CENTRAL AND SCOTTISH HEALTH SERVICES COUNCILS

Joint Committee on Vaccination and Immunisation.

Minutes of Meeting held on Monday, 11th November, 1968

The following members were present:

- Lord Cohen of Birkenhead (Chairman)
- Professor G.W.A. Dick
- Professor Wilfrid Gaisford
- Professor J. Knowelden
- Dr. E.L.M. Millar
- Dr. F.T. Perkins
- Dr. R.S.L. Ridge
- Sir Wilfrid Sheldon

Mr. W.F. Lake (Secretary)

Also present:

- Dr. R.H. Shaw, Dr. E.T. Conybeare, Dr. A.T. Roden, Department of Health
- Dr. W.N. Dunnett, Dr. J.A. Holgate, Mr. P.V. Muston, Social Security
- Miss M. Newman
- Dr. R.M. Gordon - Scottish Home and Health Department
- Dr. T.M. Pollock - Public Health Laboratory Service
- Brigadier H.C. Jeffrey - Ministry of Defence.

1. Apologies for absence

Apologies for absence were received from Professor T. Anderson,
Dr. G.C.R. Carey, Professor A.W. Downie, Professor J.P. Auguid, Professor D.G. Evans,
Dr. J.W. Howie, Dr. A.F. McCoubrey and Dr. W.C. Williams.

2. Minutes of the last meeting

The minutes of the last meeting were certified as correct and signed by the Chairman.

3. Matters arising

The Chairman reported the following:

(a) Item 3. The new schedule of immunisation had been issued to local health authorities and doctors with Circular 29/68, C.M.O. 9/68 and M/L 9/68 dated 26th August, 1968.

(b) Item 5. The views of the Joint Committee on the wider use of influenza vaccines had been incorporated in the revised "Memorandum on Immunisation against Infectious Disease", which was to be issued to doctors on 22nd November 1968.
(c) **Item 6.** The Royal College of General Practitioners had offered their collaboration in the proposed study of the complications of mumps. Professor Stuart-Harris was about to discuss the next steps to be taken with medical staff of the Department of Health and Social Security.

(d) **Item 7.** The trials of rubella vaccine were still in progress and a full report would shortly be made to the Medical Research Council's Committee.

It was thought that rubella vaccine would be licensed for general use in the U.S.A. early in 1969.

(e) **Item 8(a).** The proposed advisory group which the Committee had recommended should be convened to consider the use of human normal immunoglobulin for the prophylaxis of rubella in early pregnancy had not yet been constituted, and it had been suggested that its terms of reference might with advantage be defined rather more precisely.

The Committee agreed that the group should consider, inter alia, the immunological effects of different intervals between exposure to infection and administration of immunoglobulin, but should also be free to consider wider aspects of the use of immunoglobulin for this purpose.

(f) **Item 8(b).** The Committee's recommendations on the use of human normal immunoglobulin in the prevention of infective hepatitis had been incorporated in the revised "Memorandum on Immunisation against Infectious Disease".

(g) **Item 10.** The further amendments noted in this paragraph had also been incorporated in the revised "Memorandum on Immunisation against Infectious Disease".

4. **Proposed Reconstruction of the Joint Committee**

The Chairman introduced paper CHSC(VI)(68)10. The Committee recommended the adoption of a system of triennial appointments to the Joint Committee and its various Sub-Committees on the basis outlined in the paper, and authorised the Chairman, if the recommendations were accepted by the Central and Scottish Health Services Councils, to consult the Chairmen of those Councils from time to time about changes in the membership of the Committee.

5. **B.C.G. Vaccination Sub-Committee**

Professor Caisford reported that the B.C.G. Vaccination Sub-Committee constituted in accordance with the Committee's decision on 29th June 1967 - CHSC(VI) 1967 First Meeting, Item 4/ had met for the first time on 6th November. He had been elected to take the Chair at that meeting but a permanent Chairman of the Sub-Committee had yet to be appointed. The Sub-Committee had considered:
(1) matters arising from the minutes of the meeting of the B.C.G.
Advisory Panel on 26th October 1966;
(2) studies of technique of B.C.G. vaccination;
(3) batch surveillance and
(4) tuberculin testing.

