

JOINT COMMITTEE ON VACCINATION AND IMMUNISATION

Minutes of the meeting held on Thursday 20 October 1988

Present: Sir John Badenoch - Chairman
 Professor J E Banatvala
 Dr M F H Bush
 Professor A G M Campbell
 Dr K M Citron
 Professor J G Collee
 Professor A M Geddes
 Professor D G Grahame-Smith
 Professor P Grob
 Professor D Hull
 Dr I Jones
 Dr J K Knowelden
 Professor H P Lambert
 Dr J A McFarlane
 Professor D L Miller
 Dr D Reid
 Mrs D Roden
 Dr J B Selkon
 Dr J W G Smith
 Professor R W Smithells

Dr E Rubery)
 Mr N Hale)
 Mr R L Cunningham)
 Dr A Fenton Lewis)
 Dr R G Penn) DHSS
 Mrs V Willcocks)
 Mr C P Galvin)
 Dr J Barnes) Secretariat
 Mr L T Wilson)

Dr C L R Bartlett CDSC
 Dr J H Walsh DOH Republic of Ireland
 Colonel D C Robson MOD
 Dr S N Donaldson DHSS NI
 Dr P Minor NIBSC
 Dr N Begg CDSC
 Dr J Chambers HEA

(11)

1. Apologies for Absence

Apologies were received from Dr Grundy, Professor Levinsky, Professor Noble, Professor Peckham, Dr Schild, Professor Dixon and Dr McIntyre, together with Dr Walford, Dr Rotblat and Dr Salisbury.

2. Announcements

The Chairman welcomed:

- Professor Grahame-Smith who was attending the JCVI for the first time;
- Mr Hale
- Dr Rubery
- Dr J H Walsh, Deputy Chief Medical Officer to the Department of Health of the Republic of Ireland who was attending as an observer
- Dr C L R Bartlett, Director of CDSC who was attending as an observer
- Dr Philip Minor of NIBSC
- Dr N Begg who was presenting papers
- Mrs Valerie Willcocks, nursing representative

3. Minutes of the meeting held on the 22 April 1988

Item No.10 - WHO EPI - Paper on guiding principles for programme management, page 16

Professor Smithells, referring to the last paragraph, said that the EUROCAT Study was of congenital abnormalities in twins and not "abnormal twins" as referred to in the text.

Item 11 - ARVI - page 17, penultimate line

Professor Smithells said that "unit" should be inserted after "surveillance".

With these amendments the minutes were agreed and signed.

4. Matters arising

- page 3, Item 4 - Use of immunoglobulin with measles vaccine

The Chairman said that the current Memorandum now did not recommend the use of immunoglobulin with measles vaccine for children with a personal or family history of convulsions and this advice has been replaced by a clear direction that parents of children with such a history should receive advice on preventing pyrexia.
(As used for MMR)

- page 4, Item 5 - Loveday v Renton

The Department's solicitors had advised that the section on whooping cough vaccine should not carry an estimate of attributable risk for death or permanent handicap. The Chairman said that the section had now been amended to show only an attributable risk for severe neurological illness in normal children receiving the vaccine.

- Page 5, Item 7.2 - Section on hepatitis intended for the Memorandum "Immunisation Against Infectious Disease"

The section now contained the amendments agreed at the last meeting.

- Page 21, Haemophilus B conjugate vaccines

Professor Lambert had produced a paper on HIB epiglottitis and this would be taken at agenda Item 12.

- Page 23, Diphtheria outbreaks in immunised populations

Dr Smith reported that CDSC had asked the Public Health Laboratories undertaking serological monitoring for MMR to collect sera. So far 9,000 specimens (5,000 from adults) had been collected and were to be assayed at NIBSC by ELISA methods.

5. Public Health in England

Mr Cunningham drew attention to the tabled Press Release which indicated acceptance by the government of the broad principles contained in the report Public Health in England. He said that work was now in progress in preparing a circular for health authorities; this would deal with managerial issues for health authorities raised by the Report and in particular their responsibilities for the control of communicable disease. Points to be covered would include the appointment of a Director of Public Health and the preparation of reports on the health of the population.

