NOT FOR PUBLICATION

2ND MEETING

JOINT COMMITTEE ON VACCINATION AND IMMUNISATION

Minutes of the meeting held on Friday 23 October 1987

Present:

Sir John Badenoch - Chairman
Professor J E Banatvala
Professor Campbell
Professor J G Collee
Professor A M Geddes
Dr P F Grundy
Professor J K Knowelden
Professor H P Lambert
Professor D L Miller
Dr J Noble
Dr D Reid
Dr J Selkon
Dr J W G Smith
Professor R W Smithells

Professor J M S Dixon
Dr J P Koplan
Professor A Zuckerman
) by invitation

Mr R L Cunningham
Dr A Fenton Lewis
Dr R G Penn
Mrs F Leenders
Mr C P Galvin
Dr D M Salisbury
Dr F Rotblat
Mr R G S Aitken
Mr P Martin
Miss D Cato
) DHSS

Dr J Barnes
Mr L T Wilson
) Secretariat

Col D C Robson — MOD
Dr A D McIntyre — SHHD
Dr S N Donaldson — DHSS NI
Dr Corbell *vice* Dr G C Schild

1. APOLOGIES FOR ABSENCE

Apologies were received from Dr Bush, Professor Glynn, Professor Grob,

Professor Hull, Dr Jones, Dr Schild, Dr Galbraith, Dr Grahame Smith, Mr Hale and Dr Walford.

2. ANNOUNCEMENTS

The chairman welcomed Dr Koplan of the US Advisory Committee on Immunisation Practices, Professor Dixon and Professor Zuckerman. He also welcomed Dr Corbell who was attending in place of Dr Schild, Colonel D C Robson who was the new MOD observer and Mr Martin who was joining the secretariat.

3. MINUTES OF THE MEETING HELD ON THE 1 MAY 1987

The following amendments were agreed;

ITEM 4, Matters arising - Vaccination and Immunisation Acceptance Rates, page 3.

Paragraph 2, last line : delete the last part of the sentence after "communicable disease" and replace with "the proceedings of the Committee of Inquiry and its Sub-Committees were confidential."

ITEM 5, Measles, page 4.

Paragraph 2 : delete the first sentence and replace with "Dr Smith observed that the various means of improving immunisation had been documented to the meeting and it would be helpful to convey these to Districts."

ITEM 6.1, Rubella : Report of the meeting of the Combined Rubella/Measles Sub-Committee held on the 3 April 1987.

Delete the third paragraph.

Paragraph 5 should begin as "Dr Smith reported that the Sub-Committee...."

ITEM 7, Measles, Mumps and Rubella Vaccine (MMR)

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ITEM 7.2 Report of the meeting of the Working Party held on 25 February 1987, page 8:

Last line, replace "calculating" with "circulating"

ITEM 9, AIDS and Immunisation

ITEM 9.2 Cross-infection and the Heaf gun, page 10

Paragraph 2, 4 lines from the end replace "observer" with "user".

ITEM 10, AIDS and Immunisation - note of the Joint JCVI/EAGA Working Group held on the 3 April 1987 to consider the immunisation of HIV positive individuals.

Middle paragraph, penultimate line - replace "full" with "following".

ITEM 12, Influenza :

12.2 Minutes of the meeting of the Advisory Group on the Antigenic Composition of Influenza Vaccine held on the 31 March 1987, page 13.

Third paragraph - delete this paragraph and replace with " It had in fact been decided that the new vaccine should contain influenza H1N1 A/Singapore/6/86, H3N2 A/Leningrad/360/86 and B/Ann Arbor/1/86-like antigens."

Last paragraph, second sentence - amend the end of the sentence to read ".... of manufacturer whereas, owing to antigenic drift, its use could be inappropriate."

ITEM 15, Polysaccharide Vaccines, page 17.

Second paragraph, line 1, replace "issued" with "prepared"

Second paragraph, line 4, delete the ending of the paragraph after the word "used" and replace with "...used since the licensed vaccine was then not available. Since the vaccine is now again available it was suggested that the guidelines be included in the revised

Memorandum "Immunisation Against Infectious Disease".

Fourth paragraph, under the heading "Meningococcal Vaccine" second paragraph, second sentence: delete this sentence and replace with "Dr Smith said that it was estimated in the US that one child in 500 developed invasive haemophilus disease and the risk was higher amongst Eskimos and American Indian children."

With these amendments the minutes were agreed and signed.

