

MINUTES, MEETING NO. 10, ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES,  
OCTOBER 10-12, 1967

The Advisory Committee on Immunization Practices met at the National Communicable Disease Center on October 10-12, 1967. Those in attendance were:

Committee

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

Liaison Member

Dr. Margaret H.D. Smith

Invited Participants

Dr. Harry M. Meyer, Jr., Chief, Laboratory of Viral Immunology,  
Division of Biologics Standards, National Institutes of  
Health, Bethesda, Maryland  
Dr. Charles L. Wisseman, Jr., Professor and Head, Department of  
Microbiology, School of Medicine, University of Maryland,  
Baltimore, Maryland

CDC Staff - Participants and Discussants

Epidemiology Program:	Dr. Alexander D. Langmuir Dr. Eugene Gangarosa Dr. Ronald F. Johnson
Foreign Quarantine Program:	Dr. Arthur Osborne Miss Regina Burns Dr. Joe R. Held Dr. Robert J. Latta Dr. James W. Mosley Dr. John R. Richardson
Immunization Program:	Dr. F. Robert Freckleton Dr. George F. Hardy Dr. Adolph Karchmer Dr. John J. Witte
Laboratory Improvement Program:	Dr. George Douglas Dr. Charles Shepard
Malaria Eradication Program:	Dr. Robert G. Scholtens

## Typhus

The first morning session of the ACIP was devoted entirely to a detailed discussion of typhus and typhus vaccine. Dr. Charles Wisseman, a consultant to the ACIP for its typhus deliberations, joined Dr. James Mosley in describing the present geographic distribution of the disease and the epidemiologic data and quarantine recommendations to support typhus vaccine utilization.

In view of the minimum threat of louse-borne typhus to the casual traveler visiting urban areas for brief periods of time, the Committee favored drafting a recommendation which would differentiate the temporary resident who lives and works in a potentially typhus infected area and the other travelers whose chance of exposure is minimal. The recommendation developed by the Committee acknowledges this differentiation.

Dr. Wisseman described in detail the development of typhus vaccine and the immunization responses following primary immunization and booster doses. He and Dr. Roderick Murray commented on the production and standardization of currently available vaccines in the effort to insure uniformity among commercial products.

The vaccine is acknowledged to induce primarily a modification of disease and not "absolute" protection. The dosage recommendations in children have been extrapolated from experience with other antigens and generally do not have any basis from investigation.

Immune Globulin

With a focus on international travel, Dr. Ronald Johnson reviewed evidence from Peace Corps, missionary, overseas industrial, and general travelers experiences with globulin prophylaxis of infectious hepatitis. Discussion of prophylactic use of globulin reflect the Committee's plan eventually to prepare a recommendation for national and international use of immune globulin for prophylaxis of hepatitis.

In general, surveillance data available at the present time indicate a variation in the sometimes risk of contracting hepatitis in many countries where Americans live and work. The lesser risk for the casual traveler to urban areas is difficult to evaluate because of the tremendous variations in each traveler's patterns of possible exposure.

Under conditions of continued exposure, as in the case of missionary or Peace Corps workers, available data (much based on a dose of 1.0 ml per pound of body weight per six months) suggest a time limited but definite benefit from globulin prophylaxis. The exact level of protection and the duration of effect are difficult to interpret from available data. They seem to be demonstrable for some four to five months at this dosage.

The Committee wished to caution against indiscriminate use of globulin because of its antigenicity and the acknowledged factor

of there being considerable variation in globulin preparations based on amount of protein degradation, etc.

The Committee's concepts were compiled into a statement which can form part of a more comprehensive review of globulin for prophylaxis of hepatitis.

#### Foreign Quarantine Regulations - Dangerous Diseases

The Foreign Quarantine Program had previously presented the ACIP with a list of diseases noted as "dangerous" (Executive Order 11070, December 12, 1962). Because the list has been felt to be considerably out-of-date, the Committee reviewed it with the staff of FQP and supported the concept of limiting the specific diagnoses to tuberculosis, leprosy, chancroid, gonorrhoea, granuloma venereum, syphilis, and granuloma inguinale.