He said that the comments made by the JCVI and other bodies about the training of doctors for the 'district control of infection officer' role recommended by the Report would be considered by the Department. The Department were following up the recommendation in the Report about a review of public health legislation.

The Public Health (Control of Disease) Regulations had been consolidated and provision had also been made for rubella, mumps and meningococcal septicaemia to be made notifiable.

Professor Banatvala said that the Royal College of Pathologists and the Faculty of Community Medicine were concerned about the training of doctors for their new roles in public health; they would be writing to Regions giving the names of people who would be willing to be involved in training.

6. Measles, Mumps and Rubella Vaccine (MMR)

6.1 Minutes of the meeting of the Working Party held on the 17 May 1988

Dr Smith, who had chaired this meeting, said that the minutes were now past history since they had been overtaken by the introduction of MMR.

6.2 Health Education Authority (HEA) publications on MMR

Dr Chambers of the HEA said that their literature was intended for the public and the availability of this material was quoted in a Newsletter circulated to authorities.

Members pointed out that the Society for Deaf Children had complained about one of the posters which, when referring to mumps, states "if it leads to deafness she's isolated for life". The society had pointed out that mumps usually causes unilateral deafness and also that every attempt is made to ensure that a deaf child is not isolated. The poster is to be amended.

Members pointed out that the Data Sheet for MMR vaccine suggested that it should not be given before the age of 15 months and also that the vaccine should be given subcutaneously (and not by deep subcutaneous or intramuscular injection as suggested in the Memorandum). The difficulties of changing the Data Sheets to agree with the advice in the Memorandum "Immunisation Against Infectious Disease" were discussed.

6.3 Report on the introduction of MMR

JCVI(88)17

Dr Barnes reported that Wellcome will distribute MMR vaccine manufactured by Merck, Sharp and Dohme and that it was hoped that 200,000 doses would become available

by November 1988. The latest edition of the Memorandum and the MMR information pack had been sent to all doctors and the pack to district nursing officers; articles on MMR were published in the professional journals. HEA campaigns aimed at raising public awareness to MMR had been planned right into the Spring of 1989. From the 1 October rubella, mumps and meningococcal septicaemia had become notifiable. CDSC were notifying the uptake of MMR vaccine for the two targeted cohorts (second year of life and pre-schoolchildren) in 10 districts. With regard to the distribution of vaccine, at the time of the launch of MMR 292,000 doses of vaccine had been sent out and a further 115,000 have been sent by the time of the meeting. It is expected that there will be further deliveries of 327,000 doses which will take place between now and the 8 November. Thus, by early November, over 700,000 doses will have been distributed, plus the 200,000 doses which are expected from Wellcome.

Professor Campbell said that there was concern in many Regions about the shortage of vaccine. The north east of Scotland should have received 4.5 thousand doses, yet in fact they only got just over 1,000 with another 540 supplied now; this was not sufficient to meet

needs. In the ensuing discussion it was suggested that local shortages of vaccine might have been caused by faults in regional distribution. Professor Smithells pointed out that computers had been programmed to call forward children for vaccination and, therefore, local shortages of vaccine would cause considerable difficulty.

Dr McFarlane said that in the Oxford District Health Authority there was a shortfall in the Departmental funding for MMR in that there was only sufficient money to pay for half the cost of the vaccine.

Mr Cunningham replied that the overall sum for the commencement of the MMR programme was decided in December 1987, but the price of the vaccine was only agreed in September this year. He said that the Department was keeping the situation under review.

Dr Smith drew attention to a paper by Professor R M Anderson in which he claimed that in order to achieve elimination of measles, 90 per cent of children in the first year of life should be vaccinated.

7. MEASLES

JCVI(88)18

Dr Barnes said that this paper reviewed the situation last

summer when notifications of measles were rising sharply and it was evident that doctors were withholding vaccination in anticipation of the introduction of MMR. The Chief Medical Officer issued letters to Regions and to all doctors urging vaccination against measles. As a result sales of measles vaccine rose from 50,000 to 130,000 doses per month and this was accompanied by a sharp drop in the number of notifications of measles.