4. MATTERS ARISING

7.2 Use of immunoglobulin with measles vaccine.

The chairman stated that immunoglobulin should not be used with measles, mumps and rubella vaccine. After discussion it was agreed that the forthcoming edition of the Memorandum should state that children with a personal history of convulsions, or whose parents or siblings have a history of idiopathic epilepsy, SHOULD receive measles vaccine. It should be given either simultaneously with specially diluted normal immunoglobulin for use with measles vaccine, or other suitable prophylactic treatment against febrile convulsions.

5. LOVEDAY v RENTON CASE - disclosure of documents:

Mr Aitken said that the Counsel for Loveday had expressed an interest in a number of documents which included the minutes of the JCVI. He explained that the Treasury solicitors were coordinating action in this matter and had suggested that Counsel be allowed to go through the papers informally and point out and identify relevant documents. This would allow disclosure of documents to be negotiated and would limit the amount of discovery and allow for extracts of documents to be made available.

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The chairman pointed out that the call for the minutes of the JCVI to be made available would be difficult to resist since the CSM had already made available their minutes for the OPREN case.

Members of the Joint Committee agreed to disclosure of the minutes of the JCVI on the terms suggested but asked to be informed which documents had been disclosed.

6. MEASLES, MUMPS AND RUBELLA VACCINE (MMR)

6.1 Minutes of the meeting of the Working Party held on the 9 June 1987:

The chairman reported that a few cases of convulsions had been reported from the Somerset trials. It was hoped to commence use of MMR in England in the autumn of 1988. Mr Wilson reported that legislation was being sought to make mumps and rubella notifiable; these diseases were already notifiable in the three trial districts. Professor Smithells asked that the Child Health Computing Committee be kept up-to-date of developments in MMR and also with BCG policy.

6.2 Report of the meeting of the Working Party held on the 8 October 1987:

Dr Salisbury said that 1,200 doses of MMR had been given in Fife, 1,600 in Somerset and 360 in Herts. Five cases of convulsions had been reported in Somerset but only three of these appeared to be related to MMR; this gave a rate of three convulsions per thousand doses of MMR comparable with the rate of two per thousand doses of measles vaccine. The Working Party had expressed concern over the policy of giving specially dilute immunoglobulin with measles vaccine to children with a personal or family history of convulsions.

During the discussion it was stated that Scotland, Wales and Northern

9

Ireland plan to introduce MMR at the same time as it was to be introduced in England.

The chairman said that a policy document on MMR was to be circulated to the Joint Committee in the near future, he asked members to read this document carefully and let the secretariat have comments promptly.

7. HEPATITIS

7.1 Minutes of the meeting of the Advisory Group on Hepatitis held on 28 July 1987:

Dr Smith reported that this meeting had further considered the draft guidance on the use of hepatitis B vaccine. There had been two main issues: the intradermal route for giving the vaccine and the need for wider indications. With regard to the intradermal route, a major issue was whether the antibody response was a satisfactory indicator of immunity. There was good evidence that the intradermal route could give a satisfactory antibody response but this could be variable so post-immunisation antibody testing was needed. It was essential to ensure that the intradermal injection was given correctly. No serious adverse reactions had been reported but a small nodule with pigmentary changes had been observed in some cases.

The Group concluded that the intradermal route could be used for administering hepatitis B vaccine in patients over the age of 10 years provided that appropriate warnings were given with regard to the possibility of persisting nodules and pigmentary changes at the site of injection. It was recommended if the intradermal route was used that the level of antibody should be measured post-vaccination.

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The Advisory Group also considered the variability in antibody response to hepatitis B vaccine given by the intramuscular route. It was noted that as there was some uncertainty about the duration of antibodies, precise advice on booster doses of hepatitis B vaccine could not be given at present.

The Group further recommended that more widespread vaccination of health service staff and other "at risk" groups was indicated and suggested other amendments to the guidance.

In the ensuing discussion by JCVI members concerning the intradermal route, Professor Zuckerman pointed out that the prevalence of hepatitis B in the UK was underestimated; therefore there was a compelling need to improve the level of vaccination.

This was hindered by the present cost of the vaccine but if one attempted to reduce the cost of vaccination by using the intradermal method it should be remembered that antibody response was poorer by this route; one study showed that 21 per cent of vaccinees had lost their antibody 13 months after vaccination. This posed the question as to how many follow-up antibody measurements were needed to ensure that protection had been conferred.

Dr Selkon pointed out that the Advisory Group on Hepatitis had come to the unanimous decision that intradermal vaccination could be used in certain circumstances. He said that in Oxford 300 students had now been vaccinated by this method.

