NOT FOR PUBLICATION

JOINT COMMITTEE ON VACCINATION AND IMMUNISATION

Minutes of the Meeting held on Friday 25 January 2002 at 10.30
Room 102A/124A, Skipton House

Attending:

Professor Michael Langman (Chairman)
Professor Jonathan Cohen
Professor Keith Cartwright
Dr David Goldblatt
Professor Brent Taylor
Professor Paul Griffiths
Dr Andy Hall
Mrs Joan Sawyer
Dr Christopher Verity
Dr Barbara Bannister
Dr D Joynson
Dr R Smithson
Dr Michael Roworth
Dr Angus Nicholl
Dr I Jones
Dr G Schild

Ex Officio:

Dr Geoffrey Schild

Observers:

Dr A Croft (MOD)
Wg. CDR Andy Green
Major (Dr) Pauline McDonald
Dr Angela Williams
Dr Daniel Levey Bruhl
Dr Thanh Le Luong
Professor Christian Perronne

Invited to attend:

Dr Natasha Crowcroft (CDSC)
Dr Elizabeth Miller (CDSC)
Dr Mary Ramsay (CDSC)
Jo Yarwood (HPE)
Mrs Judith Moreton (HPE)

Department of Health:

Dr David Salisbury (Medical Secretary)
Dr Jane Leese
Dr Hugh Nicholas
Nick Adkin (Administrative Secretary)
Mrs Loraine Gershon
Mrs Debby Webb
Dr Arlene Reynolds
Dr Karen Noakes
Richard Griffiths (minutes)
Mrs Claudette Gyampoh
Mrs Josie Senior-St Juste

Medicines Control Agency:

Dr Phil Bryan
Professor Stephen Evans

Scottish Executive:

Dr Elizabeth Stewart

National Assembly for Wales:

Dr Mike Simmons

DHSS Northern Ireland:

Dr Lorraine Doherty

Apologies were received from:

Professor Simon Kroll
Professor Neil McIntosh
Dr Christopher Harling
Professor Lewis Ritchie
Professor G Griffin
Dr D Walford

1. **Announcements and welcome**

The Chairman welcomed Professor Andrew Hall and Richard Griffiths who were attending their first meeting. Richard has replaced Robert Freeman who has moved to another section within the Department of Health. This was Dr Geoffrey Schild's and Nick Adkin's last meeting and the Chairman thanked them for their hard work over the past years.

The Chairman reminded members of the need to declare personal interests.

2. **(a) Minutes of last meeting held on Friday 2 November 2001** JCVI(02)1(a)

The minutes of the meeting held on Friday 2 November 2001 were agreed as correct.

(b) Open Minutes JCVI(02)1(b)

The open minutes were agreed as correct subject to the paragraph headed 'Chairman's Report on Special Advisory Groups' being amended to say that much advice has been published on the PHLS website.

3. **Matters Arising**

There were no other matters arising.

4. **JCVI Membership and discussions on future dates of meetings**
Oral Report by Mr Nick Adkin

Nick Adkin reminded the Committee that there was one vacancy on the Committee; for a Consultant in Communicable Disease Control. It had been decided to add a lay member to the Committee and the appointment process was underway. The lay member post was to be advertised along with all other vacancies on Boards and Committees for non Departmental Public Bodies but this advert had been delayed following the publication of the Infectious Disease Strategy. Action was being taken to recruit a Consultant in Communicable Disease Control.

Nick Adkin pointed out that a third meeting had recently been introduced. From 2003 meetings will be held in February, June and October from 2003.

5. **CMO's Infectious Disease Strategy "Getting Ahead of the Curve"** JCVI(02)2

Dr Salisbury said that the Infectious Disease Strategy gave the opportunity to map out future direction, and identify new work for vaccination. The vaccine priorities were in the fields of new vaccines, research, communications and computerised tracking. Members of the Committee expressed the following concerns:-

- low morale of PHLS, with a possibility that surveillance may suffer in the interim; additional resources would be needed for the strategy to be implemented.
- vaccine specifics looked sound, highlights the need to take forward eg. RSV and MenB vaccine development and monitor hepatitis B vaccine uptake.
- there was additional responsibility being put on NHS microbiology laboratories; more resources would be needed.
- the document highlights problems in medical virology but solutions are needed, there's a real problem in virology manpower

It was noted that this was a document for England. The other UK countries were considering its implications.