The Chairman drew attention to the table of vaccination uptakes attached to CMOs letter to Regional Medical Officers, he observed that the Thames Regions were among the poorest performers, together with West Midlands, North Western and Mersey RHAs.

Dr McFarlane suggested that it would be an incentive to improve practice if District Health Authorities, who did well in vaccination, were published.

Professor Miller said that because of population mobility the denominators in some districts were difficult to determine and this could seriously affect the reliability of the rates. The Chairman said it was hoped to publish these uptake rates, both good and bad, at the next meeting of District Immunisation Co-ordinators.

8. UPTAKE OF IMMUNISATION

8.1 Uptake figures for England 1987

The Chairman said that uptake figures for the whole of the country were not yet available. Rates for the Mersey, North East Thames and South West Thames Regions were tabled and these showed an improvement over the past 2 years.

8.2 Uptake figures for Northern Ireland

Dr Donaldson said that there had been no increase of measles in Northern Ireland this summer. Measles incidence appeared to be at a continuum which was about twice the level of the trough in the previous biennial incidence.

8.3 Report on the COVER programme prepared JCVI(88)19 by Dr Norman Begg of CDSC

Dr Begg speaking to his paper said that there were disadvantages in the present system of reporting uptake of vaccination, first, that the denominator of live births was not reliable for district figures and second, there was lack of rapidity in producing available statistics. If computerised data from the Child Health System were used, a register of resident children could be used as a denominator and designated Immunisation Co-ordinators could be used to feed-back immunisation data to CDSC. Quarterly birth cohorts of resident children are studied whose youngest member has

recently reached the target age for receiving the sentinel antigens: 18 months (diphtheria and pertussis third dose) and 2 years (measles and MMR). Information on vaccination can be fed back to co-ordinators. The system has the disadvantage that there is not a hundred per cent coverage of DHAs. In the ensuing discussion members agreed that the COVER programme was a potentially valuable tool. The COVER programme would provide early information on the uptake of MMR.

Dr Selkon asked if national figures included military personnel. It was agreed to investigate this issue.

9. IMMUNOGENICITY OF INACTIVATED POLIOVACCINE IN THE UK

JCVI(88)20

Dr Begg, speaking to the paper, said that a number of batches of inactivated poliovaccine (IPV) had failed their potency test but had produced a satisfactory Ig response in healthy adults. These batches had not been tested on immunosuppressed adults or children. He said that it was proposed to determine which patients are receiving IPV and to determine the immune response to IPV in immunosuppressed and healthy children. In order to accomplish this it was intended to ask doctors requesting IPV to complete a short proforma indicating for what reason IPV was required, and if it was for a child to ask for pre

and post-immunisation blood samples. The Committee agreed in principle to the proposals but suggested that it might be difficult to obtain blood samples from children. It was suggested that an approach may be made to the Netherlands Health Authority who use IPV exclusively to see if blood samples could be obtained from their child population receiving the vaccine.

10. RUBELLA IMMUNISATION IN PREGNANCY - Letter from Professor Smithells JCVI(88)21

Professor Smithells said that the matter had now been resolved with the issue of BNF No.16.

11. FUTURE ACCESS TO RAW DATA COLLECTED BY THE NCES

JCVI(88)22

Professor Miller suggested the following amendments to the paper.

- paragraph 3, line 6, delete "conclusions" and replace with "findings".
- paragraph 3, penultimate line, replace "a reduced risk" with "an absence of risk".
- paragraph 5, second line, delete "vaccine" and replace with "data".
- paragraph 6, last sentence - Professor Miller said that he understood that the Appeal action by the solicitors for Loveday had now been discontinued.