Members agreed that intradermal vaccination with hepatitis B vaccine was an alternative method of administering the vaccine, but only appropriate in certain defined circumstances; these would include

ensuring that the technique of intradermal vaccination was correct and also that post-vaccination serological conversion had taken place. It was agreed that intradermal vaccination was more appropriate to groups covered by occupational health services rather than to vaccinations done by general practitioners. Professor Collee pointed out the disadvantages of giving adjuvant containing vaccines by the intradermal route; he was supported by Professor Miller in this view. It was agreed that provided the caveats described above were observed intradermal vaccination of hepatitis B vaccine could be mentioned in the revised section on hepatitis for the Memorandum.

7.2 Revised section on hepatitis for the Memorandum Immunisation Against Infectious Disease with advice on hepatitis B vaccine JCVI(87)17

This Memorandum had been previously circulated to the Joint Committee. Members considered and discussed amendments suggested to this document. These were agreed and the amended document is attached at Appendix A to these minutes.

8. BCG

8.1 Minutes of the BCG Vaccination Sub-Committee held on the 12 March 1987.

Dr Citron reported that this meeting was mainly concerned with the safety of the Heaf gun with regard to cross-infection. Laboratory experiments carried out by Dr Selkon and Professor Mary Cooke were considered and further experiments were commissioned and the results of these were presented to a meeting of the Microbiological Advisory Committee on the 6 May 1987. Although flaming of the head was adequate, it was advised that the head should also be immersed in 95% alcohol for 1 minute before flaming.

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8.2 Report of the meeting of the BCG Vaccination Sub-Committee held on the 8 July 1987.

Dr Citron said that this meeting had agreed the disinfection technique for Heaf guns and had promulgated the revised section on tuberculosis for the Memorandum. He drew the attention of members of the Joint Committee to the section of the Memorandum which described the technique of immersion in 95% alcohol for 1 minute and flaming. This was agreed by the Joint Committee.

Dr Fenton Lewis said that the revised chapter of the Memorandum also described the various preparations of tuberculin PPD by their strength in units/ml instead of the earlier description by their dilution with respect to Tuberculin PPD BP (100,000 units/ml). In addition there had been a reorganisation of the layout of the chapter.

9. AIDS AND IMMUNISATION

9.1 Advice prepared by EAGA and JCVI on immunisation of HIV antibody positive individuals JCVI(87)18a

9.2 Human immunodeficiency virus infection and routine childhood immunisation. C F Von Reyn, C J Clements and J M Mann: 1987 Lancet, vol.2; pages 669-672.

The Chairman pointed out that the paper at 9.1 was a distillate of the state of knowledge 6 months ago. Dr Salisbury said that it was necessary to prepare a page on immunisation and AIDS for the revised Memorandum and that this page should reflect the latest advice such as that suggested in the paper at 9.2. Among the major changes it was suggested that symptomatic and non-symptomatic HIV antibody positive individuals should receive measles mumps and rubella vaccine and OPV and that specific advice be given with regard to yellow fever vaccination. Professor Campbell indicated that the former advice went

counter to the philosophy of not giving live vaccines to the immune compromised. Other members pointed out that children with AIDS may suffer considerably if they become infected with measles. It was also considered wise to fall in with WHO recommendations.

A copy of the revised paper is at Appendix B and this will be presented to EAGA at its next meeting.

10. US ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES (ACIP)

Dr Koplan reported on several topics discussed at recent meetings of the ACIP, these were:

(a) A vaccine against Japanese B encephalitis, manufactured in Japan by Biken, which is not licensed in America. It is expected that there will be an increased demand for this vaccine with the Olympic Games due to take place in South Korea next year.

(b) Poliovaccine, with the availability of a new more potent IPV there is pressure to change existing recommendations so that there might be increased use of IPV. A decision analysis which examined the crucial issues involved showed that there was increased benefit using OPV in situations where there was increased exposure to wild virus.

(c) The use of measles vaccine in AIDS patients.

(d) Haemophilus influenzae B vaccine - an increase in HIB invasive disease has been observed among patients 2 days after vaccination.

(e) Hepatitis B vaccine - there was little coverage in the US of the acceptance rates of this vaccine and coverage appeared to be poor among homosexuals. Among one-third of cases of hepatitis B there was no known identifiable risk. This suggested a more aggressive immunisation programme.

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(f) BCG - until now the US had traditionally been opposed to the widescale use of BCG. It was now proposed to re-evaluate use of the vaccine and perhaps recommend BCG for a wider spread of risk groups.

