ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES

Meeting of 19-20 January 1971

Agenda

Tuesday, 19 January 1971

8:30	Rubella Surveillance Review Immunization Program Status Vaccine Reactions Current Policy Review	John Witte and staff
10:00	Break	
10:15	Rubeola Surveillance Review	Lyle Conrad
10:30	Combination Vaccine Products Overall Review CDC Experience	 Harry Meyer Ken Herrmann John Witte
12:15	Lunch	
1:15	Smallpox Recommendations Review	Bill Foege John Witte Mike Lane
2:45	Break	
3:00	Anti Rh Immune Globulin Legislative Review Product Review	 John Witte Dick Judelsohn
4:30	Adjourn	

Wednesday, 20 January 1971

8:30	Surveillance Reviews Cholera Influenza Meningococcal Disease	 Eugene Gangarosa Mike Gregg and staff Roger Feldman
10:00	Break	
10:15	Smallpox Recommendations - Final Review	
12:15	Lunch	
1:15	Planning for 1971 General Review of ACIP Recommendations	
	Other Business	
3:00	Adjourn	

MINUTES, MEETING NO. 18, ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES, JANUARY 19-20, 1971

The Advisory Committee on Immunization Practices met at the Center for Disease Control on January 19-20, 1971. Those in attendance were:

Committee

Dr. David J. Sencer, Chairman	Dr. Johannes Ipsen
Dr. H. Bruce Dull, Secretary	Dr. Donald R. Peterson
Dr. R. LeRoy Carpenter	Dr. Gene H. Stollerman
Dr. Theodore C. Eickhoff	Dr. Harry Meyer (attending for Ex-Officio member Dr. Roderick Murray)

Consultant to Committee

Dr. Alexander D. Langmuir

Representing the American Academy of Pediatrics

Dr. Samuel Katz

CDC--Participants and Discussants

Epidemiology Program:	Dr. Philip S. Brachman Dr. Michael Gregg Dr. Eugene Gangarosa Dr. Roger Feldman
Immunization Branch:	Dr. John Witte Dr. Lyle Conrad Dr. Richard Judelsohn
Smallpox Eradication Program:	Dr. William Foege
State and Community Services Division:	Dr. Michael Lane

The meeting was called to order by the Chairman, Dr. David Sencer, who welcomed Dr. Alexander D. Langmuir, a consultant to the Committee for this session. Dr. Sencer reviewed the agenda for the meeting and promptly called on Dr. John Witte, CDC Immunization Branch, and his staff to begin the day's meeting with a review of rubella and rubella vaccination.

RUBELLA

Despite the acknowledged shortcomings of official rubella case reporting, documents provided to all participants indicated a modest decline in 1970 over the previous year. The decline was most marked in those geographic regions where rubella vaccination campaigns had been most extensive. Data on the congenital rubella syndrome, official reporting of which began only in the mid-1960's, showed that reporting efficiency is inadequate to give meaningful information. Data on the syndrome from all available sources indicated little decline from 1966 to 1969. The reliability of this information was doubtful for reasons of inadequate diagnosis.

To the present time, approximately 18.5 million doeses of rubella vaccine have been administered through public programs, reaching approximately 40 percent of the target population ages 1-12 years. Somewhat more than 28 million doses of vaccine had been distributed in the United States altogether. About 10 million of them have been administered by private physicians.

Efforts to detect transmission of vaccine virus from vaccinees to susceptible contacts have regularly shown that if it occurs at all, the phenomenon is so infrequent as to be unmeasurable with common epidemiologic and virologic techniques.

Reactions to rubella vaccine, essentially all limited to transient proximal joint phenomena, were first clearly described in the spring of 1970. It was then that large-scale community campaigns and investigations were begun. At the beginning, evaluation was retrospective. Only recently have prospective studies been carried out. Data on three community studies should soon be tabulated and will be made available for discussion at the next ACIP meeting.

To the present time, data on approximately 35 instances in which rubella vaccine was administered to women early in pregnancy have been assembled. In 19 of the pregnancies reported to CDC, 9 were carried to term and produced normal infants. Ten abortions were performed. In 9 of the abortions studied virologically, no viruses were recovered. Data on the immunity status of the 19 cases are incomplete, although in 6 of these 9 instances where the pregnancy was completed, fetal cord blood showed no rubella antibody.

The Committee discussed these and several other vaccination-in-pregnancy cases known to various members. Data are as yet insufficient to form judgments on the actual risk of vaccine virus for the fetus.

RUBEOLA

Supplementary documentation was provided to all participants which indicated a gradually increasing number of measles cases. This experience has generally been interpreted as a decline in the use of measles vaccines and not a failure of the vaccine itself.

