NOT FOR PUBLICATION

86/1st Meeting

JOINT WORKING PARTY OF THE BRITISH PAEDIATRIC ASSOCIATION AND THE JOINT COMMITTEE ON VACCINATION AND IMMUNISATION LIAISON GROUP

Note of a meeting held on Thursday 30 January 1986

Present:	Sir John Badenoch (Chairman)	- JCVI
	Professor A G M Campbell	- BPA
	Professor P R Grob	- JCVI
	Professor D Hull	- JCVI
	Dr Euan Ross	- BPA
Also present:	Dr J Barnes	- DHSS
	Mr L T Wilson	- DHSS

1. Apologies for absence

Apologies for absence were received from Professor June Lloyd and Dr D Zutshi.

2. Note of meeting held on 18 July 1985

This note was agreed. Professor Gilliatt asked if further notes of such meetings could be distributed earlier.

3. Matters arising

Page 3, Item 3.2.(i) Immunisation of premature infants

Professor Campbell stated that the recommendation that special care baby units should give advice on vaccination had not yet been discussed at the BPA Immunisation Committee.

The Chairman observed that this matter should be reported to the Joint Committee who would then report back to the BPA.

Page 8, Item 4.6.1 Contra-indication to pertussis vaccination

The Chairman asked Professor Campbell if the arrangements for dealing with children who have a history of cerebral irritation were acceptable to the BPA. Professor Campbell reported that the question of special immunisation clinics had been recommended to members of the BPA. He undertook to draw up a list of local and general reactions to pertussis vaccine which might amount to contra-indication to a further dose of the vaccine.

This list would follow the recommendations already made in Canada and the USA. In the ensuing discussion, Professor Hull said that he would prefer that the expression 'paediatrician working with a neonatal unit' rather than the term 'neonatologist'. Dr Ross suggested that the Regional BPA Committees be asked to look at available resources in order to assess whether or not it was possible to set up special vaccination clinics and also to indicate if any such clinics had already been set up. It was generally agreed that such special clinics dealt with two particular problems:-

(a) Interpretation of existing advice.

(b) Clinical assessment of children who were presented for vaccination; and their immunisation as appropriate.

Item 4.8 A question of certain groups of children in whom whooping cough vaccination is not absolutely contra-indicated but who require special consideration as to its advisability

It was noted that the suggested change in this advice was that 'convulsions' be substituted for 'idiopathic epilepsy' in the first sub-paragraph, ie Children whose parents or siblings have a history of convulsions.

Professor Gilliatt said that there had been a paper published recently in America; History of convulsions and the use of pertussis vaccine. Harrison C Stetler et al. Journal of Pediatrics 1985; vol 107; pages 175-179 which indicated that there was quite a high incidence of a family history of convulsions among the first degree relatives of children who had febrile convulsions. Members observed that changing this recommendation might decrease the number of children available for vaccination against whooping cough. Nevertheless, it was suggested that some reference was needed to this recent US Study. Dr Ross said that in such cases in France doctors recommend the use of antipyretics and/or anti-convulsants, and Professor Campbell said that parents of such children could be given diazepam for use per rectum to control febrile fits. It was generally agreed that studies on the preventative treatment for convulsions in susceptible children were needed. The Chairman summed up saying that there was a general need for preemptive treatment for children expected to have convulsions following vaccination.

Finally with regard to contra-indications to whooping cough vaccine it was agreed that there should be prepared for the Memorandum a list of conditions which were definitely stated not to be contra-indications to vaccination eg allergy.

4. Site of injection

Professor Campbell reported that he had received a considerable response from paediatricians on this subject. The members reiterated that in very young infants the antero-lateral aspect of the thigh was the preferred site for immunisation and that guidance on sites of immunisation should be offered in the Memorandum 'Immunisation against Infectious Disease' although no hard and fast rules about this subject need be stated.

5. Letter from Dr M H Bush seeking discussion on establishing a maximum uptake rate for whooping cough immunisation which could be achieved without immunising those children with known contra-indications

Dr Barnes stated that no upper limit for vaccination coverage for pertussis vaccine which would cause the disease to be eliminated had yet been determined although mathematical considerations suggested that this might be above 90 per cent acceptance rate. Professor Hull referred to a paper by Dr Angus Nicoll which indicated that about 7 per cent of children had real contra-indications to whooping cough vaccination. From this one might deduce that it would be possible to increase the uptake of whooping cough vaccine to about 93 per cent without infringing the contra-indications to vaccination.

6. Need for training of medical students and post-graduates in immunisation

Dr Barnes said that this matter was under consideration by the JCVI, for some time, especially for training doctors in correct intradermal technique for the administration of BCG. Recently, the WHO Expanded Programme on Immunisation had also made enquiries to this country about training standards of immunisation. The extent of training of under-graduates in immunisation was unknown. Professor Grob had indicated that the majority of GP vocational training programmes included immunisation and Dr Barnes undertook to make enquiries with the Faculty of Community Medicine and from the London MSc course to what extent immunisation figured on their syllabuses. Members suggested that the BPA might ask paediatricians to enquire as to the extent of under-graduate training in immunisation at their local medical schools. Professor Hull suggested that courses might be provided for community paediatricians and Dr Ross said that one fifth of DHAs now had a consultant in community

child health. The Chairman undertook to take this matter back for discussion by the JCVI.