As regards (1) the Birmingham study of the efficacy of B.C.G. vaccine had shown so far that freeze-dried vaccine had produced results similar to those of liquid vaccine. The Sub-Committee hoped that this study would continue and expand. The follow-up, in certain areas, of children aged 12 to 13, who had been vaccinated at birth, had been considered: work done in Manchester had shown that of children aged 13 to 15, vaccinated in infancy, over 80 per cent had had an accelerated reaction when given a B.C.G. booster without preliminary testing. The discussion had included a preliminary consideration of two important matters of policy, namely:—
(a) the necessity for a preliminary tuberculin test
(b) the best age at which to give B.C.G. vaccination.

It had, however, been unanimously agreed that, before the Sub-Committee suggested any material changes in the present routine arrangements for B.C.G. vaccination, members should have adequate documentary evidence that such changes were considered to be desirable and adequate time in which to assess the evidence.

On (2), studies of the multiple puncture and jet injection methods were being conducted by two Sub-Committees of the Research Committee of the British Tuberculosis Association and the results were expected to be reported to their parent body in two months time. Details of any progress made would be considered at the Sub-Committee's next meeting.

As regards (3), the Sub-Committee strongly supported the proposal for a batch surveillance scheme to be undertaken by the Public Health Laboratory Service, the Medical Research Council and the Birmingham Public Health Department.

On (4) the Sub-Committee had agreed that there was no objection to vaccinating weakly - positive reactors to the Heaf Test but, since the whole question of preliminary tests had been raised and would be considered again, no specific recommendation was made. It was considered that no change should be made in the dilutions of P.P.D. tuberculin for Mantoux testing.

Sir Graham Wilson suggested that weakly-positive reactors to the Heaf test who were given B.C.G. vaccination should be followed up for at least a year afterwards. Professor Gaisford said that the Sub-Committee would certainly consider this suggestion.

The Committee accepted the Report.
6. Measles Vaccination Sub-Committee

Sir Wilfrid Sheldon reported that the Measles Vaccination Sub-Committee had met earlier that day and had considered (1) the national vaccination campaign; (2) adverse reactions and (3) contraindications to measles vaccination. On (1), the national campaign had started in May but, because of initial shortages of vaccine, vaccination had been limited during the months of May, June and July to susceptible children between their fourth and seventh birthdays and to those attending day nurseries or nursery schools or living in residential establishments who were between their first and seventh birthdays. Returns obtained from local health authorities in England and Wales, at the end of August showed that the maximum possible number of children vaccinated in those countries by l.h.a.s and general practitioners in the first four months of the campaign was just over 500,000.

As regards (2), the Sub-Committee had considered a report of three meetings of an informal group on adverse reactions which had reviewed the information available from the following sources:

(1) A batch surveillance scheme, whereby 100 doses of each batch of vaccine released were sent to selected general medical practitioners who had agreed to report on the severity and duration of the febrile reactions, respiratory symptoms and rashes which might follow administration of the vaccine.

(2) Reports to the Committee on Safety of Drugs of severe and unusual reactions to measles vaccine.

(3) Trials of measles vaccine which were being conducted in selected local areas by the Medical Research Council.

It was clear from all three sources of information that Burroughs Wellcome vaccine had given rise to considerably more frequent and more prolonged febrile responses than had the Glaxo vaccine, and in a small proportion of cases the Wellcome vaccine had been associated with febrile convulsions. Some medical practitioners had, in fact, ceased to use it. In response to a recommendation made at the first meeting of the informal group the virus titre of the Wellcome vaccine had recently been reduced from 1,000 TCD50 to 200 TCD50 per dose, and the Sub-Committee had considered inter alia the possible consequences of this reduction.

After much discussion the Sub-Committee had recommended

(a) that the batch surveillance scheme should be improved by requesting the participating general practitioners to report more quickly and to ensure that their returns recorded all cases in which no febrile reaction occurred;

(b) that the Medical Research Council should be asked to undertake a comparative trial on the lines of their present studies, in selected local areas, of the Burroughs Wellcome vaccine at 200 TCD50 and the Wellcome and Glaxo vaccines at 1,000 TCD50, both as regards adverse reactions and antibody responses.
On (3), the Sub-Committee had concluded that there were no contraindications to measles vaccination for:

(i) children suffering from hydrocephalus or spina bifida; or
(ii) children with atopieczema.

