

and rescue services. Intravenous drug abusers constitute reservoirs in large urban centres and would have to be considered. Travellers to highly endemic areas should not normally require vaccination unless they are going to be involved in health care in the area - or sexual promiscuity. Dr Smith mentioned mortuary attendants, morticians and embalmers as another at-risk group.

There was some discussion on which members of the police force need vaccination; the consensus was that all those on active duty do. Dr Selkon suggested that intradermal administration would be much cheaper but Professor Zuckerman mentioned the need for careful technique and that aluminium hydroxide adjuvant contra-indicates this route. Dr Bush pointed out the need to stress the importance of good technique in dentistry, for instance, even though protection against hepatitis B had been provided.

In considering the WHO paper (Annex D), Professor Zuckerman pointed out that boosting might prove necessary in high-risk personnel, but further work was needed. He felt that the paper by Adler et al (Annex B) was very sound as well as provocative and that there would be a need to give Ministers not only the cost of death from hepatitis B but also the considerable cost of treatment. The pool of infection in homosexuals was still sufficiently small to make vaccination worthwhile.

There was some discussion on financial implications. Professor Zuckerman considered that pre-screening was not needed except in homosexuals, especially the older ones. Professor Collee mentioned laboratory workers and Dr Covell social workers.

The Chairman asked the Committee to state who should be included in the expanded recommendations. It was agreed that inter alia health care students, morticians, social workers in drug addiction, laboratory workers, at-risk infants, and certain travellers should be included. Professor Banatvala raised the question of persons on renal dialysis going abroad. Professor Zuckerman said vaccination was best done before dialysis started. Dr Covell warned against vague expressions; advice should be definite. Professor Hull stressed the need for a suitable order for the recommended groups.

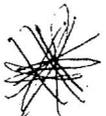
The Chairman said that proposed revisions of the present recommendations would be circulated to the Committee before being promulgated.

11. ARVI

11.1 Minutes of the meeting held on 4 October 1985

Professor Gilliatt said that an account of this meeting had been given verbally at the last meeting of the JCVI.

11.2 Report of the meeting held on 7 February 1986

 Professor Gilliatt reported that this meeting had considered the letter from Mrs Fox. There had been further discussion on infant deaths and triple vaccine. Dr Fine had produced calculations which suggested that the estimate of deaths occurring within 24 hours of vaccination of four to six deaths per year, was of the correct order

of magnitude. ARVI had also received a report on the Hoffman paper concerning infant deaths; ARVI hoped to return to this topic when the Hoffman study is completed. (Dr Elizabeth Taylor had also reported on the immunisation history of 63 babies who died unexpectedly in Sheffield over the period 1979 to 1985.) The Sub-Committee had also received a further report from the NCES on adsorbed and plain DPT which showed that there was no significant difference in the incidence of serious reactions in the two types of vaccine. The report also indicated that screaming was not an indication of serious neurological injury. Professor Knowelden said that there was a difference in age distribution between SIDS and children vaccinated; the majority of cases of SIDS occurred in children too young to be vaccinated. Also in most cases of SIDS it was now becoming apparent that there was a clear clinical story of some subsidiary infection. Professor Gilliat concluded his account of the February meeting of ARVI by saying that Dr Noah had spoken to his paper on the surveillance of adverse reactions to acellular whooping cough vaccine.

11.3 Response to Mrs Fox's letter - for information

JCVI(86)11

Mr Wilson said that the reply to Mrs Fox's letter had been non-committal. Mrs Fox was to be sent a copy of Professor Miller's paper when this is available.

11.4 Report on suspected adverse reactions for the period 19 September 1985 to 15 January 1986 - paper by the Department

JCVI(86)12

Dr Barnes said that there were 90 reports of adverse reactions to triple vaccine with or without oral poliovaccine during the period; these included two cot deaths and six reports of convulsions. There had been one report of possible meningism to oral poliovaccine. Most of the 26 reports to diphtheria and tetanus vaccine were injection site disorders; two reports of convulsions were also recorded. Adverse reactions to measles vaccine included one early onset reaction and one case of anaphylaxis which was alleged to have been caused by egg allergy. The circumstances of the latter case were to be confirmed. There were 14 suspected adverse reactions to influenza vaccine. These occurred mainly in patients who were already ill.

The Committee agreed to a suggestion from the Chairman that in future it would accept reports on adverse reactions as "for information" only.

12. BPA/JCVI Working Group

Unconfirmed note of the meeting held on 30 January 1986

The Chairman reported that the question of immunisation of premature infants had to be discussed by the BPA Immunisation Committee.

Professor Campbell had agreed to draw up a list of local and general reactions to pertussis vaccine which might be considered a contra-indication to a further dose of that vaccine. It was hoped to issue a statement on contra-indications to whooping cough vaccine shortly. This would include a list of conditions which were not contra-indications.