who made preliminary announcements regarding the meeting's agenda and indicated that an announcement of the "open" character of the meeting had been recorded in the Federal Register in line with Departmental policy. (September 28, 1972) No requests to observe or participate had been received.

RABIES IMMUNE GLOBULIN

Supplementary documents on the surveillance of rabies and the use of rabies vaccine, and on the investigative aspects of Rabies Immune Globulin (Human) were provided to all participants. Of particular note in their review were the following: General potency of duck embryo rabies vaccine (DEV) is not high. Current anticipation for more potent products rests in work being done with cell culture vaccines, although even prototype products of these sorts did not induce optimal antigen titers unless they were concentrated. The cost of producing such concentrated vaccines currently would appear to be prohibitive. Technological improvement may alter this forecast.

Recommended pre-exposure prophylaxis with currently available rabies vaccines appears in some series to induce antibodies in only approximately 65% of recipients. Group-to-group variation is common. The reasons are not entirely clear. Additional doses beyond the three generally recommended by the ACIP and other advisory groups for pre-exposure prophylaxis increase the response rate to a limited degree - perhaps 10 percent. The modest potency of available vaccines is generally accepted as an explanation for observed results.

Rabies Immune Globulin (Human) being investigated by various groups is recognized to alter the antibody response to DEV. Recommendations for using such a globulin product must accommodate for the, at least, temporary suppression of antibody responses to the vaccine antigen. This presumably can best now be accomplished by giving a full 21-day vaccine course.

POLIOMYELITIS

Supplementary documentation on human serological surveys for polio was provided for all participants. In general, observations on the durability of antibody stimulated by oral poliovirus vaccines have shown considerable decline in measurable antibodies with time. It was clear that serological screening at a 1:10 dilution would miss positives and, thus, could not fully assess population protection. Generally, it has been accepted that any detectable polio antibody level will denote protection against paralytic disease. Some investigators use a 1:2 initial dilution of serum in even routine screening for polio antibody prevalence.

Studies of the simultaneous administration of OPV and the licensed combination live measles-mumps-rubella vaccine were reported. They indicated that antibody responses were not significantly different from those when the vaccines were given separately. Data on the simultaneous use of Schwarz strain measles vaccine and Cendehill strain rubella vaccine showed clear indication that good antibody responses followed the concurrent use of these particular antigens. A draft statement on simultaneous administration of these particular antigen combinations was prepared and approved by the Committee.

INFLUENZA

Supplementary documentation on influenza surveillance and associated laboratory studies was provided to all participants. In the late summer and early fall of 1972, a moderately distinctive variant of Hong Kong strain, type A influenzavirus appeared in Southeast Asia, Australia, and the Far East. Best available evidence indicates that although clearly distinguishable from past strains, readily apparent antigenic similarities with the recent type A strains persists. The Committee concurred in recommending that the presently available vaccine, which should provide some degree of protection against the new strain, be strongly encouraged for the high risk population. It did not see justification for more extensive use of the available vaccine. The Committee, in general, supported the concept that in all likelihood, the new strain, prototype A/England/42/72(H3N2) would become the prevalent type A influenzavirus in the next few years and would thus be a candidate strain for consideration in future vaccine development.

SMALLPOX

In line with its commitment to review the international status of smallpox and the continuing soundness of ACIP's 1971 recommendation to discontinue the routine smallpox vaccination in the United States, the Committee considered a summary report on smallpox surveillance. In general, the accomplishments toward smallpox eradication in the world have been impressive in that only 6 countries now report endemic disease. The World Health Organization has responded to accomplishments in smallpox control by moving its target for worldwide smallpox eradication to 1974, not 1976 as originally projected. The Committee reaffirmed its recommendation to State health departments to discontinue the routine administration of smallpox vaccine in the United States. Reportedly, all but 5 states have now adopted this policy, and several others are considering it seriously for adoption.

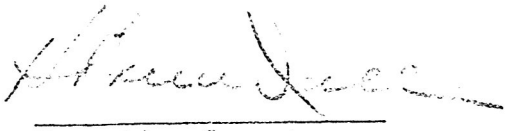
Surveillance of smallpox in the United States and of smallpox vaccine utilization indicate that suspect cases have increased in direct proportion with the stimulation of intensive surveillance - although none has been, in fact, smallpox - and that smallpox vaccine and Vaccinia Immune Globulin utilization have diminished rapidly.

SPECIAL REPORTS

Dr. Eugene Gangarosa, Epidemiology Program, described the trends in recent years with respect to the occurrence of enteropathogens in Central America and Mexico, focusing primary attention on shigella and salmonella. In general, a northward spread of these agents in focal epidemic and endemic form has been observed since the late 1960's. Low level transmission of shigella and identifiable salmonella strains have been identified in the 4 States bordering Mexico in the recent few years. Surveillance continues in an effort to identify and fully understand the characteristics and relative importance of these enteropathogens.

Tentative dates for the winter meeting for the ACIP were either January 15-16 or January 16-17, 1973. Follow-up correspondence will determine the more suitable pair.

Respectfully submitted,



Executive Secretary

October 12, 1972