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THE WHITE HOUSE
PRESS CONFERENCE
OF
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HEALTH, EDUCATION AND WELFARE
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DEPARTMENT OF HEALTH, EDUCATION AND WELFARE
AND
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DEPARTMENT OF HEALTH, EDUCATION AND WELFARE

THE BRIEFING ROOM

4:57 P.M. EST

SECRETARY MATHEWS: I will discuss the history of virology and Dr. Cooper will discuss its current effects.

We have no additional statements. We are ready for any questions you may have.

Q Dr. Mathews, the President said flatly that he is asking each and every American to receive an inoculation of this this fall. If this is grown on an egg substrain, what are you going to do about people who are allergic to that and cannot handle it?

SECRETARY MATHEWS: Dr. Cooper, Dr. Sabin and Dr. Salk are experts in that field. I shouldn't answer that question in their presence.

DR. SALK: The only caution that should be exercised is to inquire whether or not a person is sufficiently allergic to eggs to develop asthma or hives.

Q And if so?

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DR. SALK: If so, they should avoid being vaccinated and they will be protected as part of the effect by virtue of the beneficial vaccination of the rest of the population. The purpose of vaccinating on a mass scale is to offer community protection, nationwide protection, as well as individual protection.

DR. COOPER: I would add to that that it is part of our intention in the campaign, therefore, as part of the necessary awareness activity, to make a full disclosure of the sensitivities, what the expected adverse reaction would be, including the sore arms that the President talked about, since it is inevitable as we deal with 207 odd million injections that we have to alert the public to this in a responsible way. This also is the proper way to deal with the question of liability.

Q One other question, to follow up, if I may. Do you have any rough estimates of how many people are sufficiently allergic to egg to make this an unwise procedure for them?

DR. COOPER: When I asked about this, the best estimate I could get on this was about one per 100,000 --

DR. SALK: And they know it.

DR. COOPER: -- and usually they know it, as Dr. Salk points out.

Q Are you going to recommend a monovalent vaccine, what CC level and how many doses?

DR. COOPER: We are recommending monovalent vaccine for this particular activity, one dose.

Q How many doses totally are you going to tell the drug companies to manufacture, 215 million?

DR. COOPER: Enough for every citizen until we have completely covered the population.

Q Dr. Cooper, are there going to be monies available so that people who could otherwise not afford it will have it available? Will there be outreach, in other words?

DR. COOPER: Yes. As part of our proposed activity, there are three main parts. One is the production and certification of high quality vaccine. We have been assured by the experts it is efficacious.

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Secondly is the organization of the system so that the capability of delivering it is present in any setting, including the financial barrier system that you just described, and thirdly is having the capability there, without the public awareness and willingness to participate, would not be as successful campaign and, as was pointed out to the President, I believe by Dr. Sabin earlier, the previous campaigns that did not include an important awareness activity of this type were only 50 or 60 percent effective. So, the program that is proposed has all three elements.

Q Can I follow up, if I may. I understand that this means--this will mean the holding of the vaccines for the present strain of flu so that the entire production effort can be devoted to this.

DR. COOPER: No, this is not to be done at the expense of all other production of vaccines.

Q Other production of flu vaccines?

DR. COOPER: Even other flu vaccines because there is a need -- particularly for certain high-risk groups -- to have the other flu vaccines that are being produced all the time, even now. That would not be set aside. This will continue.

Dr. Sencer might want to comment.

DR. SENCER: The production cycle for the Victoria strain, which is going to be in the vaccine, recommended for high-risk has already been completed, as has the production of the B virus, so that we are not displacing any of that.

SECRETARY MATHEWS: I think this might be a good point to make this observation. It was made several times in the meeting. There are many different kinds of flu. Even though we will inoculate, hope to inoculate, 200 million people to protect them against this particular kind of flu, that does not mean that they are protected from flu in general.

I think all of us have a difficult problem before us even conveying to the public the seriousness of the problem and yet, with some precision about what we are doing, as both Dr. Salk and Dr. Sabin will tell you. Flu is almost a generic disease. It is a term for a disease that covers many varieties, and I think we need to be very precise because we would not want to have 200 million people inoculated feeling they were protected from flu and then come down with some other form of it and be surprised.

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Q Was there anything said at the meeting by the representatives of organized medicine about their cooperation in keeping down the cost of injections? Did they say they would give them for nothing or cut their office visit charges in half or anything like that?

DR. COOPER: We did not discuss that specific question specifically, but there was discussed the previous experience where the people were mobilized, physicians did donate their time and capability. The representatives of organized medicine did offer full cooperation from both the American Medical Association, the National Medical Association, the pediatricians, the family practice physicians, the State and territorial health officers and the American Public Health Association.

They all described with great enthusiasm their willingness to participate, as they have in previous campaigns.

Q What is this likely to cost a patient?

DR. COOPER: In many cases it will not be much at all. It depends on what locus that he eventually elects to have his inoculation. Some people will choose to go to their own physician's office, and although he will not have to bear the cost of the vaccine, it is their, maybe, Administration cost.

