YDS

1st MEETING

JOINT COMMITTEE ON VACCINATION AND IMMUNISATION
MINUTES OF MEETING HELD ON 9 APRIL 1981

PRESENT: Dr J Badenoch (Chairman)
Professor F S W Brimblecombe
Dr K M Citron
Professor R W Gilliatt
Professor P R Grob
Professor H P Lambert
Dr T M Pollock
Dr D Reid
Dr G Schild
Dr R G Small
Dr J W G Smith
Sir Charles Stuart Harris
Sir Robert Williams
Dr W O Williams

Secretariat

Mr A W Jones	Secretary
Miss C Sowerby	Assistant Secretary
Dr J Barnes)	
Dr J Steadman)	Medical Secretaries

Also present

Dr T J B Geffen)	
Dr R D Andrews)	
Dr J Holgate)	
Miss J Earl)	DHSS
Mr N T Hardyman)	
Mr R E Tringham)	
Dr A Young	Scottish Home and Health Department
Dr W C D Lovett	Welsh Office
Dr Logan	Northern Ireland
Dr D Bartley	Health Education Council
Maj Gen J C Crook	Ministry of Defence

1. Apologies for absence

Apologies for absence were received from Dr Bush, Professor Dick, Professor Dudgeon, Professor Glynn, Professor Grist, Professor Hull, Professor Knowelden and Dr Noble.

The Chairman intended to write to Dr Smithies expressing appreciation for the work she had done for the Joint Committee. He welcomed Dr Steadman in her place Also this was General Crook's last attendance; the Chairman thanked him for his support and looked forward to meeting his successor, Brigadier England.

2. Minutes of meetings held on 23 October and 21 November 1980

The following amendments were made to the minutes of the meeting of 21 November 1980:

PROFESSOR GILLIATT

Item 4, line 5, page 3: Delete sentence beginning "As no background rate" and insert "No background rate of neurological illness was quoted and the report tended to confuse time-related and causally-related events."

PROFESSOR DUDGEON

Item 4. line 17: Delete sentence beginning "Professor Dudgeon suggested".

Item 5: Insert "Professor Dugeon asked the Chairman to make the report of the NCES available to the Chairman and members of the Committee on Safety of Medicines."

Both sets of minutes were then signed as correct records of the meetings.

3. Matters arising from the meeting held on 23 October 1980

a. Item 3(b) Life of reconstituted smallpox and other live vaccines. Dr Andrews said that Professor Wade, the Chairman of the Committee on the Review of Medicines. had written to the Chairman of the JCVI in January 1981 stating that the word "poliomyelitis" had been omitted from his letter of 1 July 1980. The phrase in paragraph 3, line 3 should therefore have read: "We should recommend that any unused live poliomyelitis vaccine should be discarded no later than 3 to 4 hours after opening the container."

b. Item 3(d) Status of the JCVI.
Dr Geffen said that it had now been agreed that the JCVI should become a Statutory Advisory Committee in England reporting direct to Ministers; in Scotland the Committee would report to the Scottish Health Service Planning Council who would then report to Ministers.

4. Whooping Cough

a. Publication of reports and CMO letter

Dr Geffen said that the reports of the CSM Panels, the NCES Report and the JCVI Report on the epidemic of 1977-79 would be published in one volume in mid-May. There would be a press conference attended by the Minister of State (Health) on publication day. A paper would also be published in Health Trends. The Chairman said that Dr Euan Ross intended to publish papers in the British Medical Journal, Nature and the Nursing Times. Dr Geffen said that a CMO letter would be sent to reach doctors at the same time as the Report was published in May.

b. Contra-indications to whooping cough vaccine JCVI(81)(1)2

Professor Gilliatt said that the current contra-indications were set out in the first part of the paper. Three current Departmental

publications gave different versions of these contra-indications. ARVI members could not agree on the wording of the general contra-indication for all types of vaccination in regard to the state of health of the person about to be vaccinated; some considered that this should be precise, others that it should be a broader statement. There were also differing views on what should constitute an absolute contra-indication and a relative contra-indcation. Opinions also differed as to whether neurological conditions which might contra-indicate vaccination should be broadly classified, which might exclude a lot of children from vaccination, or should be more narrowly defined. After discussion with Professor Gilliatt and Professor Hull the Chairman had agreed to set up a small group of experts, including representatives from the vaccine manufacturers. A meeting had been arranged for 1 May.

Sir Charles Stuart Harris warned that the medical profession did not welcome changes of policy in this field. Professor Gilliatt asserted that ARVI was not the appropriate body to make firm recommendations on contra-indications. Mr Tringham said that publication of the Report in May would draw attention to the need for an up to date list of contra-indications to whooping cough vaccine. Professor Brimblecombe said that the need to recommend vaccination should continue to be the responsibility of the GP, who was in the best position to know the family history.

