NOT FOR PUBLICATION

CHSC(VI) 1974
Second Meeting

CENTRAL HEALTH SERVICES COUNCIL

SCOTTISH HEALTH SERVICES PLANNING COUNCIL

JOINT COMMITTEE ON VACCINATION AND IMMUNISATION

Minutes of meeting held on 11 December 1974

The following members were present:

Professor Sir Charles Stuart-Harris (Chairman)	
Dr F S W Brimblecombe	Dr F T Perkins
Dr A B Christie	Dr D Reid
Professor G W A Dick	Dr V H Springett
Professor J A Dudgeon	Dr J F Warin
Dr R W Elliott	Dr G I Watson
Professor D G Evans	Professor R E O Williams
Professor R W Gilliatt	Dr W O Williams
Professor N R Grist	Dr T S Wilson
Dr J S Noble	Mr J M Foster (Secretary)

Also present:

Dr H M Archibald)	
Dr N J B Evans)	
Dr J A Holgate)	
Dr W N Dunnet)	
Dr I B Millar)	Department of Health
Dr G Pincherle)	and Social Security
Mr M Sharratt)	
Mrs J Atkinson)	
Miss M S Moran)	
Dr G C Schild	- National Institute for Medical Research
Dr J W G Smith	- Public Health Laboratory Service
Dr R M Gordon	- Scottish Home and Health Department
Dr W C D Lovett	- Welsh Office
Brigadier R M Vanreenen	- Ministry of Defence

The Chairman welcomed Dr D Reid, Dr G I Watson and Dr T S Wilson on their first attendances as members of the Joint Committee.

1. APOLOGIES FOR ABSENCE

Apologies were received from Professor G Edsall, Professor J Knowelden and Dr R Logan.

2. MINUTES OF MEETING HELD ON 30 APRIL 1974

Item 6. A typographical error - ''MRE'' for ''MRC'' was corrected and the minutes were signed by the Chairman.

3. MATTERS ARISING

Item 4(b) - Dr Dunnett reported that the Committee's revised recommendations on whooping cough vaccine had been issued in the form of a letter to all doctors in the National Health Service by the Chief Medical Officer on 11 June 1974. He also referred to correspondence with Dr Griffith in relation to the statement that ADSORBED vaccine gave rise to fewer reactions than plain vaccine. Dr Perkins said that in the Cardiff study the use of adsorbed vaccine had reduced the number of local reactions but the Committee agreed that the number of encephalopathies after pertussis vaccination was too few to enable any conclusion to be reached regarding the relative risks of plain and adsorbed vaccine.

4. VACCINE ACCEPTANCE RATES (CHSC(VI)(74)15)

Dr Dunnet said that several members had expressed concern that there might have been a decline in vaccination acceptance rates during 1974 because of the wide publicity given to adverse reactions to vaccines and particularly whooping cough vaccine.

One suggestion was that the Department should obtain figures for the current year from a sample of health authorities. This suggestion had not been adopted because authorities were under pressure because of reorganisation, the data obtained might give a distorted picture, and in any event such a sample would be available only marginally ahead of the completed returns. Instead the Department were proposing to ask area health authorities to return the completed forms for 1974 as soon as possible in the New Year and it was hoped that summaries would be available by the end of January.

In addition, so as to maintain a closer surveillance on vaccination acceptance rates, authorities would be invited to submit quarterly returns during 1975.

Figures provided by East Sussex showed a 70% decline in the number of children vaccinated against whooping cough but virtually no fall in the uptake of diphtheria, tetanus or measles vaccine. Provisional estimates from the NW Thames Region indicated a distinct falling off in acceptance rates to diphtheria and tenanus as well as pertussis vaccine.

Dr Wilson reported that in Glasgow there was some decline in the uptake of the triple vaccine among social classes I and II, although there was no change in other groups.

It was generally agreed that the fall in the use of the Triple vaccine was probably due to some doctors' reluctance to use it in view of the unfavourable publicity connected with whooping cough vaccine.

5. a. PHLS REPORT ON POLIOMYELITIS SURVEILLANCE (CHSC(VI)(74)6)

Dr Smith introduced the report for 1973 on surveillance undertaken by the Public Health Laboratory Service on poliomyelitis vaccines. Although poliomyelitis remained a rare disease in England and Wales,

the year had brought an episode in Sheffield which could perhaps be described as a small outbreak. This was the first of its kind since 1965. This small outbreak, which was concentrated on a housing estate, was rapidly controlled and consisted only of 2 paralytic and 2 possibly non-paralytic cases due to a type-1 strain of polio virus with wild type marker properties.

