NOT FOR PUBLICATION

JOINT COMMITTEE ON VACCINATION AND IMMUNISATION

Minutes of the meeting held on Friday 21 April 1989 in Room 63/64, Hannibal House at 10.30am

Present:

Professor A G M Campbell (Chairman)
Professor J E Banatvala
Dr M F H Bush
Professor J G Collee
Professor P Grob
Dr P F Grundy
Professor D Hull
Dr I Jones
Professor H P Lambert
Professor R J Levinsky
Dr J A MacFarlane
Professor D L Miller
Professor C S Peckham
Dr D Reid
Mrs D Roden
Dr J Wood (for Dr Schild)
Dr J B Selkon
Professor R W Smithells

Dr D M Salisbury)	Secretariat
Mr L T Wilson)	

Dr N T Begg	CDSC
Professor J M S Dixon	Canada
Mr J Huntington	HEA
Dr A Thores	SHHD
Dr S N Donaldson	NI

Dr E Rubery)	
Mr R L Cunningham)	
Mr R S Powell)	
Ms R Cohen)	
Dr A Fenton Lewis)	DOH
Dr R G Penn)	
Dr F Rotblat)	
Miss G Boulton)	
Mr C P Galvin)	
Mr M A Noterman)	

1. Apologies have been received from Professor Geddes, Professor Grahame-Smith, Professor Knowelden, Dr Noble, Dr Smith and Dr Chambers. Mr Huntington (HEA) was welcomed in place of Dr Chambers.

2. The Chairman welcomed Professor Dixon from Canada, for the last time, as he was due to retire, and thanked him for the interest he had taken in JCVI activities. The Chairman also asked for the minutes to record the JCVI's appreciation to Sir John Badenoch and Dr John Barnes for their invaluable service to JCVI as Chairman and Secretary.

3. The minutes of the meeting held on 20 October 1988 had been circulated and were agreed subject to the following amendments:

Page 2, Item 3, lines 2 and 3, should read "and twins"

Page 4, Item 4, **Diphtheria outbreaks in immunised populations:** last sentence should read "So far 9000 specimens (5000 from adults) had been collected and 600 of these were to be assayed at NIBSC".

Page 5, Item 5, para 3, line 3 to end should read "concerned about the appointment and training of doctors for their new roles in public health; they would be writing to Regional Medical Officers giving the names of persons from the Faculty and Royal College who would be willing to advise on the appointment of consultants."

4. Matters Arising

Page 11, Item 8 - Colonel Robson referred to his letter to the Department clarifying this issue.

Page 11, Item 9 - Dr Begg spoke about information received from the Department's Procurement Directorate on the analysis of 192 applications from doctors for IPV. Erroneous advice had been noticed in the BNF for adults not previously immunised and the editor would be asked to withdraw this from the next edition.

Page 13, Item 11 - Mr Wilson said that a paper had been tabled bringing this matter up to date and in response to a request from Professor Miller undertook to approach again the Department's Research Management Division and the MRC about concerns over confidentiality of research.

5. Public Health in England

Mr Cunningham reported on progress in following up the Report. A letter had been sent to all health authorities about appointing consultants in communicable disease control (CCDCs) and the need for annual reports on public health. Dr Spence Galbraith had been appointed consultant adviser and a seminar had been held in March. The list of notifiable diseases was being reviewed, with limited changes due later in 1989. There would be a consultation document on the Law on Control of Disease which the JCVI would see. This would include an attempt to define the duties of local and health authorities, and to draw a distinction between diseases which were notifiable because public health action had to follow and those which were notified for statistical purposes.

6. Measles, mumps and rubella (MMR)

6.1 Introduction of MMR — JCVI(89)1

Dr Salisbury commented on the supply of MMR vaccine shown in the paper JCVI(89)1 and the relationship this could bear to immunisations, and on the increase, in 1989-90 and future years, of earmarked funds for vaccine purchase. Both developments were welcomed by members. Dr Salisbury also noted that measles notifications were currently lower than ever before, and that the expected spring increase in rubella incidence had not taken place.