The Welsh Assembly had not yet given a view on the document. Scottish Ministers and the Scottish CMO are currently considering it. Northern Ireland welcomed the document and there had already been some changes in Northern Ireland following the recent review.

6. **Coverage and other Reports**

6.1 **Cover Report and Immunisation Statistics** JCVI(02)3
Report by Dr Mary Ramsay and Joanne White.

The position for the quarter to September 2001 was similar to that of the previous coverage reports. At five years there had been a slight fall in the uptake of MMR and the pre-school booster, but coverage of MMR at 16 months was encouraging, showing a slight increase. Quarter on quarter uptake of primary immunisation with DTP-Hib has shown a small but sustained fall, which may be a knock-on from MMR worries.

6.2 **Immunisation Coverage - Northern Ireland** JCVI(02)4
Report by Dr L Doherty.

The uptake rate remains high, except that Meningitis C at 24 months had dropped - the MMR coverage had slipped slightly to 89.3%.

6.3 **Immunisation Coverage - Wales** JCVI(02)5
Report by Dr M Simmons

MMR coverage remains a concern especially in South Wales where a local anti-MMR media campaign has pushed the figures lower.

6.4 **Immunisation Coverage - Scotland** JCVI(02)6
Report by Dr Elizabeth Stewart

Uptake in Scotland had remained relatively high. There were concerns about MMR, which was running at 87%. However a strong anti-MMR media campaign had been apparent over the past six months to a year, and this was now affecting coverage figures (3% drop). A further drop was expected in the next quarter.

6.5 **Health Promotion England** JCVI(02)7
Report by Judith Moreton and Nick Adkin

A new leaflet on MenC vaccination for the under 25s had been distributed in early January. The immunisation website at www.immunisation.org.uk had been fully revised and updated and this is expected to go live week beginning Monday 28 January. Television advertising specifically relating to MMR had now ended, and a new programme of advertising was being developed.

JCVI expressed continued concern over the uptake of MMR and hoped that revised explanatory literature for parents and health professionals would help reverse this.

There had been a recent complaint to the Advertising Standards Authority against the MMR – The Facts leaflet from Action against Autism. The Advertising Standards Authority had rejected the complaint. The Advertising Standards Authority's judgement was published in January and is on their website at www.asa.org.uk.

Health Promotion England will cease to operate on 31 March 2002, and staff will join the Department of Health Immunisation Team.

6.6 **Update on Current Vaccine Supply** JCVI(02)8
Report by Debby Webb

There were no shortages of routine vaccines.

Dr Salisbury described the position in the United States of America where there were shortages of all vaccines especially DTP and pneumococcal vaccines. Most of the shortages had come about because of the shift to non-thiomersal containing vaccines.

7. The Meningococcal Group C Immunisation Programme

7.1 MenC Vaccine for 20-24 age group — JCVI(02)9
CMO letter of 4 January 2002
Report by Dr David Salisbury

The CMO letter on MenC immunisation had been slow to be distributed in December and January and that the Health Promotion England materials had been distributed at the end of December. This meant that promotion material arrived before the CMO letter and this had caused some initial confusion. There was a stock holding of vaccine, which was due to expire at the end of January. This gave a surplus of 420,000 doses. New vaccine was expected to be available in February or March. Uptake was going to be difficult to measure in the 20-24s. Claim forms for item of service fees may be a source of data however. It was going to be difficult to get accurate coverage because some people in this group had already been vaccinated.

7.2 Impact on Disease — JCVI(02)10
Report by Dr Arlene Reynolds

The number of notifications and laboratory reports for Group C cases had been very low. There were two reports of vaccine failures since the last JCVI meeting. There remained no evidence of capsular switching.

7.3 Meningitis and the Hajj Pilgrimage
Oral Report by Dr Jane Leese

The demand from vaccine from manufacturers had been very low. Only 9,000 doses had been ordered compared with 25,000 pilgrims going to the Hajj. There may be a need for more education but much work had already been done to increase awareness in the target population, with new leaflets, publicity and awareness campaigns involving the CMO.

