COMMITTEE ON SAFETY OF MEDICINES

JOINT COMMITTEE ON VACCINATION AND IMMUNISATION

JOINT SUB-COMMITTEE ON ADVERSE REACTIONS TO VACCINES AND IMMUNOLOGICAL PRODUCTS

Minutes of the Meeting held on Friday 27 October 1981 at Market Towers

Present:  Professor R W Gilliatt (Chairman)  Dr J A Holgate
Dr A L Bussey (am only)  Mr A W Jones
Professor J A Dudgeon  Dr A Young (SHHD)
Professor A A Glynn (am only)  Dr T J Geffen
Professor D Hull  Mrs G Harrison
Professor J K Lloyd  Dr M Duncan
Dr T W Meade  Miss H M Mallett
Professor D Miller  Miss Wellar
Dr M H J Richards  Dr R Alderslade
Dr T M Pollock
Dr J W G Smith
Dr J Wilson
Dr R D Andrews (Medical Assessor)
Dr J Barnes (Medical Assessor)
Mrs J Archer (Secretary)

CONFIDENTIALITY

The Chairman reminded members that the proceedings and information before them were confidential and should not be disclosed.

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Miss Zoë Spencer, Secretary of the Committee on Safety of Medicines.

2. MINUTES OF THE MEETING HELD ON 26 JUNE 1981

2.1 These were agreed and signed by the Chairman as a correct record, subject to the amendments shown in 2.2 below, and to minor grammatical corrections

2.2 Corrections

i. Item 1 - line 1 insert "Dr Bussey"
1. Item 5.1.6 line 1 - "for" to be inserted after "asked", "the view that" to be inserted between "or" and "allergy".

3. MATTERS ARISING FROM THE MINUTES:

3.1 Report on adverse reactions to measles vaccine - ARVI/91/15

3.1.1 The Committee accepted the revised report and noted the minutes of the meeting of the Committee on Safety of Medicines. It was agreed that continuing surveillance was of great importance.

3.1.2 said that he was finding the EMA of considerable help in this respect and the Sub-Committee agreed that it would be valuable if follow-up information on yellow card reports could be obtained.

3.1.3 In discussion the effect of the measles vaccination programme on SSPE was raised. It was agreed that this also required continuing surveillance.

3.1.4 The Committee noted that the PHELS and Oxford AHA(T) study had now been submitted for publication. The Committee agreed that this paper would be considered at the next meeting.

3.2 Draft report on adverse reactions to influenza vaccine - ARVI/91/16

3.2.1. The draft report was discussed and it was agreed that a revised report based on these discussions would be prepared for the next meeting.
3.2.2. agreed to provide a new section on milder reactions to influenza vaccine.

3.3 Handling of reports of adverse reactions made on yellow cards

3.3.1. reported that there was a 2½-3 month backlog in the Adverse Reactions Monitoring Section, but agreed that reports relating to vaccines currently under consideration by the Sub-Committee could be extracted and passed on to more quickly.

It was agreed that would liaise with to identify:

a. the categories in which follow-up was required, eg convulsions

b. complicated reactions which could be discussed with individual members of the Sub-Committee.

3.3.2. outlined the detailed and protracted discussions which were taking place on the re-programming of the computer to allow for more flexibility and to simplify analysis. It was hoped that firm proposals on the broad basis of the re-programming would be available at the end of October 1981, the fine details would then be a matter for negotiation.

3.3.3. stressed the importance of ensuring that the re-programming took account of the needs of ARVI; he considered that the meetings which he and had attended had shown that there had been inadequate consultation on the whole philosophy and use of the computer.

3.3.4. The Sub-Committee agreed that it would be helpful if a formal meeting could be arranged between representatives of ARVI, SEAR and the Computer Bureau in order to discuss in detail what requirements the two Sub-Committees had with regard to computer facilities for the retrieval of information in relation to Adverse Reaction Monitoring; and that should represent ARVI at such a meeting.
It was pointed out that when the Sub-Committee had considered rubella vaccine at the meeting which was held on 20 February 1981 (of minute 6), neurological sequelae had been one of the features discussed, but the question of arthropathy had not been considered.

3.4.1. informed the Sub-Committee that in the data sheet for Almavax Rubella Vaccine, Wellcome had originally stated that rubella vaccine had been implicated as a possible aetiological factor in juvenile rheumatoid arthritis.