11. CANADIAN NATIONAL ADVISORY COMMITTEE ON IMMUNIZATION (NACI)

Professor Dixon described the following activities of NACI;

(a) to revise green guide-book "Immunization for Canadians";

(b) carry out a revision of the statement on hepatitis and this would include the recommendation of booster doses but testing before such booster doses. All pregnant women to be tested for HBsAg and decided that post-vaccination screening was not necessary if the intramuscular route was used. NACI had decided against the-intradermal route of vaccination.

(c) HIB - the Canadians were beginning to look at the Connaught conjugated preparation which was recommended as suitable for children down to the age of 18 months.

(d) There were proposals for vaccine-related injury compensation and it was believed that these would amount to more than the payment available in this country.

(e) The influenza pandemic plans were to be reconsidered.

12. POLYSACCHARIDE VACCINES - minutes of the meeting of the Advisory Group on Polysaccharide Vaccines held on the 15 September 1987.

Professor Geddes introducing this paper said that there has been an increase in meningococcal infection in the last 3 years which had been equivalent to that observed in the mid-1970s. By the middle of this year 606 cases had been notified, together with 84 deaths. At the same time over the period 1977 to 1986 there had been a change in

organisms. Group B had slowly declined from 70 to 50%; group A had declined from 20 to 3% (apart from some imported cases in the late summer of this year); group C had risen from 7 to 40%. It was recognised that group C organisms are more transmissible than group B. With regard to vaccines there was no apparent advance in the development of a group B vaccine. A and C vaccines were produced by three manufacturers but only available on a named-patient basis from two of these. The chairman said the JCVI endorsed the need to licence available vaccines in this country since the present arrangements do not allow for the inclusion of meningococcal vaccines in the Memorandum "Immunisation against Infectious Disease". Apart from the Memorandum there was a need to amend the SA35, the advice to travellers.

13. INFLUENZA - Copy of circular CMO(87)9 issued on 5 October 1987 JCVI(87)19

This circular was available for the information of members.

14. UPTAKE OF IMMUNISATION

14.1 Provisional uptake figures for England 1986 JCVI(87)20a

Dr Barnes said that the national figures showed a 3 per cent increase in uptake of measles vaccination to 71 per cent and a 2 per cent increase in the uptake of whooping cough vaccination to 67 per cent. Although these increases were gratifying the present rise was not fast enough to reach the goals set by the European Region of the World Health Organisation of 90 per cent by 1990.

Figures for the uptake in Regional Health Authorities were shown in Table form and also as stick diagrams for diphtheria, whooping cough and measles. A map of England with differential colouring showed the

uptake rates by District Health Authorities.

14.2 Uptake of immunisation in Northern Ireland JCVI(87)20b

Dr Donaldson, speaking to this paper, said that there was much variation between the performance of Health Boards. Members noted that the uptake of rubella vaccine was over 94 per cent.

14.3 Reports of visits to Health Authorities carried out in October 1987.

Mr Wilson said that Enfield had been visited and other visits were in prospect. He said that the statistics produced locally in Enfield indicated a much better performance than those prepared by the Department; it was proposed to investigate the situation. Arrangements for immunisation in Enfield were generally good.

14.4 Report of the activities of the Working Party for the European Advisory Group on the Expanded Programme on Immunization (EPI).

Dr Salisbury reported that he had attended in May a seminar on EPI for Government-nominated representatives responsible for policy. There had been preparatory consultation for the European Advisory Group on EPI and there was to be a meeting of selected members of this Group in Rome in 1987.

15. ARVI

15.1 Minutes of the meeting held on the 6 February 1987.

Dr Barnes said that this meeting had further considered the preparation of a paper on anaphylaxis. It had also received a paper explaining the introduction of MMR and consequently had made a study of reports of adverse reactions to rubella vaccine. The meeting had also provided the CSM with an updated statement on whooping cough

vaccine.

15.2 Minutes of the meeting held on 6 July 1987.

Dr Salisbury said that there were further discussions on anaphylaxis and information concerning adverse reactions to MMR. The meeting had discussed ways of presenting information obtained from yellow cards to ARVI. The meeting considered a report from the Netherlands on surveillance of adverse reactions and noted that one paediatrician was dedicated to the study and follow-up of serious reactions. The meeting considered revised contra-indications to pertussis vaccine in parallel with those at present published; ARVI was aware of the potential difficulties of relaxing the contra-indications to pertussis vaccine and suggested that the papers be sent to the CSM and also to the manufacturers. The latter, in a written response, replied that it was not possible at present to change the product licence details whilst litigation was in progress.