7.4 Meningitis C and Sudden Infant Death — JCVI(02)11
Report by MCA

This paper had been included in response to the question of any relationship between meningococcal C conjugate vaccine and sudden infant death syndrome (SIDS), as discussed at the last meeting. The MCA MenC Working Group had reviewed the issue in detail. It showed clearly that observed rates of sudden death in infancy were no different from chance expectation after MenC vaccination except immediately following immunisation where rates tended to be lower – possibly a healthy child effect. The paper summarised the end of the Meningitis C campaign vaccine safety review, which was undertaken by the MCA. In general immunised children have a reduced risk of SIDS, however there was no specific evidence that MenC vaccine is linked to SIDS. The paper was welcomed and JCVI would encourage publication by the MCA.

8. **Options Appraisal for DTP and OPV Immunisation** JCVI(02)12
Report by Dr David Salisbury

The paper presented the options that must be considered in choices of OPV or IPV and primary whole-cell pertussis vaccine and acellular pertussis products. The key issues were relative efficacy and availability/reliability of supply of combinations. The Committee, based on the world-wide disappearance of polio, agreed that the move from OPV to IPV in primary immunisation should happen as soon as is it clear that there are no further risks from importation from polio-endemic countries.

The position over pertussis products is complicated by the options to move to thiomersal free vaccines. The only wP vaccine without thiomersal does not match UK specification for immunogenicity for wP vaccine. Of the acellular products, two component vaccines have poor efficacy. Three component vaccines have lower antibody response and there is some evidence of Hib interference (in DTaP/IPV/Hib). Five component acellular vaccine has comparable efficacy to our current whole-cell and does not interfere with Hib. However it is not yet licensed in the UK.

The Committee highlighted the need to be careful should this policy change result in only one supplier for the UK market. There also was some evidence that the 3 component DTaP/IPV/Hib used in Germany appears to show good field efficacy.

Overall the Committee agreed with the proposed way forward to move to secure IPV and good quality (5-component) acellular pertussis vaccine.

9. **Poliomyelitis**

9.1 **Certification of Elimination of Poliomyelitis** JCVI(02)13
Report by Dr Karen Noakes

9.2 **Polio Containment Meeting** JCVI(02)14
Report by Dr Karen Noakes

These papers were provided for information.

9.3 **Extract from SEAC Minutes** JCVI(02)15
Meeting held on 21 November 2001

As a matter of routine, the immunisation histories of vCJD cases are studied. The CJD Surveillance Unit had found that two vCJD cases (part of a cluster of 5 around Southampton) had received vaccine from the same batch of Evans vaccine (80,000 doses in the particular batch). This was part of a bulk of 5.4 million doses. An analysis was undertaken to see if vCJD cases were more likely to have had this vaccine. SEAC concluded that the occurrence of two cases having received the same batch was likely to be coincidence. However SEAC wanted to look into more detail of cell cultures when exposed to BSE

infected bovine material. The National Institute for Biological Standards and Control had looked at the bulks of these vaccines to see if they could identify any bovine protein (all bovine material should have been removed before the final product stage). They could not detect any. SEAC were also concerned that the prion protein would be expected to be human rather than bovine

The Committee agreed that the characteristics of the reported occurrences did not suggest that vaccine contamination was responsible.

9.4 **Epinet on OPV and nvCJD** JCVI(02)16
Report by Dr David Salisbury

The EPINET on OPV and CJD had been issued.

10. **MMR**

10.1 **Update on MMR**
Oral Report by Dr David Salisbury

10.2 **MRC Review of Autism Research** JCVI(02)17
Epidemiology and Causes – December 2001

Following a meeting between the National Autistic Society and Ministers last year, the Department of Health commissioned the MRC to undertake a review into autism and its causes. The Committee was encouraged that again the report identified that the evidence did not support a causal link between MMR and autism. The Committee concluded that it was now important to move on and discover the actual causes of autism.