Others who go to public facilities may not have to pay, depending on what the arrangement is in a selected area. All this has not been worked out.

Q The Government is paying for the vaccine.

DR. COOPER: The vaccine. It is not a completely federalized campaign in which the Administration costs in totality are being borne by the Federal Government.

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Q Mr. Secretary, are you aware that some scientists and public health officials oppose this program on the basis that with only one death and only a few hundred cases, that it may not be an epidemic and may never become one, and if you are aware of it, what is your answer to that?

SECRETARY MATHEWS: We had the advice of our own scientific advisory committees on this point. We explored this question with them. It was their firm recommendation to us that even though they could not give us a probability description, they felt that the possibility was such that they could do nothing other than recommend to us in the strongest terms that we proceed with the action that the President just announced. Moreover, the purpose of the meeting today which involved a wide range of people from the scientific community, including the two eminent, distinguished gentlemen who are on the platform with me today, reviewed that evidence just as we received it and came to the same unanimous conclusion to the President.

DR. SABIN: This is a very important thing for the public to understand and I would like to have an opportunity to comment.

It is very important to realize that this is a most difficult decision that has an aspect of your damned if you do and you're damned if you don't. Let me explain this. Supposing you do nothing and along comes Labor Day and schools are open and you have one of those big forest fires that can take place with a virus for which most of the population has no immunity. You have done nothing. You have done nothing because you can't be sure -- and nobody can be sure -- that it will really produce an epidemic.

Now then, you decide, well, we have got to do something. Then it is going to cost a tremendous amount of money. It is going to take a tremendous amount of effort. And then nothing happens, or what is even worse, there is going to be a lot of influenza-like disease and other acute respiratory disease because every year now over 400 million days of bed disability are due to acute respiratory disease of all kinds.

So you can visualize the situation in which this vaccine is administered and people are getting influenza and they will say, "What good was all this, we are getting sick anyway." Influenza represents this difficult situation.

What then is the crux of the disease. This particular virus has raised up an image of potential seriousness that was not created, for example, by this influenza that caused a lot of disease this year.

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It has a bad history. Now just because it was bad in 1918, 1919, 1920, doesn't mean that it is going to be bad again, as was brought out during the meeting by Dr. Kilbourne. We don't know. But the point is can we take a chance. And this is the important thing to realize. It is a very difficult thing,

Q Doctor, what about the people that might possibly get the illness from the inoculation? Is there no risk there?

DR. SABIN: It is not a question of getting the illness from the inoculation in this particular case. They may get some reactions, although this is a highly purified vaccine that is now being used by zymosthenigation which most of the egg material has cleared out.

I think the experience in large numbers of people have shown that reactions, perhaps in younger children -- a fever and things like that -- may be encountered, but again they are not all that serious if one keeps in mind the potential.

In other words, you are preparing for a potential attack that might never happen. This is what the Defense Department is doing, too. We are spending a lot of money and a lot of effort against something that may never happen. But should we do it?

DR. COOPER: In the common parlance it would be called a dead virus so it is really not active to cause the disease.

Q Dr. Cooper, the drug companies have said if they have to manufacture high potency vaccine they would have a very difficult time in manufacturing 200,000,000 doses. Here you are talking about 600 CCA. What are you going to make a recommendation for, a less potent vaccine, something a little below that?

DR. SABIN: Absolutely not.

DR. SENCER: The formulation has not been determined. There is another workshop tomorrow at the Department of Biologics to get to the full formulation of the vaccine, but we would not sacrifice potency.

I think the problem is going to be a production problem rather than changing the potency.

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Q Dr. Cooper, the President mentioned a vaccination period from September to November of this year. But the 1918-19 flu was very unusual in that it appeared in this country in August and peaked in October.

Now if you should have a replay of that at this time, what would be the effect of a September-November vaccination period, and by the same token, is there any possibility of getting 215 million doses of this vaccine ready to put into people as early as July so it would be effective for an August appearance?

DR. COOPER: Let me take the last first. After the workshop and the potency questions and the production questions are addressed, the lead time for production of the vaccine and its testing and certification, as was discussed with the President, takes six or so weeks. Some, of course -- depending on how much is available, how much could be done -- could be ready in the summer.

It is true that the reporting of the 1918 pandemic did peak somewhat earlier than recent experience. But as reviewed with the President by people from the Armed Forces as well as other recent epidemiological history inoculation early in the fall usually has been quite effective in completely warding off expected activities by November.

Q For a typical virus, but this is not a typical virus and that is the whole point of my question.

DR. COOPER: We do not know that it is a completely atypical virus.

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Q Excuse me, I will amend that. The 1918-1919 was not a typical virus, and I ask if you were to have a replay of 1918, what would be the effect of having a vaccine ready for mass use in September?

DR. COOPER: I think we would obviously miss some people and we would begin our inoculation on the high-risk groups as early as possible and continue until we have covered the population.