The Secretariat of the Sub-Committee on Biological Substances had been asked to write to the company for evidence of this, and also to for their views of the subject.

That the Biologicals Sub-Committee had been unable to agree with the manufacturers view and had suggested the wording shown below:

**EXTRACT FROM THE MINUTES OF THE MEETING OF THE SUB-COMMITTEE ON BIOLOGICAL SUBSTANCES HELD ON 11 MARCH 1981**

**ALMAVEX RUBELLA VACCINE. WELLCOME FOUNDATION PL/0003/5123R**
- CSM/3SC/31/4

"The Sub-Committee considered evidence relating to the warning on the data sheet; they were unable to agree with the manufacturer's view and suggested a warning on the following lines:

Rubella virus has been implicated as a possible aetiological factor in juvenile rheumatoid arthritis but these claims are not supported by recent work. However as with other serious chronic illnesses the disease may be exacerbated by inter-current infections, so that rubella vaccination, if required, should be deferred until the disease is in remission".
3.4.2. After reviewing the evidence, in particular a letter from ARVI recommended that before a decision to immunise any child with a history of juvenile rheumatism was made the rubella antibody titres should be checked. ARVI accepted view that if a child had suffered a recent exacerbation, immunisation should be deferred.

3.4.3. **Rubella vaccination and recurrent arthropy**

a. The Committee considered the more general question as to whether rubella vaccination was followed by chronic or recurrent arthropathy similar to that occasionally reported after natural rubella. While some cases had been reported in the United States after vaccination, most of these followed vaccine prepared in dog kidney, which was subsequently withdrawn from the market.

b. referred to a study carried out in female students at Nottingham University, in which some 2000 students were concerned. There was no evidence of persistent or recurrent arthropathy in this group. (Unpublished PHLS data)

c. It was agreed that any report of arthralgia or arthritis on yellow cards should be followed up to ensure that no chronic or recurrent cases were being missed.

3.4.4. It was agreed that these points should be included in the Committee's recommendations on rubella vaccine to parent bodies.

4. **TESTING AND MONITORING OF VACCINES IN THE FIELD:** ARVI/31/17

The Committee considered a paper presented by on testing and monitoring of vaccines by PHLS.

The Sub-Committee noted the valuable contribution made; the Chairman thanked for the information on complications which had become available from the studies carried out by the laboratory.
5. INFANTILE SPASMS

A further presentation of this item by [name redacted] was deferred.

6. USE OF SPOTTER PRACTICES TO RECORD ADVERSE REACTIONS

6.1 The Chairman welcomed [name redacted] of the Research Unit of the Royal College of General Practitioners who presented information on the National Morbidity Study and the Weekly Return Service.

The National Morbidity Study which has been arranged with the help of the Office of Population Censuses and Surveys covered a population of 7 million and although the 38 participating practices had been selected, the practice population had not, and it was considered that the study provided on representative Sample of the total population.

The Weekly Return Service involved 130 doctors who collected information on a weekly basis on the incidence of disease including adverse reactions to vaccines.

6.2 After discussion it was agreed that a larger monitoring system than that provided by Spotter Practices was desirable for studies of adverse reactions to vaccines, but that it was useful to know that there was a population of 7 million on whom complete information could be provided, should there be concern about a specific vaccine.

7. ADVERSE REACTIONS REPORTED ON YELLOW CARDS FROM 30 APRIL TO 30 SEPTEMBER 1981

7.1 [name redacted] reported on these reactions, which included 1 child who had infantile spasms after triple vaccine, and 2 children who had died, 1 child after Diph/ Tet and OPV vaccine, and 1 child after measles vaccine.

Further information was being sought on these cases, but pointed out that there was no positive evidence that the deaths were connected with vaccination.
7.2 pointed out that of the 114 reports relating to triple vaccine, 82 had been retrospective reports from PHLS NW Thames study, as had been 59 of the 98 reported reactions to Diph/Tet and OPV.

It was agreed that as the NW Thames reports distorted the overall figures, would sub-divide them for the purpose of comparison and would present them at the next meeting.

7.3 It was agreed that the words "possibly due" would be inserted after "Reactions" in the headings for triple vaccine and Diph/Tet and OPV.

8. **ANY OTHER BUSINESS**

It was agreed that the Committee would next consider poliomyelitis vaccines and reported adverse reactions.

9. **DATE AND TIME OF NEXT MEETING**

Friday, 5 March 1982 at 11.00 am.