7. Reservations of Professor Hull concerning publication of data on background rates for SIDS, convulsions and encephalopathy which occur in absence of vaccination

Professor Hull said that Dr R Madeley had forwarded a note on the estimate of sudden infant deaths expected to occur by chance after immunisation. Professor Hull said that the calculation of SIDS following immunisation probably came from nationally collected statistics and advice and information would be taken from relatives. He said that Dr Madeley had suggested that a numbers exercise would have little validity. The seasonal variation of SIDS was very strong whereas vaccination differed little by season. There had been small studies of SIDS following vaccination but PM results had indicated no evidence of encephalopathy, therefore, it was inferred that the SIDS was probably co-incidental with vaccination. Professor Gilliatt observed that in many cases PM changes of encephalopathy would not have had time to develop. He went on to say that so far there had not been a study large enough to exclude a small but real risk of SIDS associated with immunisation; the problem was to detect SIDS against a high background rate of the condition ie two cases per 1,000 live births, in this country. Professor Gilliatt said that the subject was to be discussed at the forth-coming meeting of ARVI which would take into account papers produced by Dr Madeley and by Dr Paul Fine. ARVI would then report back to the JCVI. Members observed with interest that Dr Nicoll had reported that the peak incidence for SIDS tended to co-incide with the / peak incidence of whooping cough.

8. Low uptake rates of vaccination in certain Health Authorities

Dr Barnes said that from the / regional point of view there had been little change in 1984 from the previous year. The three regions who were the best performers were Oxford, Wessex and South Western compared with the three worst performers who were Mersey, North Western and North East Thames RHAs. He said that vaccination acceptance rates would now form part of regular regional reviews executed by the Department. Members suggested that comparative statistics of vaccination performance indicators should form part of both region and district health authority agendas. In district health authorities the performance of individual practices might be discussed. The chairman observed that there may be very good reasons why certain health authorities were low performers with regard to vaccination. Members noted with interest that sales of single pertussis vaccine had greatly increased in 1985 compared with the previous year.

Professor Hull said that Dr Angus Nicoll had written to Dr Barnes asking whether or not older children could be vaccinated against whooping cough; the present age limit for whooping cough vaccination was the 6th birthday (and that for measles vaccination 15 years or puberty). Dr Barnes replied that there was little rationale for setting upper age limits for the administration of vaccines and the chairman suggested that this matter should be discussed at the next meeting of the JCVI. Dr Barnes undertook to obtain age specific attack rates for whooping cough in this current outbreak to see if there was any tendency for a shift of these attack rates into older age groups of children.

9. Use of adsorbed versus plain pertussis vaccine Paper 3/86

Professor Campbell said that the study by Dr Pollock and his colleagues had confirmed the fact that adsorbed triple vaccine was less likely to be associated with local adverse reactions compared with plain vaccine. He understood that only plain single pertussis vaccine was currently available. Dr Barnes undertook to take up with Supply Division and possibly the manufacturers the availability of adsorbed single pertussis vaccine. The provision of triple vaccine in the UK should be limited to the adsorbed form.

10. Alleged allergy to eggs as a contra-indication to measles vaccine

Professor Campbell reported that many paediatricians would wish to see this particular contra-indication removed from the advice concerning measles vaccine. Dr Barnes replied that there was difficulty in getting manufacturers to remove this contra-indication from their Data Sheets although "Mevilin" literature now makes the point that measles vaccine is no longer absolutely contra-indicated etc in patients with so-called egg allergy. The Department did receive reports of children who were truly allergic to eggs and in whom the administration of measles vaccine might prove to be dangerous. It was suggested that such children might be tested for anaphylaxis by a prick test followed by a small subcutaneous dose of measles vaccine as is recommended in the US; if these produced no reaction then the full dose of measles vaccine could be administered. It was also suggested that the advice contained in the Memorandum 'Immunisation Against Infectious Disease' should be changed to reac "individuals with anaphylactic sensitivity to eggs and other substances etc....." and then go on to describle the nature of these anaphylactic sensitivities.

11. Measles, mumps and rubella vaccine 5/86

Professor Campbell said that there were advantages to combining measles, mumps and rubella vaccine at 12-15 months although the present rubella vaccination programme for schoolgirls should be continued.

Dr Ross reported that MMR vaccine was popular both in Sweden and in Finland. The chairman said that this matter was now before the JCVI having previously been discussed at the Rubella and Measles Vaccination Sub-Committees. It was intended to hold a scientific seminar to enable the various views to be expressed on this subject and perhaps arrive at a corporate or consensus view on the use of MMR vaccine.

13. Any other business

Dr Barnes reported that the Faculty of Homeopathy had issued advice recommending that conventional whooping cough vaccine should be used to protect children against whooping cough and that the Chief Pharmacist of the Department had written to pharmacists requesting them only to supply homeopathic vaccine to doctors on prescription.

14. Date of the next meeting

The next meeting is to be held on the afternoon of Thursday 26 June 1986.