5. a. Minutes of the ARVI Sub-Committee meetings on 28 November 1980 and 20 February 1981. Professor Gilliatt said that the meeting on 28 November had considered adverse reactions to measles vaccine. At the meeting on 20 February 1981 adverse reactions to measles vaccine were again considered together with contra-indications to whooping cough vaccine. Rubella vaccine was also considered. Although the possibility of the rare occurrence of encephalitis, transverse myelitis or polyneuritis following vaccination against rubella could not be excluded, the vaccine was relatively safe. At both meetings current reports to the CSM of adverse reactions to all vaccines were considered.

b. Adverse Reactions to measles vaccine JCVI(81)(1)2b

Professor Gilliatt said that this was a draft paper which would be finalised for the June meeting of ARVI. The paper summarised all the reports of adverse reactions to the CSM and in particular provided details of reports and convulsions. All reports since 1970 of encephalitis, encephalopathy or sudden death shortly after vaccination had been reviewed; 60 patients were involved of whom 8 had died, 36 had made an apparent complete recovery and 16 were left with permanent sequelae. The high proportion of deaths and patients with sequelae was surprising in comparison with the findings of the NCES. The number of cases of anaphylaxis was also quoted together with serious adverse reactions reported to the NCES, the North West Thames Study and the Vaccine Damage Payments Scheme, and additional reports from the Association of Parents of Vaccine Damaged Children (APVDC). Information from APVDC was often inadequate, sometimes consisting only of a letter from a member of the patient's family. Rates quoted for convulsions following vaccination and for serious neurological reactions were compared with similar rates occurring with natural measles. The attributable risk rate estimated from yellow cards was similar to the rate

calculated by the NCES, although very few sequelae were associated with NCES cases. In future it was agreed that the minutes of ARVI together with up-to-date reports of adverse reactions to vaccines should be presented to meetings of the JCVI.

6. Measles Sub-Committee Meeting held on 30 March 1981

Sir Charles Stuart Harris gave a verbal report. In considering the epidemiology and incidence of measles the Sub-Committee had found the situation unchanged over the past 18 months; measles was still inadequately controlled with a vaccination uptake rate of only 50%, although in Scotland the acceptace rate was 56% in 1979. Publication of the data on measles vaccination in the NCES Report might necessitate a change in vaccination policy. The question of shift in age incidence had been discussed although at present there was little evidence of a shift towards the older age groups.

Serological tests on 18-20 year olds and on older school children had demonstrated a very low number of sero-negatives amongst this age group. The question of egg sensitivity had been discussed taking into account current work in this country and experience in the United States and it had been recommended that the Memorandum on Immunisation Against Infectious Diseases be revised to exclude egg sensitivity as a contra-indication to vaccination. With regard to contra-indications, it has been considered desirable to simplify the recommendations on the use of immunoglobin because of the possibility of it preventing the development of immunity after vaccination. It had also been decided to limit the use of immunoglobulin to children with a history of convulsions and to suggest that antibody levels be measured after vaccination. Although pilot trials on vaccinating susceptible children at school entry had been disappointing, it was decided to include recommendations for this measure in the Memorandum. The UK reaction rate has been 10 times higher than in the USA suggesting that either the US vaccine was less reactogenic or the combined measles rubella vaccine was more benign.

Professor Brimblecombe agreed that the possibility of using a combined rubella/measles vaccine should be seriously considered. Dr Schild pointed out that the virus strain used for the production of measles vaccine in the USA was different to the strain used in this country and this was more likely to be the cause of the difference in reaction rates. Sir Charles Stuart Harris said that it was hoped to hold a meeting of the Measles Sub-Committee in the Autumn and the Chairman thought that measles should be discussed again at the October meeting of the Joint Committee.

7. Vaccine Damage Payments JCVI(81)(1)3

Mr Tringham said that there was a misprint on page 7 where "year of registration" should read "year of vaccination". Two hundred claims were still awaiting a hearing. The first set of tables gave figures for the numbers of awards, the cases successful at tribunals and the cases disallowed. Other tables compared the findings of the Vaccine Damage Payments Scheme and the findings of the Meade Panel. Dr Geffen pointed out that not all the Meade Panel cases were included in the Vaccine Damage Payments Scheme; some of the Meade Panel cases had died before the scheme was introduced. The Meade Panel cases and the Vaccine Damage Payment cases had been investigated on different bases, using different criteria; in addition the assessments made by tribunals were not necessarily uniform. The Chairman pointed out that paragraph 9 of the paper emphasised Dr Geffen's point.

8. Hepatitis Advisory Group Meeting

Sir Robert Williams reported on the meeting of the Advisory Group held on 5 December 1980 which had discussed the transmission of hepatitis B by medical equipment and improvements in injection technique. Recent developments regarding hepatitis B vaccines were also considered. The Chairman said that he had received a letter from Dr Dane of the Middlesex Hospital which said that if supplies of hepatitis B vaccine over the next few years were limited there would be a good case for making one of the US vaccines under licence, using UK blood donor carrier blood. In the absence of a British vaccine a United States made vaccine might cost £20 to £30 a dose to import. Sir Robert Williams said that this matter was to be discussed at the next meeting of the Advisory Group with a representative from Wellcome.