10.3 **Measles Outbreak Advice** JCVI(02)18
Report by Dr Arlene Reynolds

The following interest was declared. Professor Griffiths Personal Specific. The Chairman agreed that he could stay and answer questions but not take part in the discussion or vote.

The Committee were asked to agree advice on which vaccine should be used in the event of an outbreak of measles, mumps and rubella.

The paper aimed to clarify which vaccine should be used in the event of outbreaks of, primarily, measles but also mumps and rubella. The Committee confirmed its existing recommendation that MMR vaccine should be used in outbreaks of measles. That MMR should also be offered to combat outbreaks of mumps and rubella where immunisation was felt appropriate. And that single measles, mumps or rubella vaccine should not be recommended in place of MMR in these situations. The Committee recommended that MMR could be used down to 9 months of age in measles outbreaks (and noted the recent

experience in Dublin when MMR was used down to 6 months of age in the worst affected areas). **The Committee concluded that MMR should continue to be used in the event of outbreaks.**

10.4 **Addressing Parents' Concerns** JCVI(02)19
Paper by Paul A Offit et al

This paper by Paul Offit et al was provided for information. Members of the JCVI welcomed this as helpful.

11. **Pneumococcal Vaccine**

11.2 **Burden of Pneumococcal Disease Children in England and Wales** JCVI(02)21
Report by Dr Elizabeth Miller

It as agreed to take item 11.2 before 11.1. The following interests were declared. Professor Cartwright, Dr Schild, Dr Goldblat and Dr Joyson Personal Non-specific. The Chairman agreed that they could remain and answer questions but could not take part in the discussion.

Dr Miller presented this paper which asked the Committee to agree that the burden of pneumococcal disease in young children warrants prevention by vaccination subject to resolving operational issues and also availability. She said that it should be acknowledged that there was considerable uncertainty in the available figures.

The Committee concluded that there was significant morbidity and mortality associated with pneumococcal infection, which posed a considerable health and financial cost to the community. Overall there appeared to be high rates of invasive disease in 0-2 months; and 3-5 months; substantial at 6-12 months, then rates fall off. Other data in the paper identified substantial morbidity burden, due to pneumococcal meningitis, pneumonia and otitis media. However the disease burden is confined to younger children and cost effectiveness assessment will be greatly affected by assumptions because of the substantial uncertainty in the data.

The Committee concluded that provision of the best advice was hindered by the problems with under-reporting, incomplete data and under-estimating of disease.

The Committee noted the possibility that maternal or pre-maternal immunisation might protect in the early part of life, and that a first dose of conjugate vaccine at birth (with BCG) was also worthy of investigation and would avoid the difficulties of demonstrating safety in pregnancy.

11.1 **Options for the Incorporation of Pneumococcal Conjugate Vaccines into the UK** JCVI(02)20
Report by Dr Elizabeth Miller

Dr Miller alerted the Committee to key logistic, immunological and surveillance issues relevant to the introduction of pneumococcal vaccine for young children that still required resolution. These centred on the number of doses needed; the compatibility with other vaccines currently used especially Men C, and the extent of any possible catch-up programme. There have also been concerns from nurses and other health professionals about the acceptability of giving three injections. The paper reported on trials in place to look at these issues. Overall it has proved difficult to recruit to the trials against the background of public MMR concerns. In particular recruitment to the phase of the trial, which involve 3 injections, has proved difficult. The data so far though shows good comparative responses to a 2 dose schedule (at 2 and 4 months of age), with little evidence that a third dose offers significant additional benefit in primary immunisation. Immunological memory data would be available in the next few months. Catch-up trial data indicates good immunogenicity after one dose (though at present small numbers and very wide confidence intervals).

There was some concern that there was a relatively high rate of local reactions reported, and that either strategy (of extra visits or extra injections) would need careful introduction to the targeted audience,

The Committee accepted there was a clear and potentially avoidable burden of disease but also agreed that there should be more information on practical issues before a decision could be made on implementation.