The Committee accepted the report of the Measles Vaccination Sub-Committee and endorsed the recommendations at (a) and (b) above.

7. Reports of an advisory group on influenza

The Chairman introduced paper CHSC(VI)(68)11 to which were appended minutes of the meeting of the advisory group on 3rd October and copies of the Chief Medical Officer's letters dated 25th September and 18th October, 1968, discussing the current epidemiological situation and referring to the group's recommendations on the extended use of influenza vaccines. It was still not possible to say when, or even whether, influenza due to the Hong Kong variant would occur in epidemic form in this country. No outbreaks had been reported since the first week in October. Accounts suggested that it was highly infectious and caused a considerable amount of illness but was not clinically severe.

Professor Stuart-Harris mentioned that advisory group's recommendations at (2) and (3) of the note of their meeting of 3rd October should, for the sake of clarity, be read in the reverse order: the emphasis intended by the group had been correctly conveyed in the Chief Medical Officer's letter dated 18th October (CMO13/68).

Dr. Ridge said that he understood the new influenza vaccine containing the Hong Kong strain was now available and urged that general practitioners, who were being inundated with requests for vaccination, should be given similar advice to that sent by the Chief Medical Officer to medical officers of health and hospital authorities. Dr. Reden said the Department understood that in the first week of November about 7,000 doses of the vaccine had been available through the usual commercial channels. Dr. Perkins added that about 30,000 doses a week were now coming forward.

Dr. Conybeare reported that an application had been received for a licence to import "split" virus influenza vaccine from Australia which would probably be marketed in this country as a two-dose vaccine not for use in children under six years of age. This would complicate the use of influenza vaccines in this country since there were no grounds on which an import licence could be refused. Professor Stuart-Harris was unaware of any field trials having been undertaken with "split" vaccine. Burroughs Wellcome had had plans for a large scale trial during the coming winter of a split virus vaccine, not incorporating the Hong Kong variant, of their own manufacture. Both Professor Stuart-Harris and Professor Dick felt that more information was required about the efficacy of the Australian vaccine.

The Committee noted the position.
8. Preliminary report by the Public Health Laboratory Service on the efficacy of whooping cough vaccines.

Dr. Pollock reported that the Public Health Laboratory Service survey confirmed the widely held view that whooping cough vaccines currently in use in this country were of doubtful efficacy and gave a protection rate of only about 20 to 30 per cent. An investigation carried out in 1967 in thirteen areas of England, Wales and Scotland had revealed that the incidence of whooping cough in unvaccinated children was 55 per cent and 42 per cent in those known to have been vaccinated. Sir Graham Wilson said that at the time of the controlled trials carried out by the Medical Research Council whooping cough vaccines had given a very satisfactory protection rate of 80 to 90 per cent but in view of the now widely prevalent doubt about their efficacy the whole situation should be reviewed. Dr. Warin supported this and said that although good results were still being achieved in Oxford there was no doubt that whooping cough vaccines had lost a great deal of their efficacy.

The Committee noted Dr. Pollock's preliminary report and decided to await the publication of the results of the survey undertaken by the Public Health Laboratory Service.

9. Other business

Lord Cohen of Birkenhead recalled that he had served as Chairman of the Committee since its inception in 1963, and for some six years before that as Chairman of the Joint Committee on Poliomyelitis Vaccine. He had now decided to tender his resignation, as he thought the Committee should have a Chairman more closely in touch than he himself now was with current developments in vaccination and immunisation matters. Sir Wilfrid Sheldon and Sir Ronald Tunbridge, on behalf of their fellow-members, expressed their regret at Lord Cohen's decision and their great appreciation of his guidance and counsel throughout his period as Chairman.

The Committee unanimously elected Professor Stuart-Harris Chairman in succession to Lord Cohen of Birkenhead.

10. Date of next meeting.

No date was fixed.