The Chairman said that when this report was compared with the figures given in the World Health Organisation's weekly report of 22 November on poliomyelitis it was very encouraging to note that England and Wales had a remarkable record, especially when compared with the other EEC countries. It was also commendable that there had been only 2 cases of vaccine associated disease.

Professor Dick was concerned that polio virus had been isolated from CSF in 2 of the 7 cases of non-paralytic poliomyelitis and requested that the Public Health Laboratory Service be asked to take special note.

Dr Smith agreed that this was unexpected. There had been no change in the culture media. The Public Health Laboratory Service was asked to keep this under review. Professor Dick also found it surprising that polio occurred in the vaccinated. He also dismissed any causal element in the occurrence of facial palsy.

Dr Perkins said that Dr Tobin of the Public Health Laboratory Service at Manchester felt that there should be about 10,000 doses of monovalent type vaccine ready for use in each region to deal effectively and quickly with an outbreak like the one in Sheffield. Professor Dick supported this view. Dr Warin felt that a cost benefit analysis should be undertaken before any definite action was taken to store monovalent vaccine. The Department was asked to investigate this bearing in mind the Committee's comments on the usefulnesss of having a stock of this vaccine. It was said that monovalent vaccine especially type-1 could be stored in stable frozen form for 4 years. A study of immunity to poliomyelitis in police recruits showed that there was support to the recommendation that school-leavers be given a reinforcing dose of oral attenuated vaccine. In relation to the findings that 14% lacked antibodies it was said that the immunity of police recruits was nil in 30% if vaccination was originally by injection.

The Chairman thanked Dr Smith and asked if the Report was to be published in the professional journals. Dr Smith confirmed this.

5. b. INACTIVATED POLIOMYELITIS VACCINE

The Secretary introduced this paper, which had been brought to the Committee's attention at the request of Supply Division. The Committee agreed that in spite of the expense and the small usage of this particular type of vaccine it should remain available in special cases.

6. REPORT OF THE MEASLES VACCINATION SUB-COMMITTEE HELD ON 13 NOVEMBER 1974

The Chairman reported that the Measles Vaccination Sub-Committee had met and considered the tenth year follow-up report of MRC trials of measles vaccine, which indicated that there had been no decline in the protection offered. The Sub-Committee had expressed their general satisfaction with the progress of the vaccination programme but had emphasised the need to continue

surveillance. They also felt that vigilance in vaccinating children on entry to school or nursery school should be maintained. The Sub-Committee had also noted the position on adverse reactions from measles vaccine which continued to be satisfactory.

7. REPORT OF MEETING OF THE RUBELLA VACCINATION SUB-COMMITTEE HELD ON 13 NOVEMBER 1974

The Chairman reported that the Rubella Vaccination Sub-Committee had met on the same day as the Measles Vaccination Sub-Committee. The Sub-Committee had considered reports from Professor Dudgeon and Professor Smithells on the surveillance of congenital rubella defects. They noted that as yet there had been no appreciable impact on the incidence of children born with congenital rubella abnormalities. It was felt that greater effort should be directed to protecting women now at risk, in particular by extending ante-natal screening for rubella antibody. Then this could be followed by rubella vaccination in the post-partum period of women found to be seronegative. Vaccination should also be extended to school leavers, family planning clinics and female university students who were now among the group missed when the campaign started in 1971.

Professor Williams estimated that 228,000 tests were done for antibodies against a 480,000 capacity and agreed that the machinery could be extended to these tests.

The Committee noted the Chairman's report and agreed that surveillance should continue.

Mr Sharratt of the Department's Statistics Research Division explained the difficulties in obtaining these figures. The department had asked health authorities to return figures quarterly in future and retrospectively for 1974. From an analysis of the figures available he estimated that at least 72% of girls reaching their 14th birthday had been vaccinated. Professor Dudgeon felt that this showed a better picture than previously.

The Committee endorsed the Sub-Committee's views and suggested that the Department should try to obtain the views of Area Medical Officers on rubella vaccination of the female population of child bearing age. It was desirable that these young women should be screened and vaccinated before their first pregnancies since most of the congenital rubella abnormalities occurred at this time. It was agreed that the Department should discuss this with the Regional Medical Officers.

