

MEDICAL SOCIETY  
OF THE  
STATE OF NORTH CAROLINA

May 21, 1962

TO: ALL COUNTY MEDICAL SOCIETIES IN NORTH CAROLINA

FROM: S. F. RAVENEL, M. D., CHAIRMAN, POLIOMYELITIS VACCINE COMMITTEE OF THE  
MEDICAL SOCIETY OF THE STATE OF NORTH CAROLINA

RE: RECOMMENDED USE OF POLIOMYELITIS VACCINE IN NORTH CAROLINA IN THE  
SUMMER, FALL AND WINTER, 1962.

(If too long to present to entire Society, please take up with Executive and  
Poliomyelitis Vaccine Committees.)

ORAL VACCINE (SABIN):

Summer 1962:

- (1) Epidemic Use Only: Immediate, mass, all-age immunization with  
type specific vaccine.

The extent of the area to be protected should be carefully delineated by Public Health Survey.

An epidemic consists of at least three cases in the same area in one month (U.S. Public Health Service). These cases must be documented by careful epidemiologic studies and at least two proved to be caused by the same virus type. The Division of Epidemiology of the State Health Department stands ready to do rapid identification of virus type, make immediate epidemiologic surveys, etc. upon request.

The oral vaccine (Sabin) for such epidemic use may possibly be obtained from the limited epidemic reserve supply of the U.S. Public Health Service on application by the State Health Officer. Otherwise, unless HR 10541 (the pre-school immunization bill) is passed by this Congress, no federal or state funds will be available for such use. Local communities will have to furnish their own vaccine.

- (2) Other use is not recommended this summer; that is, we discourage its use by private physicians in their individual practices because
  - (a) of the possibility of interference by other intestinal viruses in hot weather, with failure to achieve adequate immunity from Sabin virus. This situation does not arise during the cold months.

(2) cont'd.

- (b) Sporadic use this summer by some physicians, with most of us sticking to the Salk vaccine, is calculated to produce confusion and apprehension in the people, and is considered not to be in the public interest.

Late Fall and Winter 1962:

(1) Organized, community mass use all over North Carolina:

The type of program in each locality should be decided by local physicians and health officials with advice from the State Health Department and the State Medical Society. It must be remembered that 80% of young adults and 65% of pre-school children are not now adequately immunized. If an all-age mass program (the preferred method according to all authorities) is not possible, a community should substitute a program directed toward the top priority groups as recommended by the U.S. Public Health Service; namely, pre-school children, young adults, parents of young children. In order to eradicate poliomyelitis a minimum of 80% of all pre-school children must be protected.

Detailed plans for such programs are obtainable from the State Health Department, the U. S. Public Health Service and the American Academy of Pediatrics.

(2) A simultaneous (late fall and winter) and constantly continuing program of immunization of all infants born in this State, beginning at six weeks of age.

No federal or state funds are currently available for such programs.

RECOMMENDED USE OF SALK VACCINE IN NORTH CAROLINA IN 1962:

Summer 1962:

- (1) Continuing immunization with Salk vaccine of the entire non-immune population by private physicians and health departments all over the State.
- (a) A booster Salk for every previously immunized person who did not receive one in 1961.

Morbidity statistics reveal the effectiveness of the Salk vaccine in reducing paralytic poliomyelitis. The yearly average of new cases of paralytic poliomyelitis in the United States 1949-54 (before Salk) was 164 per million people. In 1961 the number was 5 per million. This result is attributed "in large part to seven years of extensive use of Salk vaccine" (Committee on Infectious Diseases of the American Academy of Pediatrics and the U.S. Public Health Service.)

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No figures on new cases of paralytic poliomyelitis in North Carolina prior to 1955 are available. New cases in 1955 numbered 179; in 1961, 9.

At present, Summer 1962, there is no need to abandon the use of the Salk vaccine, whose effectiveness has been proved. Its future role will be determined somewhat by extensive trials with oral vaccine now under way in this country.

Hoped-for advantages of the Sabin vaccine are:

- (1) "no needle"
- (2) more permanent immunity
- (3) a greater degree of "herd" immunity by spread of the live virus from vaccinated to unvaccinated.

As additional information becomes available from authoritative sources (Committee on Infectious Diseases of the American Academy of Pediatrics, U.S. Public Health Service, The State Health Department) it will be forwarded to you by this Committee with appropriate recommendations.

Respectfully,

*S. F. Ravenel, M.D.*

S. F. Ravenel, M.D., Chairman,  
Poliomyelitis Vaccine Committee  
of the Medical Society of the  
State of North Carolina.

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