Professor Miller, in addressing the terms of access to the raw data of the NCES, expressed concern that the principle of confidentiality of records obtained for research purposes had been set aside. The terms of access meant that information on patients obtained by a "discovery" order in the course of legal proceedings, such as the Loveday action, which hitherto had been restricted to the Court case in question, could now be used for other purposes. They would allow such data to be released and published by those seeking access without the knowledge or permission of either patients or their doctors. This was a worrying precedent which could seriously damage the prospects of obtaining patients' and doctors' collaboration in research. It was essential therefore, to ensure that all records are anonymised before release and to advise researchers not to retain identifiable records longer than necessary for their immediate research purposes.

Members expressed concern and, in particular, asked if subparagraph 7b could be clarified, this paragraph states "They researchers) should not contact patients, GPs or consultants who had participated in the study without consultation with the Department".

Mr Hale undertook to look into this particular aspect.

12. **MENINGOCOCCAL AND POLYSACCHARIDE VACCINES**

12.1 **Notification of meningococcal meningitis** JCVI(88)23

Dr Barnes introducing this paper, said that for the first two weeks of 1988 notifications of meningococcal meningitis were the highest for a decade. Levels of notification remained high for the first half of this year and then settled to a level similar to that in the previous two years. The Chief Medical Officer had issued a letter to all doctors recommending early treatment for meningococcal meningitis. He had also written to Regional Medical Officers asking them to submit details of their plans for the management of meningitis. From the 1 October meningococcal septicaemia (without meningitis) became notifiable.

12.2 **Acute epiglottitis and Haemophilus influenzae B (HIB) infection.** JCVI(88)24

Professor Lambert, introducing this paper, said that the disease presents as a combination of systemic illness, with blood culture frequently positive, and a rapidly advancing respiratory obstruction which is life-threatening. There is little accurate epidemiological data on its incidence but it is suggested that during the first 10 years of life it may vary between one in 3,000 to one in 7,500 children.

Epiglottitis is also being increasingly recognised in adults. Different sub-types of HIB may be responsible for differences in the relative frequency of the syndromes cause by HIB. Dr Smith said that Professor Moxon's group, in association with the PHL Oxford and the MOEH, Dr Richard Mayon-White, had made an intensive surveillance study of invasive haemophilus infection in the Oxford Region. The results indicated that in the first six years of life invasive infection occurred in one in 600 children, which included meningitis in one in 850, and epiglottitis in one in 2,000. Dr Smith said that polysaccharide HIB vaccine had been introduced to the United States on the basis of trials carried out in Finland. There were now conflicting reports concerning its efficacy in US children. The conjugate HIB vaccines were also being introduced in the USA on the basis of trials carried out in Finland.

13. LATEST EDITION OF THE MEMORANDUM "IMMUNISATION AGAINST INFECTIOUS DISEASE"

Members welcomed the wide distribution of this Memorandum and said that its receipt by health visitors and nurses clearly indicated their involvement with the immunisation programme.

The Chairman said that it was hoped to produce another copy

of the Memorandum next year and asked members to send comments to Dr Salisbury or Dr Barnes.

14. WHO EXPANDED PROGRAMME ON IMMUNISATION

Paper by the Department incorporating the Weekly Epidemiological Report No.37 1988 - Contra-indications for Vaccines
JCVI(88)25)

Dr Barnes said that the paper was a progress report on the progress of EPI. Notable was paragraph 1c on page 2 which described the varying approach to MMR throughout Europe and also paragraph D which was the EPI approach towards contra-indications which, to a great extent, followed the JCVI recommendations. Dr Barnes also drew the attention of members to the Global Eradication Programme for Poliomyelitis and said that the Chairman had arranged a meeting of a small Group to produce a national plan for the United Kingdom with representatives from the Department of Health, CDSC and NIBSC.

With regard to contra-indications, members noted that those for BCG differ from ours and the approach towards convulsions and whooping cough vaccine was that observed by the USA. It was also noted that anaphylaxis to egg was not considered to be a contra-indication to measles vaccine.

15. INFLUENZA

CMO letter PL/CMO(88)20 of the 30 September 1988 was noted.

16. **Any other business**

There was none.

17. **Date of the next meetings**

The dates of the next meetings are Friday 21 April 1989 and Friday 27 October 1989.