6.2, 6.3 Adverse Reactions to MMR — JCVI(89)2, JCVI(89)3

Dr Salisbury said that there had been reports of injection site pain from the MSD/Wellcome vaccine, which had been brought to MSD's attention; and he analysed the reports of encephalopathy. Professor Miller said he remained unhappy about the use of the term "adverse reactions" and the use of yellow card reports to determine the rate of reactions. Professor Collee accepted the latter point; good data would be welcome, but there seemed no alternative at present. Dr Salisbury felt that it would be misleading simply to report MMR numbers without some attempt to set these against an appropriate denominator; when such large quantities of vaccine were being used, the number of reports would be difficult to compare against periods of lower use.

6.4 and 8.3 (inserted) Coverage of MMR JCVI(89)4 JCVI(89)8

Dr Begg reported on the COVER programme's early data on MMR, which indicated coverage approximately 10 per cent higher than that for measles vaccine measured in matched cohorts from one year before. Dr Jones said the rates in Fife had stabilised at 93 per cent for under twos and 80 per cent for pre-school children. Dr Bush had found that his local figures were well on target.

7. Influenza

The minutes of the March meeting were not available but Dr Rotblat reported on a small outbreak of influenza A amongst children late in 1988, and confirmed that the Sub-Committee had made recommendations for vaccine composition for 1989-90 (following WHO recommendations). The paper on a National Plan for Pandemic Influenza was held back and would be discussed at the next meeting.

8. Update of Immunisation (8.1) JCVI(89)6

Dr Salisbury drew attention to the principal points in JCVI(89)6, confirming that the figures were the districts' own calculations and the material was used in Ministerial Regional Reviews. Members commented on the proposed targets for GP immunisation and had some doubts on whether they would provide the stimulus intended. Professor Collee said that the opportunity should not be lost for emphasising that immunisation is highly cost-effective.

Meeting of Immunisation Co-ordinators (8.2) JCVI(89)7

Dr Salisbury reported on another successful day, outlined in JCVI(89)7, and the Chairman said it was important that such meetings should continue.

(Item 8.3 was taken with 6.4).

9. <u>Vaccination by Nurses/Anaphylaxis</u> JCVI(89)9

The Department's paper was presented by Dr Salisbury. Over ten years, no deaths had been reported from anaphylaxis at the time of vaccination in the UK or in the US or Holland where surveys had covered 36 million and 2 million vaccinations respectively. Members approved the proposal to clarify page 9 of the Memorandum in the new edition, and wondered if the data could be made more widely available in support. Dr Jones said that the fact that the deaths of twins in Fife had not been due to anaphylaxis should be made more widely known and Mrs Roden said that the "myth" among nurses on anaphylaxis need to be dispelled. The Department's officials undertook to explore the legal position on prescriptions, and it was also agreed to investigate information available, other than the yellow cards, to confirm the situation on anaphylaxis.

10. <u>Immunity against tetanus and diphtheria</u> JCVI(89)10

Dr Smith was not present and therefore unable to present his paper. The Chairman said that the paper's conclusions clearly recommended two tetanus boosters for those who had been immunised in infancy, pre-school and in their teens, but found the position on diphtheria more difficult. It was agreed to set up a small working group to consider the schedule for these (and other) immunisations.

11. <u>ARVI</u>

Professor Collee reported on the meeting held on 3 March which had covered adverse reactions to MMR, other correspondence on MMR, the reports from Canada on the mumps component of MMR and anaphylaxis (which had led to the discussion at 9). Professor Collee, as its outgoing Chairman, also raised the question of ARVI's ongoing role. He was well aware that colleagues had more experience, but he continued to be uncertain of ARVI's role and about replication of work. Professor Hull said that ARVI was answerable to both CSM and JCVI and both responses were important as they could differ; Professor Miller mentioned ARVI's ability to assess reactions in relation to the need for epidemiological enquiries, and the proper evaluation of published reports; the Chairman referred to ARVI's vital liaison role; and Dr Selkon would be concerned about JCVI's future if ARVI ceased to function. It was therefore agreed to record JCVI's view in favour of the principle that ARVI should continue.

