CENTRAL AND SCOTTISH HEALTH SERVICES COUNCILS
JOINT COMMITTEE ON VACCINATION AND IMMUNISATION
MINUTES OF MEETING HELD ON WEDNESDAY 5TH NOVEMBER 1969

The following members were present:-

Professor C H Stuart-Harris (Chairman)
Dr A B Christie
Professor G W A Dick
Dr J A Dudgeon
Professor J P Duguid
Professor D G Evans
Sir James Howie
Professor J Knowelden
Dr E L M Millar

Dr F T Perkins
Dr B C S Slater
Dr V H Springett
Dr J F Warin
Dr W O Williams

Mr W F Lake (Secretary)

Also present:-

Sir George Godber
Dr R M Shaw
Dr W de AMaycock
Dr A T Roden
Dr W N Dunnet
Dr R D Andrews
Miss M S Moran

Department of Health and Social Security

Dr R M Gordon
Dr G C R Carey
Brigadier H C Jeffrey

Scottish Home and Health Department
Ministry of Health and Social Services
Northern Ireland
Ministry of Defence

1. Apologies for absence
Apologies for absence were received from Professor T Anderson, Professor P Beeson,
Dr R W Elliott, Dr H R Jolly and Dr J D Spillane.

2. Minutes of the last meeting
The minutes of the last meeting were certified as correct and signed by the Chairman.
3. Matters arising

Item 6. Dr Dunnet introduced paper CHSC(VI)(69)14 which gave a preliminary analysis of the retrospective enquiry by the Association of Medical Officers of Schools into the incidence and complications of mumps. He drew attention to the Tables attached with the paper showing the numbers and populations of schools covered, the numbers of cases and the list of cases with complications. The peak years had been 1960 and 1964. The Chairman expressed surprise at the number of cases admitted to hospital but Dr Millar pointed out that admission was often on social, rather than medical, grounds.

The Committee agreed to receive the paper and await the results of the other studies still in progress.

Item 7. Sir James Howie referred to paper CHSC(VI)(69)13 - the preliminary report by the Public Health Laboratory Service Whooping Cough Committee and Working Party on the efficacy of whooping cough vaccines used in the United Kingdom before 1968. This paper was a revised edition of paper CHSC(VI)(69)5 previously circulated, and was published in the British Medical Journal of 8 November 1962. Whilst there was no suggestion in the report that vaccination against whooping cough should be discontinued it was clear that the vaccines were not as effective as had been hoped, though they had probably been improved since the period covered by the report.

Dr Perkins said that a letter from him commenting on the report was to be published in a later issue of the BMJ. It was not until 1964 that an international standard (of 4.0 units) was established; the British standard had hitherto been 2.1 units, but by the end of 1966 British manufacturers had conformed to the international standard. Moreover the addition of aluminium hydroxide to the vaccine had increased its potency.

Sir George Godber agreed, and pointed out that there had been a marked decrease in the incidence of whooping cough this year, so far. Up to the end of the forty-first week of 1969 notifications were approximately 3,800 compared with 14,800 and 25,500 (approx) during the corresponding periods of 1968 and 1967 respectively. Deaths from whooping cough in the same periods were: 1969 - 5; 1968 - 12; and 1967 - 21. The previous lowest annual figure of notifications had been 8,300 in 1962, and it seemed that the total figures for 1969 would not be much above half that number.

Dr Williams said that cases of whooping cough now occurring seemed milder than hitherto and that in some cases it was doubtful whether, the patient was in fact suffering from whooping cough. The Committee noted the Report.

Item 9. Professor Dick thought that the article prepared by Dr Ian Taylor, CHSC(VI)(69)12, about the changes in the immunisation schedules was excellent, but suggested that the part of the paper dealing with smallpox vaccination might include a clearer reference to the possibility of discontinuing the vaccination of infants.
as possible that in two to three years' time the USA might discontinue routine vaccination against smallpox. Sir George Godber pointed out that the position in the United Kingdom was quite different from that of the USA taking into account the immigrant population in this country. There would be a case for reviewing our policy in three or four years' time in the light of the results of the World Health Organisation's smallpox eradication campaign, particularly if the disease were brought under control in the Indian sub-continent.

The Committee noted the position.

4. 

