FOR IMMEDIATE RELEASE SEPTEMBER 2, 1976

OFFICE OF THE WHITE HOUSE PRESS SECRETARY

THE WHITE HOUSE

PRESS CONFERENCE
OF
DAVID MATHEWS
SECRETARY OF HEALTH, EDUCATION AND WELFARE
AND
DR. THEODORE COOPER
OFFICE OF SECRETARY OF HEW

THE BRIEFING ROOM

5:40 P.M. EDT

MR. CARLSON: As you know, Secretary Mathews and Dr. Cooper just spent about 45 minutes with the President, bringing him up-to-date on the swine flu program, and here to answer your questions and summarize the meeting are Dr. Cooper and Secretary Mathews.

SECRETARY MATHEWS: We did meet with the President, as we have done periodically. You will recall that I appeared before you about every four to six weeks in the process of making a report to the President. What we are doing is accounting for the delay that was occasioned by the problem of liability insurance.

That necessarily forces some adjustments in the schedule that we announced here in August of roughly six weeks. The State associations that had geared their programs to that schedule and announced in August are going to have to delay the administration of the program until the time that we get the vaccine, which we anticipate to be in the first week of October. In addition to that, we have been in contact with the manufacturers to discuss their program to date and the schedule for the delivery of the doses.

I did write the manufacturers on August 31 to indicate that the information I had about the schedule for the availability of the doses seemed to me to be off the pace more than it should be, and I would appreciate, I said in the letter, if they would revise those schedules upward.

Dr. Cooper has been in conversation with each of the manufacturers today and they tell him that there has been no delay -- other than for the obvious one that we all know about -- no delay in their manufacturing or bottling -- they use the term "flat-out" to describe their work.

MORE

We thanked them for that, and we encouraged them to consider overtime or even a faster schedule if necessary, so that we could begin this program the first week in October.

That, as you know, is the date when the legislation calls for the claims system to go into effect. Quite frankly, we would like to get delivery on those doses beforehand. We did not anticipate there would, even under the best circumstances, be much before September 15. We said at the time we had the delay, I testified on the Hill that if we got a resolution on the date of the testimony, that it would be five to six weeks for us to go through the bottling period.

Well, that would have run us to about September 15 anyhow. But we would like to get delivery then or as soon thereafter as possible.

There is some hesitation, I understand, on the part of the legal advisers to the manufacturers because they interpret the October date to be the permissible date for starting the program. It is our view, and I believe it is the view of the Congress, that is simply the date which one may file a claim under the program. We hope that we can clarify that so that we can get delivery.

We do now have manufactured already enough dosage to supply the needs of the adult population at the expected rate of use of the vaccine. A recent poll indicates that most Americans are aware of the program. About 56 percent have indicated that they plan to take the shots. Another 20 percent are undecided.

Let's assume that between 70 and 80 percent of the adult population of about 150 million poople will want the dosage. That would mean that we would have to have about 110 to 115 million doses. We already have manufactured that amount.

Dr. Cooper reminds me to say in bulk form.

So, we are concerned about the delivery schedule, we are concerned that we encourage the manufacturers and work with them any way we can to make sure that the schedule for delivery is as early as possible. We do have a six-weeks delay that we discussed in July. That was the delay that occurred then, and we do have assurances from them that they are working, as they put it, "flat-out" in the production and the bottling of the vaccine.

Q Mr. Mathews, you said you encouraged them to work overtime, or you said something else?

SECRETARY MATHEWS: As fast as necessary.

Q What response did you get?

SECRETARY MATHEWS: They indicated they would consider that. Dr. Cooper actually talked to them, but their report to us was that they had no intention of doing anything other than being cooperative and that they were, to use their phrase, working flat-out in the production and the bottling of the vaccine.

Q And the September 15 date, as far as they are concerned over liabilities, have their concerns been assuaged and are they now ready to deliver, if it is ready?

SECRETARY MATHEWS: We are not in a position to say that.

Q Mr. Secretary, I am wondering why you were so surprised, as people in your Department indicated, with their delivery schedule being so far below what you expected? Secondly, if they are now working seven days a week and 24 hours a day, how can they do any more?