The Chairman said that there was a need to warn the Department's Standing Group on Vaccine Supply of the need for this vaccine. Sir Charles Stuart Harris had heard that the French vaccine was more potent than the United States vaccine. Members expressed concern over the need to vaccinate neonates of mothers who were carriers of hepatitis B surface antigen. Concern was also expressed over the attacks on researchers who were using primates. Professor Lambert asked whether a revision of CMO 25/72 which gave advice on the management of hepatitis B in Health Service staff was to be undertaken. Sir Robert Williams said that the final draft of a CMO letter was to be considered at the May meeting of the Group and that it would be sent out as soon as possible. The Chairman asked for a report on progress to be made at the next meeting.

9. Rubella

a. Progress on recent recommendations JCVI(81)(1)4

Mr Tringham said that progress had been difficult mainly because dispensing with the requirement for sero-testing could be expected to increase the uptake of vaccination among adult women and therefore the cost of the programme. There was no objection to extending vaccination to schoolgirls aged 10 years but it was thought better to announce both changes of policy together. The Chairman observed that neurosensory defects continued to appear in children infected with congenital rubella up to the age of 11 years.

10. Revised Memorandum on Immunisation Against Infectious Diseases JCVI(81)(1)6

Sections on vaccination against diphtheria, tetanus, measles, poliomyelitis and influenza had been circulated to members. The Chairman asked members to send comments on these papers to Dr Barnes by 30 April 1981.

11. Influenza Advisory Group Meeting on 20 March 1981

Dr Smith said that three main types of influenza virus had been circulating during the winter: A/Bangkok, A/Brazil and B/Singapore. Serological tests revealed that there were still large numbers of the population who were susceptible to infection with these viruses. It had been decided to follow the WHO guidance and to recommend no change in the composition of the vaccine for next winter; it would protect against all three main types of virus and their variants.

12. Poliomyelitis Vaccine - Possible change to inactivated polio vaccine

JCVI(81)(1)7

Dr Barnes introduced the paper, which set out the reasons for a possible change from Oral Polio Vaccine (OPV) to Inactivated Polio Vaccine (IPV). The advantages of OPV were that it was easy to administer, relatively cheap, and because it produced local immunity in the gastro-intestinal tract was valuable in controlling outbreaks of poliomyelitis. Also, because of the faecal excretion of vaccine virus, there was a spill-over of vaccination effects to unimmunized people. The disadvantages of OPV included lack of stability, the very occasional occurrence of vaccine-associated poliomyelitis, and the expensive and time-consuming tests needed to ensure the safety of the vaccine. Also humoral antibodies tended not to be stimulated by administration of OPV. The advantages of IPV were that it was very effective, appeared to be safe and, as a killed vaccine did not possess the disadvantages of a live vaccine. Its disadvantages were that it had to be administered by subcutaneous injection, immunity was slow to develop and it might not induce local immunity in the intestinal tract.

The reasons which might dictate a change from OPV to IPV were that production of OPV might become difficult because of the non-availability of a sufficiently attenuated strain of vaccine virus, and difficulties might arise because of the association of poliomyelitis with OPV.

In answer to the Chairman's question whether a low titre of humonal antibodies was necessarily an indication of susceptibility to infection with polio virus, Dr Smith said that this was possible but by no means certain. Sir Charles Stuart Harris observed that even a very low level of polio antibody would prevent invasion of the CNS. He said that a change to IPV might be indicated if immunity could be achieved by a single dose, as was being claimed in America. Dr Smith said that the MRC Poliomyelitis Sub-Committee was keeping the matter under observation. The Chairman said that the matter should be considered at the next meeting; JCVI had been asked to give the Standing Group on Vaccine Supply some guidance on possible future requirements for IPV.

13. Vaccination for those engaged in research into pox viruses other than Smallpox JCVI(81)(1)8

Dr Barnes said that the Department had received a letter suggesting that workers who were handling orthopox viruses should receive vaccination against smallpox. The letter pointed out that the rate of serious complications and death from human cowpox was 3%. Members considered that very few workers were at present engaged in such work but it was agreed that this matter should be brought to their notice. It was suggested therefore that the heads of laboratories where this work was being undertaken should be advised that the provision of vaccination, at their discretion, was a reasonable measure.

14. Any Other Business

a. Health Education Council Leaflet on Immunisation

Dr Barnes said that the amendments suggested by JCVI members to this leaflet had been passed to the Health Education Council.

b. Transport and Storage of Vaccine

Dr Andrews tabled a paper which it was hoped to include in the revised Memorandum on Immunisation Against Infectious Disease. The Chairman asked members to send comments to Dr Barnes by 30 April 1981.

15. Date of next meeting

This had been fixed for 29 October and would be followed by a meeting on 29 April 1982.