Measles Vaccination Sub-Committee

The Chairman reported that the Measles Vaccination Sub-Committee had met earlier that day and had considered (a) the progress of measles vaccination with particular reference to supplies of vaccine (b) adverse reactions to measles vaccines and (c) the optimum age for vaccination against measles. On (a) it seemed that the supply position of Schwarz vaccine was improving because of the arrangements made to import from Dow Chemicals to supplement home produced (Glaxo) vaccine. Burroughs Wellcome were not in a position to manufacture from either the Schwarz or Moraten strains at present. The incidence of measles had been much lower in the winter of 1968/69 than in previous "measles winters" though a seasonal rise in notifications was currently occurring. Sir George Godber would be writing soon to medical officers of health urging them to proceed with vaccination as quickly as available supplies would allow; at the same time the Department's Supply Division would ask for estimates of likely future requirements and would allocate the available supplies of vaccine to the local health authorities.

As regards (b) the Sub-Committee had considered the twenty additional cases of adverse reactions reported since their last meeting, particularly the one fatal case. They had agreed that this was unlikely to have been a case of encephalitis as reported but rather a cot death following convulsions. No final conclusions could be drawn from the remaining cases. On (c) the Sub-Committee had agreed that at present priority should continue to be given to the vaccination of susceptible children between their fourth and seventh birthdays and those between their first and seventh birthdays who were attending day nurseries or nursery schools or living in residential establish-
ments.

Dr Warin reported that in Oxford in the past four years 8,000 school children had been vaccinated and now 75% of the 1 year olds were being vaccinated. In this four-year period the incidence of measles had fallen to a quarter of its initial level and of the children now contracting measles only 2.7% had been vaccinated. Glaxo vaccine had been used and there had been very few adverse reactions. The trial was now in its fifth year.

The Committee accepted the report of the Sub-Committee and endorsed the recommendations made.
Preliminary report of a comparative trial of equine/bovine/ovine tetanus antitoxin

The Chairman, introducing paper CHSC(VI)(69)8, said that the level of protection achieved by the use of bovine and ovine sera did not seem to be adequate and this raised the possibility of the need for human antitetanus globulin being made available for patients who were severely hypersensitive to equine serum. Table IV had shown a rapid fall-off in the percentages of subjects who would be expected to have protective levels of antitoxin at various titres except in the case of those given equine serum, which seemed to have stood up well to this test.

Professor Knowelden said that the main conclusion reached in the paper viz that equine serum, despite giving rise to more reactions, was the only effective agent, was based on the information given in Table IV which was insufficient on which to take such an important decision.

Dr Maycock informed the Committee that in recent years the issues of ovine and bovine antitoxins had been very small - about 150 doses annually - and that a stock of about 8,000 doses of human antitetanus immunoglobulin had accumulated in the last four years.

The amounts of equine serum issued by the Lister Institute in recent years had been:

- 1961 - 491,000 doses
- 1964 - 320,000 doses
- 1968 - 37,000 doses

Dr Warin said it was not surprising that the issues of human antitetanus immunoglobulin had been so small, as the Committee's advice had been to use this only as a last resort. He thought, however, that provided no difficulties had been experienced in other countries where human immunoglobulin was used, the Committee should consider its use here.

The Chairman said that in the last ten years tetanus had been treated more effectively. The numbers of deaths from tetanus (or tetanus complications) had dropped from 38 in 1959 to 22 in 1968.

Dr Carey said that in Northern Ireland the number of tetanus cases had remained almost stationary.

Some discussion followed from which it emerged that one of the main problems in vaccination against tetanus was the non-completion of courses begun in hospital. Dr Carey informed the Committee that in Northern Ireland patients leaving hospital were notified to medical officers of health who undertook to follow-up.

The Committee agreed that an advisory group should be constituted to consider the prophylaxis and treatment of tetanus with particular reference to the use of human antitetanus immunoglobulin.
Dr Perkins reported that Smith, Kline and French had submitted their first five licensing lots to the Immunological Products Advisory Committee and these would comply with the standards the Committee had formulated. The firm would therefore soon be making an application for marketing to the Committee on Safety of Drugs.

Dr Dunnet introduced paper CHSC(VI)(69)9 showing the results of clinical trials of rubella vaccine carried out mainly in Europe and the USA together with two papers supplied by Dr Dudgeon. No untoward reaction to live attenuated vaccine had been reported in children but there appeared to be a high incidence of reactions in adult women from rubella vaccine grown in duck embryo (HPV-77 DE5). Dr Perkins said he would not like to see this American vaccine used in Britain.

Professor Evans added that the trials had been extended to more open groups in Manchester, Edinburgh and Aberdeen. The Public Health Laboratory Service were also involved in trials. He felt that there was very little risk of the transmission of infection from vaccinated persons.

