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MINUTES, MEETING NO. 9, ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES, MAY 24-26, 1967.

The Advisory Committee on Immunization Practices met at the National Communicable Disease Center on May 24-26, 1967. Those in attendance were:

Committee

Dr. David J. Sencer, Chairman
Dr. H. Bruce Dull, Secretary
Dr. Gordon C. Brown
Dr. Geoffrey Edsall
Dr. David T. Karzon
Dr. Theodore A. Montgomery
Dr. Roderick Murray
Dr. Jay P. Sanford
Dr. Paul F. Wehrle

Invited Participants

Dr. Ira L. Myers, State Health Officer, State Department of Public Health, Montgomery, Alabama.
Dr. M. R. Radovanovic, Regional Officer for Communicable Diseases, European Regional Office, World Health Organization, Copenhagen, Denmark
Dr. Gilbert Schiff, Assistant Professor of Medicine and Microbiology, University of Cincinnati, Cincinnati, Ohio
Dr. Margaret H.D. Smith, Department of Pediatrics, Tulane University School of Medicine, New Orleans, La.

CDC Staff - Participants and Discussants

Epidemiology Program:	Dr. Cyrus C. Hopkins Dr. Joel Kramer Dr. James W. Mosley Dr. Philip R. Nader Dr. Robert J. Warren Dr. Kenneth H. Williams, Jr.
Immunization Program:	Dr. F. Robert Freckleton Dr. John J. Witte
Laboratory Improvement Program:	Dr. Milford H. Hatch Dr. James L. McQueen Dr. Roslyn Q. Robinson

The major emphasis at the May 24-26 meeting of the PHS Advisory Committee on Immunization Practices was on completion of a revised recommendation for use of poliomyelitis vaccines and development of one on influenza vaccine for 1967-68. A considerable amount of advance review and correspondence among Committee members had resulted in drafts containing the most important areas for continued review.

Poliomyelitis

Discussion of poliomyelitis centered primarily around the scheduling of primary immunization with trivalent oral polio vaccine. At the February 16-17 meeting, data were not felt to be sufficient to allow for a unified recommendation on three doses or four doses in infancy. A considerable amount of serological evidence was presented in May derived from investigations carried out by the Connaught Laboratories in Canada and from collaborative work between Dr. David Karzon, Dr. Paul Wehrle, and NCDC. All data showed that conversions to all three types of polio virus was approximately 90% or greater when three doses of OPV were administered with a sufficient interval between feedings. It was agreed on this basis that the primary series of three doses should be adopted in the United States.

Dr. M. R. Radovanovic, Regional Officer for Communicable Diseases, European Regional Office, World Health Organization, Geneva, Switzerland was visiting the Center and was invited to join with the Committee in order to comment on patterns of polio vaccine usage in Europe. He presented a review of poliomyelitis during recent years in various European countries and reported on the attitudes and programs dealing with polio and other

immunizations. In general, the intensity of immunization varies considerably. However, where regular programs have been undertaken, the incidence of polio has decline appreciably.

Influenza

Representatives of the Respiratory Diseases Unit of Epidemiology Program and the Respirovirus Unit, Virology Section, Laboratory Program presented and discussed the past season's occurrence of influenza in the United States and abroad and the character of virus strains isolated in this country and elsewhere. Generally, very limited amounts of illness and stable virus patterns were evident.

The availability of both a bivalent and a polyvalent vaccine during the coming season led to considerable discussion on presenting the two alternatives. In line with its previous position, the Committee unanimously favored recommending the bivalent formulation as the preferable alternative. The polyvalent vaccine, therefore, becomes relevant only for some personal preference. Related discussions on the limitation of total antigenic content supported CDC's plan to investigate vaccines with greater total antigenicity in the coming season. The Committee again voiced its desire to advise not only on the utilization of influenza vaccine but on the vaccine's structure while the material remains in a somewhat "developmental" status.

No other changes from the previous positions on usage patterns of influenza vaccine were recommended.

The Committee engaged in detailed discussion of amantadine hydrochloride (Symmetrel), the antiviral drug developed by the du Pont Company. We

were fortunate in having the consultation of Dr. Gilbert Schiff, Assistant Professor of Medicine and Microbiology, University of Cincinnati. Dr. Schiff is well versed in both the past investigations of the drug and in programs currently underway in his own laboratory. The ACIP membership was unanimous in feeling that the drug, although reported to have some effectiveness in preventing type A2 influenza, had not reached a stage of development which would allow it to be considered as a public health measure in influenza control. There have been no community studies of its effectiveness; and the margin of toxicity above recommended dosage is an additional problem worth noting.

A position statement on the drug was prepared as an appendix to the influenza vaccine recommendation in order that the Surgeon General would be aware of the product. He could then decide whether the appendix should be released with the vaccine statement or reserved for use at a time when a PHS position would be more appropriate.

Measles Vaccines

A review of progress toward measles eradication in the United States indicated both the successes to date and the need for added effort at the time of school entrance this fall. Data was considered on additional observations on the associated, untoward responses to measles infection or live attenuated measles virus vaccines given to individuals previously vaccinated with inactivated measles antigen. The Committee was unified in its recommendation that the inactivated vaccine be greatly deemphasized probably to the point of reserving it only for unusual cases in which its use could add some temporary protection for those with relative immunological "unresponsiveness."

A sub-Committee was appointed to review the entire measles recommendation and make suggestions on its revision for adoption during the ACIP meeting.

Other Discussions

All previous recommendations of the ACIP had been reviewed before the meeting in order to establish their currentness and continuing applicability. The combined publication of all ACIP recommendations in a CDC review of immunizations in the United States was felt to be appropriate.

Agenda items suggested for the next meeting were mumps vaccine, the licensure of which is expected to occur the fall of 1967, immune globulin in treating infectious hepatitis, vaccines for international travel, and review of the list of "dangerous diseases" for quarantine activities.

The suggestion to identify the membership of the Committee with each recommendation was not felt to be justified. As long as these data are available,no notation of individual members was felt to be desirable.

The Committee favored a 2-1/2 day meeting for the fall session and chose October 10-12, 1967. With the thanks of the Chairman, the meeting was adjourned.