15.3 Report of the meeting held on the 2 October 1987.

Professor Collee said that there was more discussion as to how ARVI would wish to see adverse reactions reported in committee using a denominator such as vaccine sales or possibly uptake figures of vaccine. ARVI had been told that there was a group within Medicines Division which was considering the best ways to programme the computer with information contained on yellow cards. Professor Collee stated also that the CSM had endorsed the proposed revision of contra-indications to pertussis vaccine.

15.4 Suspected adverse reactions to vaccines - reports on yellow cards registered during the period 13 January to 19 June 1987 JCVI(87)21

This paper was presented for information.

16. WHOOPING COUGH

16.1 Paper by the Department JCVI(87)22

Dr Barnes said that the present level of notifications to the Office of Population Censuses and Surveys was between 200 to 300 cases a week. It was evident that the country had entered an inter-epidemic period. By the 38th week of this year about 12,500 cases had been reported compared with 17,000 for the same period in 1983. Four deaths from whooping cough had been notified.

16.2 "From whom do children catch pertussis?" Thomas M G and Lambert H P (1987) British Medical Journal; 295, pages 751-752

Professor Lambert said the paper described the study of transmission of pertussis within 26 families during an epidemic using serological methods to detect infection. The study described the chain of infection of whooping cough within families and demonstrated that the most important infectors are individuals who had pertussis.

17. ORAL POLIOVACCINE AND TONSILLECTOMY - letter from Dr J W G Smith to Professor R W Gilliatt. JCVI(87)23

Dr Smith said that he had nothing to add to what was said in the letter. It was agreed to amend the Memorandum "Immunisation against Infectious Disease" to reflect the advice contained in the letter.

18. MEETING OF THE CHAIRMAN OF THE JCVI AND THE ASSOCIATION OF BRITISH PHARMACEUTICAL INDUSTRIES - note of meeting JCVI(87)23a

The chairman said that the meeting had arisen over the difficulty of reconciling revised contra-indications to pertussis vaccine with advice issued by the manufacturers. The meeting had discussed ways of reconciling advice issued by the Joint Committee with that contained on the Data Sheets. Also discussed was the availability of scarce

vaccines and the introduction of new vaccines into more regular use. The question of financial support for training members of the health service in immunisation was also discussed.

19. MEMORANDUM "IMMUNISATION AGAINST INFECTIOUS DISEASE"

Professor Smithells had tabled a paper which demonstrated that the 50 pre-term infants had produced satisfactory antibody responses to triple vaccine and OPV when given at the usual intervals commencing three months after birth. It was noted that these findings correspond with the advice contained in the revised edition of the Memorandum.

Dr Salisbury reported that the Memorandum had been rewritten and this guidance agreed with Professor Smithells' advice. The advice of Solicitors Branch in DHSS had been sought with regard to the situation where the advice in the Memorandum might not correspond with that contained in the product licence of the vaccine. The verbal advice received was that such a discrepancy was not a problem for the JCVI whose function was to give advice to the medical profession in the light of the best available knowledge.

20. ADMINISTRATION OF VACCINE BY NURSES - a note by the Department JCVI(87)24

Mr Wilson said that the paper referred to circulars issued by the Department in 1976 and 1977 which still apply and it was not intended to amend these circulars.

After a brief discussion it was decided to endorse these guidelines and to insert a note referring to the circulars in the memorandum "Immunisation against Infectious Disease".

20

21. COLD CHAIN

JCVI(87)26

Dr Salisbury explained that WHO had made an approach to study the UK cold chain, he said this was an excellent opportunity to test the effectiveness of cold chain arrangements in this country. The Joint Committee agreed to such an approach.

22. FOR INFORMATION

JCVI(87)26

22.1 Vaccination and Cot Deaths in Perspective;
S C Roberts, Archives of Disease in Childhood 1987, vol.62, 754-759.

22.2 Diphtheria, Tetanus, Pertussis Immunisation and Sudden Infant Death Syndrome: Results of the National Institute of Child Health Cooperative and Human Development Cooperative Epidemiological Study of Sudden Infant Death Risk Factors H J Hoffman et al. Pediatrics 1987, vol.79, pages 598-611.

22.3 Sudden Infant Death and DPT/IPV Immunisation : A case Control Study. WHO Epidemiological Review No.39, 25 September 1987.

23. ANY OTHER BUSINESS

There was none.

24. DATE OF THE NEXT MEETING

22 April 1988 and the 21 October 1988.