12. Poliomyelitis

12.1 UK contribution to EPI plan JCVI(89)11

Dr Salisbury presented the paper and explained the situation on WHO's criteria for regarding the disease as eliminated. It was essential that published figures should identify cases as imported and vaccine-associated lest they would otherwise be considered indigenous.

12.2 Neutralising antibodies to polio viruses JCVI(89)12

Dr Wood presented this paper and referred in particular to table 4 which showed 10 per cent of children with no detectable antibodies.

12.3 Polio immunisation for unprotected adults JCVI(89)13

Dr Salisbury presented the paper. It was agreed that the policy of immunising everyone needed to be affirmed. The fact that there was no age limit needed to be stated in spite of the very small risk of vaccine-associated polio. The Department was asked to ensure that the current age limit for an item of service fee (40) would be removed from the Statement of Fees and Allowances.

13. Advisory Group on Hepatitis

Dr Penn reported on the meeting held on 7 February and went through the Advisory Groups's proposals on revisions to the Hepatitis Section of the Memorandum, which had been distributed. Members agreed:

(i) the amendment on post-vaccination screening (page 102), although the additional pressure on PHLS was mentioned;

(ii) all amendments on page 103;

(iii) that the references to "institutions" and "visits" on page 104 needed to be clarified (the other amendments on that page were agreed):

(iv) substitution of "unlikely" for "questionable" in new paragraph 12.3.7.2 (page 106);

(v) deletion of references to intradermal administration (except in the case of haemophiliacs) in view of recent developments (page 107);

(iv) the sentences in 19.2.3 should be reversed (page 112).

14. WHO Expanded Programme on Immunisation JCVI(89)14

Dr Salisbury spoke to the tabled paper on the January meeting of the European Advisory Group. Although Turkey and the USSR had continued to report cases of indigenous polio, there was optimism about the plans for the Regional elimination of polio by 1995. The position on measles was less hopeful. USSR as yet had no policy on rubella vaccination nor data on CRS. Diphtheria had been discussed at length because most countries were aware of cohorts of adults who had low levels of immunity. Neonatal tetanus was now extremely rare in the Region.

15. Meningococcal Meningitis

Dr Salisbury reported that two manufacturers would soon be licensed - one within a week. He would prepare a chapter for the next edition of the Memorandum.

16. Haemophilus Influenzae B Infection JCVI(89)15

Dr Selkon presented this paper. The UK rate was comparable to that in the US; the table showed that only two of 10 recorded deaths were under one year. The data had been published in the Archives of Diseases in Childhood. Dr Selkon said that the Oxford PH laboratory had become a reference point for haemophilus influenzae; it would be pleased to receive samples etc. Dr MacFarlane said that Oxford was considering a pilot study on the vaccine and Dr Salisbury confirmed that the Department had indicated to MRC its willingness to support research for a vaccine trial. It was agreed to ask the Polysaccharide Sub-Group to suggest policy guidelines when the likelihood of vaccine being available approached.

17. Immunisation and AIDS JCVI(89)16

Presented for information and noted to be consistent with JCVI advice. Dr Jones raised the question of advice on BCG vaccine and AIDS, in the Memorandum; this was at variance with WHO advice. Dr Salisbury, supported by Professor Lambert, said it had been felt better not to discriminate in the UK: WHO advice referred to parts of the world where tuberculosis is a major problem.

18. Bovine Spongiform Encephalopathy

Professor Collee reported on the meeting of a group brought together to advise the Department on all aspects of BSE (following the Southwood report), including vaccines where the risk was considered to be remote and speculative, and very much outweighed by the benefits from vaccines.

19. Whooping Cough - Rapid Schedule

JCVI(89)17

In response to the distributed and tabled papers, it was agreed that the proposed working group on immunisation schedules should consider these proposals. Members felt that any change in whooping cough must be prepared carefully and not rushed out before the 1989-91 epidemic.

20. New Memorandum

Dr Salisbury said there would be a new section on meningococcal vaccine, an expansion of the one on MMR with contraction on measles, and a rearrangement of the guidance on immunoglobulin.

21. Any other business

Professor Dixon promised to send Members copies of the new (third) edition of "Canadian Immunization Guide".

22 Next meeting

The next meetings are to be held on Friday 3 November and (provisionally) 27 April 1990.