

MEDICAL SOCIETY
OF THE
STATE OF NORTH CAROLINA

August 27, 1962

TO: ALL COUNTY SOCIETIES OF THE MEDICAL SOCIETY OF THE STATE OF
NORTH CAROLINA

FROM: S.F. Ravenel, M.D., Chairman, Poliomyelitis Vaccine Committee

Gentlemen:

Last May a communication to you from this Committee recommended:

- ✓ (1) Postponing the use of Sabin (oral) poliomyelitis vaccine this summer,
- (2) Continuing the wide-spread use of Salk vaccine until cool weather,
- (3) Initiating mass, all-age oral immunization programs in late fall and winter.

As a result of meetings August 12th and 22nd, 1962 of this Committee with Dr. John R. Kernodle, Mr. James T. Barnes, Dr. J.W. Roy Norton and Dr. Jacob Koomen tentative plans were approved for administration of Sabin (oral) vaccine to North Carolina citizens this winter. They were endorsed by President John Robert Kernodle, The Executive Council of the State Medical Society and the State Board of Health. We wish now to present the following recommendations to the 77 constituent County Medical Societies:

- (1) That a state-wide 100-county Sabin (oral) vaccine all-age mass immunization program be initiated in late October or early November.

To our knowledge, the only other state-wide program implemented so far is that of Massachusetts, which included limited age groups only.

- (2) That the program be initiated, implemented and underwritten in each area by the County Medical Society - 77 constituent county Societies.

This will necessarily entail some indirect economic loss to the physicians of our State, since many of their private patients will receive the vaccine in the mass clinics. It is our considered opinion that this will be offset a thousand times by the incalculable goodwill engendered by this altruistic deed. Here is a tremendous service to be rendered to the people, not by the Government, not by the State Board of Health, but by the doctors themselves on their own initiative and without compulsion.

- (3) That a concomitant and permanently continuing program of oral vaccination for all newborns beginning at age six weeks to three months be recommended for private practitioners. This age group must receive a "booster" dose of all three types combined six months or more following the initial program. Although there is now no known contraindication to oral vaccine at any age, it is our opinion that the private physician knows best what is preferable for his individual patient. If he chooses, this winter, to continue Salk vaccination of young infants he will still be practicing good preventive medicine.

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- (4) The advantages of state-wide, simultaneous, mass, all-age immunization programs by the 77 County Societies are:

(a) This is a priceless and golden opportunity to eradicate poliomyelitis from our State. All authorities agree that it is absolutely necessary to immunize 75% of the population in any area in order to abolish the disease. Programs other than mass, all-age will never achieve this result.

(b) It will reflect an almost incalculable amount of public goodwill and esteem upon physicians at a time when we are at the lowest possible ebb of public relations and thus serve to combat effectively the King-Anderson Bill and its future prototypes in North Carolina.

Cost Savings. (c) A state-wide, simultaneous program by the 77 constituent societies will save three-quarters of a million dollars in vaccine costs, since such a plan will enable us to contract for approximately 9 million doses at less than 8¢ a dose, instead of 13¢-16¢ on the local society unit basis. (Only the vaccine actually used is paid for.)

(d) Full publicity by press, radio and T-V stations is an absolute necessity for a successful campaign. Such a public service is willingly rendered by these media for such campaigns, but it is obvious that each newspaper, radio station and T-V outlet has not only county-wide but area-wide (multiple county) zones of coverage. They would, no doubt, enthusiastically participate in in a single area-wide simultaneous campaign by all the adjacent county medical societies, but would be understandably reluctant to repeat the same program two to seven times, were the several county efforts independently staged.

- (5) What about "costs underwritten by the doctors?" In over 340 mass county-or city-wide oral programs so far implemented in the United States a voluntary contribution of 25¢ a dose has been requested from those able to afford it. In every instance the sum collected by this method has been adequate to meet the cost. At the same time, public approval and goodwill toward the doctors have reached unbelievable heights. When no contribution was requested the programs were not as successful. Americans apparently are suspicious of something they get for nothing.

In the event that a shortage of vaccine should develop (unthinkable in the light of current production) priorities for certain age groups have already been clearly delineated by the U.S. Public Health Service, the American Medical Association, etc.