Measles occurring in previously vaccinated children have been carefully studied, and essentially all cases have been shown to be the result of non-immunization. Commonly, the previously vaccinated children who later developed measles had received either measles vaccine with a possibly excessive dose of Immune Serum Globulin (to counteract vaccine side effects) or had received the vaccine at less than 9 months of age when maternal antibody probably interfered with an adequate antibody response. In some instances of presumed vaccine failure, it appeared that vaccine had probably been poorly handled such that either heat and/or light had caused deterioration or inactivation of the live virus.

COMBINED LIVE VIRUS VACCINES

Supplementary documents were provided to participants as a review of using combination live virus vaccines. Up to the present time, there has been approximately 10 years' experience with trivalent oral polio vaccine and with simultaneously administered measles, smallpox, and yellow fever vaccines. There has been no evidence of more reactions than would have occurred with individual products or of untoward interference among live virus antigens. Although a large portion of this experience has been gained abroad, in areas where surveillance is not optimal, there has been considerable data to show the general safety and effectiveness of the procedure.

In the United States, only one manufacturer has developed prototype combinations of the newer live virus antigens. Measles, mumps, and rubella antigens have been combined in appropriate concentrations. To the present time, they have been administered to approximately 700 triple negative children. Data indicate that approximately 95 percent of the children responded with antibodies to all three antigens. No evidence of enhanced reactogenicity or viral interference has been shown.

Additional trials of the same manufacturer's combined product have been carried out elsewhere with comparable results.

The Committee expressed interest in following these combined antigens carefully and when convinced of their safety and efficacy to comment on their public health and general applicability.

SMALLPOX

Brief review of the international surveillance of smallpox indicates a continuing and remarkable progress toward control of the disease. Plans for a more detailed review of smallpox and of the policies on U.S. smallpox vaccination are planned for the ACIP spring 1971 meeting.

ANTI-Rh IMMUNE GLOBULIN

The Communicable Disease Control Act, PL 91-464, contained provisions authorizing the broadened use of effective measures in control and the prevention of important public health problems. This Act has stimulated an exploration of ways to provide a public health basis for giving anti-Rh immune globulin to prevent hemolytic disease of the newborn. Supplementary documents on the immunologic theories behind causes of hemolytic disease of the newborn were provided to all participants. With the licensing of anti-Rh immune globulin in 1968, an effective preventive for the annually estimated 20,000 infants affected with hemolytic disease of the newborn first became available. The Committee urged a careful surveillance of Rh incompatibility disease in conjunction with efforts to develop a statement on the public health use of anti-Rh immune globulin.

INFLUENZA

Supplementary documents were provided to all participants which indicated that little epidemic influenza has yet occurred in the United States in the 1970-71 season. In Massachusetts beginning in the week of January 11, 1971, increased school absenteeism was noted. No industrial absenteeism has been reported. Some 28 communities in suburban Boston have seen some increase in febrile respiratory disease. Laboratory studies are underway.

MENINGOCOCCAL DISEASE

Supplementary documents were provided to all participants dealing with the surveillance of meningococcal disease in the United States. Illnesses caused by sera groups B and C are seen here without much or any sera group A disease. Although meningococcal disease is recognized to be a minor public health problem in the U.S., occurrence of occasional epidemics of meningococcal disease in military populations and other closed groups have stimulated development and testing of specific polysaccaride vaccines. Preliminary data in adults indicates immunogenicity to type specific antigens. Experience in children is as yet very limited.

CHOLERA

The seventh cholera pandemic which began in the early 1960's was reviewed, particularly with respect to the appearance then of a new biotype, the El Tor strain, a non-hemolytic vibrio. Although the classic Agawa and Inaba strains coexist with the more current El Tor biotype, they are generally restricted to the Ganges Delta area of Bangladesh and India. Spread from this traditional focus of cholera in the Southeast Asian to the Middle East and to Africa in recent years indicates vividly the susceptibility of populations with inadequate sanitary resources to the introduction and perpetuation of cholera.

Numerous vaccine studies with selected products have been carried out in the Asian sub-continent and in the Pacific areas for more than 10 years. There have been markedly different results. Available vaccines are, in general, of low potency and induce antibodies of limited durability and effectiveness. Cholera control is acknowledged to be most effective with improved sanitation and provision of a pure water supply. Vaccination for international travel was thought by the Committee to serve little more purpose than to facilitate movement of people in cholera areas.

OTHER BUSINESS

Based on its earlier discussions of smallpox vaccination and the risks and benefits of the procedure, the Committee recommended a full-scale consieration of the questions at its next meeting. The dates 18-19 May were suggested.

Respectfully submitted,

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Executive Secretary

January 30, 1971