The Chairman said that this was a very complex subject to consider. There had been two recent international conferences - in London in November 1968 and in Washington in February 1969. There had been relative consistency in the findings of various groups but it was not yet known whether rubella vaccine given during pregnancy was harmful. Although vaccination protected against clinical illness it did not protect against re-infection. Rubella virus persisted in the tissues for a very long time. He thought that general practitioners would want advice about this very soon. Smith, Kline and French were at present conducting trials in London with girls and young women.

Professor Duguid said it was not yet known how long protection lasted and therefore vaccination in infancy was unwise at present although this was done in the USA.

Dr Dudgeon agreed that the early use of the vaccine was to be discouraged and said that at present trials were being conducted on 11-13 year old girls, who were being given rubella vaccine in the same year as BOG vaccine. He thought there was a case for boys of that age to be vaccinated also, as they could carry the infection. In reply to the Chairman he said that cases of arthritis had occurred only in women over age eighteen and had then not been of sufficient severity or duration to require absence from work. Dr Warin told the Committee that in Oxford during the last two months all school girls born in 1955 had been offered rubella vaccination with Cendehill vaccine. 78 per cent had accepted. These had been bled and it was found that 74% of them already had antibodies. The remaining 26% were vaccinated and of these only 6% had had mild reactions.
Sir James Howie said that the Public Health Laboratory Service was issuing immunoglobulin to rubella contacts even when it was unlikely to be effective. The Committee agreed that an expert group including Sir James Howie, Dr T M Pollock, Dr A D Macrae and Dr G I Watson should be constituted to consider the problems of rubella vaccine, and should also review the use of human immunoglobulin in the prevention of rubella.

The first meeting of the group was arranged for 19 December.

7. TAB vaccination
Dr Dunnet introduced paper CHSC(VI)(69)10 showing the incidence of typhoid and paratyphoid fevers in England and Wales during the last ten years, and drew attention to the fact that except in 1963 and 1965 there had been a continuous decline in notifications of paratyphoid fever. Notifications of typhoid fever received up to 3 October 1969 numbered 118 - an increase of 20% over the same period in April 1967 and 1968 when there had been 98 and 91 notifications respectively. Recent cases had occurred almost entirely among holidaymakers returning from abroad, mainly from North Africa.

The Department had been asked for advice on (a) how short an interval there should be between the first and second injection and (b) whether there was any advantage in having a single injection shortly before going on holiday.

The Chairman said that the last advice had been given by the Committee in 1966 and was contained in Section 3(a) of Notice to Travellers. The possibility of omitting paratyphoid A and B components from the vaccine because of reactions had been considered by the Joint Committee at that time and it had been considered unwise to do so until some evidence had been obtained on the significance of the protection conferred. The number and spacing of doses had not been reconsidered when the booklet "Immunisation against Infectious Diseases" had last been revised in 1968.

Dr Millar said that a large proportion of the cases in Birmingham had originated from the Indian sub-continent. After a "scare" there was always a dearth of vaccine and chemists were unable to dispense the prescriptions presented to them. Dr Roden said it was inevitable that the sudden increases in demands caused by publicity would sometimes be more than manufacturers could meet immediately.

In reply to a question about the vaccination status of the holidaymakers who had contracted typhoid, Dr Roden said that each case was being investigated but that full information was not yet available about this year's outbreak.
Dunnet told the Committee that investigations into the Zermatt outbreak suggested that TAB vaccination afforded some protection but most of the patients had not been recently vaccinated. The analysis was, however, inconclusive. Professor Dick wondered whether all persons going abroad needed to be vaccinated against typhoid and suggested that the Committee should reconsider the advice given when the "Notice to Travellers" was re-written.

After a general discussion the Committee agreed that the advice in the "Notice to Travellers" should remain unchanged for the present.

8. Vaccination against Influenza

The Chairman drew attention to paper CHSC(VI)(69)11 to which was appended a copy of a note from the Chief Medical Officer which would appear in the issue of Health Trends due to be published in December. A protracted conference on this subject had been held in the USA a few weeks ago. There had been a much lower incidence of the Hong Kong variant of influenza virus A in Britain and Western Europe last winter than in the USA and Poland. The reason for this was not known. The results of Medical Research Council vaccine trials were at present being analysed. It was known that a single dose of the vaccine was ineffective. The vaccine used last year did not give adequate protection; it was probably not potent enough and two doses might well be required against any new strain. This year the vaccine might have improved in his opinion the evidence from the American outbreaks did not warrant any change in the use of vaccines in Britain.

The Committee noted the position and reaffirmed the advice given at their last meeting (CHSC(VI)1969 First Meeting, Item 8).

9. Date of next meeting

The Committee agreed that the next meeting should probably be held in April 1970, but no definite date was fixed. It has since been arranged for 2.30 pm on 9 April 1970.