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offers services

The Charles Pfizer Company which will furnish the vaccine offers the following services to County Societies contemplating such programs. The contract was awarded on the basis of equal competitive price and vastly superior services to be rendered the County Medical Societies.

- (1) If requested they will send a trained representative to every Society, without obligation, to outline the program in detail with charts, sound movies, etc.
- (2) If the Society embarks upon such a venture, and wishes, this man will be sent without cost to help plan, outline, set up and run the program. The Company furnishes a packet program complete in every detail, geared to the needs of that particular area. (They have supervised programs varying from a rural population of 15,000 to Cleveland's several million, and from Texas to Massachusetts.)
- (3) They have 22 such men in North Carolina and can send more. If necessary they can assist in 77 County Society programs simultaneously.

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It is necessary, in order to obtain this low vaccine price, for all or a majority of the County Societies to embark upon the program this November, December, January. The contract for oral vaccine will have to be signed by the President of the State Medical Society in order to obtain the price mentioned, but the individual Societies will each be billed only for the amount of vaccine they actually use. The State Medical Society Executive Office, therefore, will serve only to coordinate the program and will, in essence, have no financial responsibility. The only expense will probably be an extra secretary for the duration of the program.

The Committee assumes that if the 77 unit County Society program is activated, such captive populations as inmates of prisons (voluntary), orphanages, schools, Veterans' Hospitals, mental institutions and military installations will be immunized as a part of the local area program. In counties embracing military installations such as Fort Bragg, Seymour Johnson, Cherry Point, Lejeune, etc., it will be necessary for the County Society members who have an entree to enlist the cooperation of military authorities at an early date so that the civilian and military programs may be correlated.

Experience in hundreds of programs elsewhere has shown clearly that:

- (1) Sunday is the only possible day for a successful program. (The cooperation of local ministerial associations has been secured in every instance.) "Feedings" on week days have been definitely less successful. Seventy-five percent of the population must be immunized to eradicate poliomyelitis.

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- (2) Two successive Sundays must be allotted to the "feeding" of each of the three types, in order to reach those ill, out of the area, or not convinced the first Sunday. The types should be given 4 to 6 weeks apart in sequence of Type I, Type III and Type II. If necessary, Type II may be given several months later. The "booster" of all three types combined will need to be given to the six weeks to three months age group six or more months following the initial program.

Because some of these programs may be completed with a surplus of money collected over expenses, definite plans should be made by each Society ahead of time for the disposition of any such funds. In some instances such surpluses have been given to health departments, county welfare departments, etc.

It will require six weeks or more to develop these programs after the decision has been made at the County Society level to proceed. Programs must begin not later than November 4th to avoid the "deep freeze" of January-February in our mountain counties.

Therefore, since time is now so vital, we urge you to call a special meeting of your Society, if a regular meeting is not imminent, to discuss this matter. If you desire a representative of the Pfizer Company to meet with you and explain the nature of such a program, telephone Mr. James Barnes, Raleigh, TEmple 4-2547, and he will arrange this immediately.

As soon as a decision is reached to participate or not to participate please WIRE Mr. James T. Barnes, North Carolina Medical Society Executive Office, 203 Capital Club Building, Raleigh. If it is humanly possible, we should like to have your wire in Mr. Barnes' office by Thursday, September 6th. Let me repeat, if you decide to undertake this program you will be amazed at the immense amount of help and guidance the Pfizer representative will be able to give you in mobilizing the entire resources of your communities for this tremendous job.

Poliomyelitis Vaccine Committee:

Charles R. Bugg, M.D.	Raleigh
Floyd W. Denny, Jr., M.D.	Chapel Hill
Richard S. Kelly, M.D.	Fayetteville
Donald B. Koonce	Wilmington
Earle Spaugh, M.D.	Charlotte
William A. Sams, M.D.	Marshall
Robert F. Young, M.D.	Halifax-Roanoke Rapids
S.F. Ravenel, M.D.	Greensboro

Respectfully yours,

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

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Notes

The Adcom appoint
a special com. to
assign & implement
this county wide mass
polio vac. program as
rec. by State Medical Society