#### Mumps

Following a review of mumps surveillance information by Dr. John Witte and staff, Dr. Harry Meyer from the Division of Biologics Standards described the available data on live attenuated mumps virus vaccine developed in the laboratories about to be licensed by Merck, Sharp & Dohme. The vaccine appears to be of high antigenicity and potency with immunity persisting at least up to two years (the period of observation) and without any untoward reactions to vaccination.

There was considerable discussion as to the place of mumps vaccine in public health practice. The Committee unanimously

avored emphasizing widescale use of vaccine at this time awaiting evidence of the durability of protection. Therefore, the ACIP chose to draft a recommendation describing mumps, the new live vaccine, and vaccine use in specific, somewhat "high-risk" populations.

The draft of a mumps vaccine recommendation for the American Academy of Pediatrics Committee on the Control of Infectious Diseases (Red Book Committee) is comparable in substance and intent to the ACIP statement. It was proposed that the ACIP statement be released at about the time mumps vaccine is available on the market.

A questionably associated case of ascending paralysis 28 days following administration of live mumps vaccine in a field trial in Los Angeles was reported by Dr. Paul Wehrle. There was considerable interest in the case, although in no one's experience had mumps itself clearly been associated with such a complication. Additional data are to be secured prior to accepting a more likely relationship than coincidental. (Addendum: Follow-up information from Dr. Wehrle suggests that the relationship was probably coincidental. Other diagnosis is being pursued.)

#### Rubella

Dr. Meyer commented briefly on the status of live attenuated rubella vaccines under development. He described the continuing field investigations which show potency, efficacy, and safety,

presently in nearly 300 susceptible individuals. The HPV 77 and other rubella vaccine strains all appear to have pharyngeal shedding as a characteristic. However, in no instance has vaccine virus been transmitted to susceptible contacts. Shedding has occurred in more than 50% of vaccinees and up to 70% of those showing antibody conversions when followed by daily attempts at virus isolation.

Additional studies are planned, particularly on use of vaccine in family settings.

#### Cholera

Dr. Eugene Gangarosa described the present international reports on cholera and emphasized that the expected extension of cholera into the Middle East and Eastern Mediterranean areas has not progressed. The difficulty of reporting from some areas has made assessment inaccurate, but general reports seem to indicate that the "pandemic" is abating.

The potential risk of cholera for travelers was described as being essentially zero unless extended stays in cholera areas were included. Even in these instances, no documented cases of cholera in Americans have been identified.

The current epidemiologic appearance of cholera and vaccine effectiveness drawn primary from the SEATO Cholera Laboratory in Dacca were presented by Dr. Gangarosa. Evidence from the precise studies done by Dr. Wiley Mosley and others from the CRL showed

the vaccine to be moderately effective but inducing only a limited duration of protection.

The Committee generally favored cholera immunization to satisfy International Sanitary Regulations when dealing with the casual traveler but an "optimal" immunization for those with more recognized exposures.

#### "Green Monkey Disease-Europe"

Dr. James Mosley described the current status of cases and deaths associated with importation of Green Monkeys from Uganda into Europe. The experience in Marburg, Frankfurt, and Belgrade suggests a previously unidentified disease with relationship to monkey blood exposure implicating limited groups of imported monkeys. Careful surveillance of importation of comparable type animals into the United States (Dr. Joe R. Held) has not revealed any suspect cases of disease here.

The pathological changes in human tissues of cases in Europe were presented and the tentative recovery of agents in guinea pigs was briefly described.

#### Other Business

A very full two and one-half days of meeting adjourned with the dates of February 13-15 set for the next meeting at which time discussions of immune globulin prophylaxis for infectious hepatitis will be continued and plague and yellow fever vaccines introduced.

Medico-legal aspects of vaccination programs will also form a major part of the agenda. Drafts of statements developed during the present meeting are to be circulated for additional comments and revision prior to being forwarded for clearance and publication.