8. REPORT OF MEETING OF THE ADVISORY GROUP ON PROTECTION AGAINST TETANUS HELD ON 19 NOVEMBER 1974

Professor Evans reported that the Advisory Group had met to review the use of human antitetanus immunoglobulin in the prevention and treatment of tetanus. The Group had considered the results of a study done by Mr Sharrard, Orthopaedic Surgeon at Sheffield. This study had been undertaken to estimate the proportion of patients attending an accident centre who would require treatment with human antitetanus immunoglobulin if it were available.

The Group had agreed that antitetanus immunglobulin should be given to any patient not known to be actively immune whose wound fell into one or more of the following categories:-

(i) Any wound or burn sustained more than 6 hours before attendance for treatment, (this would automatically exclude the 80% of injuries which present for treatment within 6 hours);

(ii) Any wound or burn at any time following injury which had the following characteristics:

(a) devitalised tissues to a significant degree at any time,

(b) puncture type of wound,

(c) previous direct contact with soil or material likely to harbour tetanus organisms,

(d) clinical signs of sepsis.

The Group were of the opinion that human antitetanus immunoglobulin should replace other forms of serum in the prevention and treatment of tetanus. However, it was estimated from Mr Sharrard's study that needs could amount to some 160,000 doses annually and the Lister Institute could produce from its own resources only about 40,000 doses annually. The Department undertook to ascertain how much could be made available through other sources - either through Burroughs Wellcome or by importing from abroad. When this information was available the Group would review their advice to the Joint Committee. Dr Christie queried the use of the phrase "to a significant degree" in (ii)(a) and thought that there should be a re-wording of (ii) to allow more for the GP's discretion.

The Chairman thanked Professor Evans and said the Committee would await the Advisory Group's recommendations following their next meeting. Dr Noble suggested that a general practitioner should be co-opted to the Advisory Group and Dr Watson agreed to attend. Dr Gordon felt that there should be a representative nominated by the Scottish Home and Health Department and this was accepted.

Formal invitation sent 10/3 Dr Gordon arranging contact Dr [illegible] 20/3/75

9. INFLUENZA

(a) Response to influenza vaccine adjuvant 65-4 (CHSC(VI)(74)7)

Dr Smith of the Public Health Laboratory Service introduced the paper, which had since gone to press. He referred to the number of reactions reported from the USA and thought that these were due possibly to efforts being made to improve the effectiveness of the vaccine. This vaccine was not to be marketed because it had caused sterile abscesses. The emulsifier caused the trouble apparently through endotoxin in the Gram negative organisms from the eggs. The Committee noted the position.

(b) Vaccination in the control of influenza (CHSC(VI)(74)8)

Dr Smith compared the Post Office study with those conducted in other industrial groups. The results had shown no reduction in sick leave

through influenza vaccination. The Chairman commented that the virus was changing slightly and that, therefore, vaccination was less effective. The Committee noted the position.

(c) Antigenic variation in current Influenza A virus (CHSC(VI)(74)9)

Dr Schild of the National Institute for Medical Research introduced the paper and referred to the new variant of the Hong Kong virus which had originated in Australasia during the autumn of 1973 and had been isolated, subsequently in other parts of the world. This new variant A/Port Chalmers/1/73 produced a comparatively mild illness. The Committee agreed that the position generally seemed satisfactory.

(d) Prevalence in England during 1973/74 (CHSC(VI)(74)10)

Dr Dunnet introduced the paper and referred to the prevalence of both influenza A and B during the winter of 1973/74. One death in a boys' boarding school in the South of England was subsequently attributed to the A/Port Chalmers/73 variant. An antigenic change had also been detected in influenza virus B last winter and by November 1973 the old strains had been replaced by strains similar to the B/Hong Kong/5/72 variant or strains intermediate between this and the old strain.

The Committee agreed that at present no change was necessary in the current recommendations on the use of influenza vaccine.

Dr Williams referred to the study of family practice now being conducted by the Royal College of General Practitioners. This had now been in progress for 1 year and the number involved had risen from 120 in the pilot study to over 500. The number of doctors participating had increased from 53 to 74. Patients were kept under close surveillance and were examined at the sign of any indisposition.

The Chairman said that the Committee would await the results with interest.