SECRETARY MATHEWS: I might say at this point this is one of the reasons the President is asking Congress for a most expeditious handling of this matter because time is of the essence and the decision about the time frame and when the inoculation begins, of course, is conditioned on when the industry gets the charge to go ahead.

Q Did Dr. Salk agree with the decision that was made, and did all the others agree, and have we ever had an immunization program of this size before?

SECRETARY MATHEWS: On the question of agreement, the President paused in about the middle of the conversation and looked around the room and asked if there was anybody in the room who disagreed with the recommendation that was before them. No one disagreed. As a matter of fact, everyone there, including Dr. Salk and Dr. Sabin, pointedly subscribed to the decision.

Q You are not saying there is also agreement outside of that group, are you? Not full agreement, are you?

SECRETARY MATHEWS: We have polled, one, the regular advisory group to the scientific organization within the Government. We secondly polled outside of that group, prior to this meeting, to check for concurrence. Third, we have taken this additional step of polling the principals, both in the medical profession, in the pharmaceutical profession and in this particular field, and in all of those cases we have not found anyone who would recommend any course of action other than that the President is taking.

Q Secretary Mathews, are you asking the pharmaceutical houses which will be making this large amount of vaccine -- ten times the normal supply for a year -- to make any sort of financial concessions or sacrifices in terms of the amount of profit they will get out of the product?

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SECRETARY MATHEWS: We made no specific recommendations to them. The President I think made it clear this was the kind of effort that would take the cooperation of everybody in the country. The Federal Government, the Administration, by asking Congress for \$135 million, we are prepared to pay for the serum that we are asking for.

Q How much do you normally pay for flu vaccines in the course of a normal year when you don't have something like this?

DR. SENCER: We have not purchased influenza vaccine as a Federal effort, so we don't have any comparable figures. I think the going retail price is around 75 to 90 cents a dose, but that is with a bivalent vaccine.

Q Dr. Sencer, how long does it take to get the full, up to speed, on your titer? If you get a vaccine on a Monday, how long is it before you have immunity?

DR. SENCER: You begin to have protective antibodies within two weeks. We have not had any experience with this particular strain of virus in human trials. We will be getting that within the next few weeks and can give you a better answer then.

Q Dr. Sencer, are you going to be using Edwin Kilbourne's strain, and have you produced any vaccine at all yet?

DR. SENCER: There are production lots that are derived from the recombinant that Dr. Kilbourne has made. I don't think any of those have been put into human subjects as yet.

Q Mr. Secretary, have we ever had as large an immunization program as this in the country before?

SECRETARY MATHEWS: Not to my knowledge. The closest I guess you would be most familiar with.

DR. SABIN: One hundred million people received oral polio vaccine within a matter of about a year and a half. But, that provided a form of volunteer participation by the community, by the medical profession, by lay people, which made it possible to do this in the shortest possible time with the minimum of cost because if you are going to have to pay for administering every dose of this vaccine, you are going to end up with a bill that is going to be much larger than the cost of the vaccine.

Q What year was that, Dr. Sabin?

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DR. SABIN: It began in 1962 and went on to 1963. This was the special vaccine -- on Sunday when people didn't go to work, the people came to school, the vaccine was brought to them. It was a remarkable organization which I think may have some value.

Q Would you like to see that done this time, and do you think it is feasible to do it this time?

DR. SABIN: You see, the problem here is that we are faced with something for which we don't have enough knowledge, and the only reason it is being done now and was not done a year ago or was not done, let's say, in 1968 is a double one. One is the potential danger of this particular strain, and secondly, that because of new knowledge which makes it possible to develop more quickly a recombinant that will grow enough in eggs, now there is a possibility of making vaccine well in advance.

I must go along with the fact that if that vaccine is not going to be ready by the time the schools open -- if it is going to be ready only for one part of the country, and if that virus does spread and is as bad an actor as it was in 1918, we are going to have an awful lot of bad influenza and you will have a control.

Q Dr. Sabin, what I was really trying to ask was whether you would advocate doctors and nurses volunteering their services, turn out in schoolyards and parking lots the way they did in 1962 and 1963 and get this done? Do you think that is feasible?

DR. SABIN: I would certainly recommend it because I think if this is not done, merely encouraging people to go to their doctor or go to the Health Department and get it will get a very limited response, as done in the past.

Q Dr. Sabin, are you thinking of doing anything about prevention? For instance, how is this passed on to someone?

DR. SABIN: What we know at the present time is that the most important way in which influenza virus and other respiratory viruses is transmitted is by way of the hands rather than droplets, and I have a particular kind of handshake for people with common colds. Give me your hand, Ted. Don't clasp the hand. (Laughter)

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This is the acute respiratory disease handshake and it may be as important as anything else because you don't put that part in your nose or mouth.

Now the reason school children spread so much is because they have it on their hands, and then another thing, too many people you see -- watch the President or King or anybody -- when he coughs he goes (gesturing) and then he shakes your hand. (Laughter)

MR. NESSEN: Why don't we knock it off there and the more technical questions I think Sandy will help you with over at HEW.

END (AT 5:25 P.M. EST)