11.3 **Letter from Scotland regarding use in over 65s** JCVI(02)22
Dr Elizabeth Stewart

Dr Stewart had written on behalf of the Scottish Executive asking for JCVI's advice on the use of routine provision of pneumococcal vaccine in the over 65s. One Health Board in Scotland was already doing this. A report to be published shortly from Royal College of Physicians in Edinburgh was thought to recommend the routine use of pneumococcal vaccine in over 65s. And the Health and Community Care Committee had said that use of pneumococcal vaccine in over 65s should be considered. Dr Leese reported that the Department was already starting to look at the cost effectiveness of the use of pneumococcal vaccine in the over 65s but there was previous concern that the evidence does not support it. **It was agreed that the issue be more fully evaluated for the next JCVI meeting in May. If a change in policy is advised, then a recommendation will be needed before next winter.**

12. Influenza

12.1 Influenza Update
Oral Report by Dr Jane Leese

The influenza vaccination programme in the 65s and over had gone smoothly this year and the uptake had been good. There had been an uptake of between 65% and 67%. The Department was still trying to look at other at risk groups.

12.2 Influenza Safety Report JCVI(02)23
Report by MCA

This was noted.

13. Varicella

13.1 Varicella in Health Care Workers
Oral Report by Dr Elizabeth Miller

The following declarations of interest – Chair. Non-personal non-specific; Professor Griffiths and Dr Goldblatt both personal non-specific. It was agreed that these people could stay for the discussion and answer questions.

The Committee agreed that a non-personal non-specific interest [the Chairman] did not prevent full participation. Those with personal interests could answer questions but could not vote.

Dr Miller said that it was difficult to reach a conclusion on the recommendations for immunisation of Health Care Workers, but guidance was necessary for the new edition of the Green Book. It was felt that any policy should apply to all susceptible HCWs (including GPs). The Chair said that this should be discussed in greater detail at the next JCVI meeting in May.

13.2 Effectiveness and cost effectiveness of varicella vaccination JCVI(02)24
Report by Dr John Edmonds

This paper suggested that the key factor in the effectiveness of any varicella immunisation programme is the impact on varicella zoster. Based on the assumptions in the paper and the available evidence, the case for routine infant or pre-adolescent immunisation had not been made.

The Committee welcomed the paper. It was suggested that the data offered very much a minimum estimate of the burden of disease. However, based on the current data available the paper's conclusions were reasonable. The

Committee will keep this topic under review and hopes that any new information will be made available.

14. **Thiomersal**

Outcomes of exposure to Thiomersal Dose in the first 4 months of life JCVI(02)25
Report by ALSPAC Study Team

The paper described a study of thiomersal exposure using the ALSPAC dataset. Initial results give no cause for concern about links between thiomersal exposure and neurological development, and were essentially reassuring that there did not appear to be associations between thiomersal in the routine immunisation schedule and development.

14.2 **Analysis plan for GPRD and ALSPAC thiomersal studies** JCVI(02)26
Paper from Dr Elizabeth Miller

This paper gave more information on the analysis and the study given at 14.1

15. **Update on Progress of new Green Book** JCVI(02)27
Draft chapters to be tabled

12 draft chapters were to be emailed to members of the Committee. The Committee were asked to provide comments by no later than Friday 22 February. The Committee were reminded that we need comments on the content rather than the style.

16. **Advice on immunisation against Pertussis** JCVI(02)28
Report by Dr David Salisbury

This paper was provided for information.

17. **Hepatitis A Vaccine**

17.1 **Guidelines for the control of hepatitis A virus infection** JCVI(02)29
Report by Dr Natasha Crowcroft

17.2 **EPINET on Hepatitis A Vaccine** JCVI(02)30
Report by Dr Hugh Nicholas

These papers were provided for information.

18. **Articles for Information** JCVI(02)31

The following articles were provided for information:

The Prime Minster's statement of 22 December 2001 on MMR.
Article from Mail on Sunday 6 January 2002 – Dr Andrew Wakefield
Article from Sunday Telegraph of 6 January 2002 about Dr Wakefield
Extract from The Times of 24 December 2001 on political immunity for when medical details remain private (tabled).

19. **Any other business**

There was no other business.

20. **Dates of future JCVI meetings**
Friday 3 May 2002 and Friday 1 November 2002.

Friday 7 February 2003, Friday 6 June 2003 and Friday 3 October 2003.