10 MUMPS

(a) Vaccine (CHSC(VI)(74)11)

(b) Complications (CHSC(VI)(74)12)
(CHSC(VI)(74)13)

Dr Millar introduced the papers and said that in addition to the studies mentioned in paragraph 4 of the paper (CHSC(VI)(74)11) there had also been a larger study involving 6,283 children. The findings of this study were the same as for the others mentioned. In regard to further clarification of the figures shown for adverse reactions reference was made to the detailed application for licence by Merck, Sharp and Dohme.

In general discussion on the subject of reactions Brigadier Venreenen said that in the view of the Ministry of Defence mumps vaccine was unnecessary because complications from the disease were rare.

The Committee agreed that there was no need to introduce routine vaccination against mumps.

11. SIMULTANEOUS ADMINISTRATION OF LIVE VACCINES (CHSC(VI)(74)14)

The Chairman referred to the 3 vaccines which had been licensed for Merck, Sharp and Dohme and asked for comments on the company's claim that these could be administered simultaneously with live poliovirus vaccine. This use of the vaccine appeared to conflict with the Committee's published advice and they had to consider (a) whether this advice should be changed and (b) if the vaccines concerned viz MMR, Biavax and Measles and Rubella virus vaccine and live MSD could be given with live poliovirus vaccine. Professor Dick and Dr Warin pointed out that an interval in the administration of live vaccines had been advocated in view of the probability of adverse reactions and because of the recent publicity surrounding adverse reactions. The Committee agreed that it would be inopportune to change the guidance that an interval of at least 3 weeks should be allowed to elapse between the administration of any 2 live vaccines whichever came first.

12. REPORT OF MEETING OF THE SUB-COMMITTEE ON COMPLICATIONS OF VACCINATION HELD ON 26 SEPTEMBER 1974

Professor Dudgeon, Chairman of the Sub-Committee, said that the main question at issue was ''how many more children developed illness after vaccination than those who would have done so otherwise''. He referred to the study proposed by the Public Health Laboratory Service in the North West Thames Region, to try to improve procedure for reporting adverse reactions. Of immediate importance was the concern felt by the medical profession about the advice to be given to parents. Despite the reassurance provided by the Chief Medical Officer's letter of 11 June 1974 confusion still existed. A recent visit to a symposium in Utrecht suggested that the vaccine used in other countries seemed to provide a high degree of protection and reactions were not being encountered to any great extent. Professor Dudgeon said that WHO and Eastern European countries would cooperate in any survey that might be mounted here, using similar methods and documentation. Denmark had separate statistics for pertussis.

The Chairman said that it was very important to try to make clear to the medical profession as a whole, and in particular, to general practitioners and paediatricians, the reasons why these further studies were required, stressing the difficulty in assessing a causal relationship on existing methods of reporting adverse reactions. Professor Dudgeon confirmed that a statement on this had been drafted by Professor Knowelden and would be submitted for the Committee's consideration. The Chairman asked Professor Williams to provide details of the PHLS study so that these also could be issued to general practitioners in order to restore confidence in current advice. The situation was especially worrying because notifications of whooping cough had greatly increased in recent months. He added that in the Portsmouth area doctors did not now give pertussis vaccine unless parents specifically requested it and he considered it was unfortunate that parents should be asked to make this decision.

Dr Watson said that the Royal College of General Practitioners had recently sent a questionnaire to 136 doctors and 100 replies had been received by 9 December. Each doctor's practice covered a period of 15 years. Doctors had been asked (a) how many reactions they had encountered and (b) if they had since changed their procedure. On (a), of the replies so far received,

45 had seen no reactions and 55 had reported convulsions etc. On (b) 33 had not changed their procedures (18 had observed no reactions, 15 had); 33 had now omitted pertussis vaccine (16 had observed no reactions and 17 had observed reactions) and 34 had followed parents' wishes.

Dr Warin suggested that the membership of the Sub-Committee on Complications of Vaccination might include a general practitioner and/or a community physician and proposed that Dr Elliott might be invited to serve. The Committee agreed that the Sub-Committee should add to its membership as it thought fit.

13. ANY OTHER BUSINESS

It was agreed that Dr Pincherle would discuss with Professor Dudgeon the paper he had prepared on current arrangements for the management of research and development in DHSS and Welsh Office.

14. DATE OF NEXT MEETING

No date was arranged.