

COMMERCIAL-IN-CONFIDENCE

JCVI WORKING PARTY ON THE INTRODUCTION OF MEASLES, MUMPS AND RUBELLA VACCINE

NOTE OF MEETING HELD ON 17 MAY 1988 AT 10.30 am IN ROOM 1102 EUSTON TOWER

Present: Dr Smith (Chairman)
Dr Walker
Dr Cust
Dr C Miller
Dr Ross
Dr Begg
Mr Flaherty
Dr Lambert
Dr Judd
Ms Atkinson
Dr E Miller
Dr Bowie
Dr Burns

DHSS: Dr Salisbury
Mr Wilson
Miss Horridge
Mr Galvin
Mr Martin

SHHD: Dr Thores

1. ANNOUNCEMENTS AND APOLOGIES

Sir John Badenoch was unable to attend and Dr Smith chaired the meeting in his place. Apologies were received from Lady Wilson, Dr Barnes, Dr Zeally and Mr Baker.

2. MINUTES OF THE MEETING HELD ON 11 FEBRUARY 1988

The minutes were accepted as correct.

3. MATTERS ARISING

Dr Christine Miller introduced a paper on saliva testing for rubella. It was now possible to test for IgM antibodies to measles and mumps as well. She believed the test, which was simple, should be available in regional and even local laboratories. Dr Walker had had some problems obtaining sufficient saliva to get results, but a device (Salivette) was now available to aid saliva collection.

Dr Salisbury reported that he hoped the SKF MMR vaccine would be licensed shortly since its constituent parts were already licensed. Wellcome had contacted him to say they wished to join the MMR market. Their vaccine contains the Jeryl-Lynn strain of mumps. The MSD vaccine already had a product licence.

Dr Thornes asked whether there would be central purchasing and whether Scotland would be included. Dr Salisbury said the negotiations were being conducted under the auspices of the NE Thames RHA and Procurement Division were aware of the current situation.

It appeared that only certain batches of the Canadian vaccine had been suspended and that they had not banned all vaccine containing the URABE strain of mumps. Dr Begg would check with the Canadians.

Dr Walker asked if the Statement of Fees and Allowances had been altered to provide for an item of service payment for MMR. Mr Wilson said this was under way. Dr McGuinness suggested that instead of an item of service payment GPs might be paid according to their immunization rates.

Dr Bowie pointed out there would be approximately a £300,000 increase in notification charges when mumps and rubella became notifiable.

4. SURVEILLANCE OF SYMPTOMS FOLLOWING MMR VACCINATION IN SOMERSET, NORTH HANTS AND FIFE

Dr C Miller introduced the paper which she and Dr E Miller had prepared. Generally the symptoms reported and date of onset of symptoms were very similar to those experienced with the single-antigen measles vaccine. The rate of convulsions was higher than for monovalent measles vaccine, but the difference was not statistically significant. As there was preferential reporting of convulsions the true denominator was likely to be higher, thus reducing the actual rate. Dr C Miller estimated that she would need to cease analysis of diaries by the end of June. The BMJ had agreed in principle to concentrate one of its September issues on MMR vaccine.

Dr Ross asked what experience there was of using MMR in adults. Dr Begg stated that when outbreaks of measles occurred in the USA they were countered by vaccination with MMR vaccine.

There was some confusion about the new vaccination schedule. The Chairman explained that the new policy was that all children should receive MMR in infancy and girls should receive monovalent rubella vaccine at age 10-14 years. The confusion arose about the situation of children who had missed out their MMR vaccine in infancy.

5. PUBLICITY PLANS FOR MMR

Mr Flaherty introduced the paper and explained that 3 advertising agencies had been asked to provide specimen campaigns. The campaign, which would be aimed at parents of children aged 13-18 months, would begin in September.

Ms Atkinson reported on events which were being organized by the NRC, including one which would be attended by the Princess of Wales.

With regard to publicity for professionals, Mr Flaherty explained that Regional meeting had been arranged at which a team from the DHSS and the HEA would be present. Many members were unaware that these meeting had been arranged and challenged their usefulness if they were not to include immunization co-ordinators. Members recommended that the Department send

out to co-ordinators guidance on what they should do and when. Dr Bowie suggested it could be an annex to an official letter from the Department.

Dr Bowie pointed out that the agreement, made at the previous meeting, that the MMR publicity group should be extended to include the three co-ordinators in the working party had not been implemented. This would have ensured that the co-ordinators were fully utilized.

6. ANY OTHER BUSINESS

Dr Ross asked what the position on Northern Ireland was. Mr Martin reported that they were also proceeding towards a starting date of 1 October.

Dr C Miller was concerned that there had not been much publicity in nursing journals. Miss Horridge advised that there was a new journal for practice nurses being launched and it would provide a good vehicle for publicity.

7. DATE OF NEXT MEETING

The Chairman suggested another date be arranged in case a further meeting proved necessary. The date agreed was 19 July at 10.30 am.