DR. COOPER: Not all are working 24 hours a day. Most are working seven days a week. Some have indicated to me that they have double shifts. So, that is not really a round-the-clock necessarily, all the way. Every one of the manufacturers has in good faith continued to work every day on this and have indicated to me today that they will reassess the rate at which they can provide the early supply.

Now, let me respond to the other part of your question by saying we were not surprised about the total numbers because we knew what the total numbers were when the Secretary testified in August. What we were concerned about was the shape of the curve of delivery of it, from the early part, the skewing of the curve, what its delivery would be, because there had been testimony about whether or not -- you know, if the indemnification legislation was passed, it would take weeks and so on.

So, we expected the larger peak early and it was on this regard we were somewhat concerned. The manufacturers have indicated they are going to study the possibilities for improving that early delivery.

There was the problem of October 1 for delivery. You also have to recall in that law, as the Secretary has pointed out, that there are certain cost responsibilities that are involved.

Q In that context, you are talking about the possibility of overtime, and you do not yet have any contracts between the drug firms and the vaccine manufacturers. Now, it would seem to me probably that if these people are going to work overtime, it is going to cost even more.

And what about this contract thing? As I understand it, there is a controversy about what "reasonable" profit shall be, not for the swine flu vaccine, but for the A-Victoria, of which 45 million doses are to be combined.

SECRETARY MATHEWS: I don't think you should put too much literal emphasis on the word "overtime." That is to say, we contacted them and said we really hoped they would work at maximum effort to give us the vaccine on a schedule that, as Dr. Cooper said, shifted more of it toward the front than the present profile indicated.

Now, obviously, a contract cannot be completed until we have the price. Obviously, too, the price is set by law to be a not-for-profit price. So, we now have the auditors in the companies making a determination of what that price is.

How to expedite the contract--we have indicated to them verbally, and will indicate in writing this week the general form of the contract. Dr. Cooper has talked to them about the general form of the contract in the manner of a letter of intent. They have indicated on the basis of what they have heard about it, and they will have a chance to see it in writing this week, that they feel comfortable with signing that. So, we don't anticipate the inevitable auditing that would set the precise price to limit coming together on an agreement on the contract.

Q You didn't answer my question about the "reasonable" profit of the 45 million doses.

DR. COOPER: They have verbally agreed to accept a letter of contract, which will allow us to continue the auditing and determination without impeding production and bottling and delivery of the vaccine.

Q In other words, they might start to deliver even though there are no contracts?

DR. COOPER: Yes.

Q Is delivery being held up more because of supply or because of concern over liabilities?

SECRETARY MATHEWS: If you mean by supply is the bulk form of the vaccine there, obviously it is there.

Q Can they get it into vials fast enough -- but is it because of their concern over liabilities that they won't deliver by October 1?

SECRETARY MATHEWS: Even by our estimates they couldn't get it into vial form before about September 15 in any significant amount.

DR. COOPER: We have cleared, as a matter of fact, the first 2 million today.

Q Is the liability thing a real problem?

SECRETARY MATHEWS: The question of what that October 1 date means is problematic.

Q Well, what is your answer to them so they can deliver?

SECRETARY MATHEWS: Our answer is that the legislation in our judgment and the judgment of Congress did not mean that they were prohibited from delivering before October 1.

Q Those numbers you gave yesterday and the letters to the manufacturers, generally interpreted as 20.4 million doses, would be available on October 1. The way that broke down was 5 million would be doses for the general public and 15.4 million doses for high risk people, which leads me to ask you this: Originally your program was, if you had started in July and August, you were going to vaccinate high risk people and get them out of the way, and then vaccinate the general public. Then you blended those two programs when you started running into delays.

What are you going to do now? Are you going to now reassign priorities and reconfigure this program?

DR. COOPER: I think it was never the intention that you could make it clear cut only high risk, because the combination in the pool -- as the products, both the A-Victoria and the swine, come off the assembly line -- it would indicate that we couldn't necessarily put them all together at the same time, so that in an efficient way some of the monovalent and general application could go as well as the high risk. This reflects the same intent that we want to make available, when it is available for, as soon as possible, that area. That shows the emphasis.

Q It would be nice to have something done in this program in an efficient way.

My question was, are you going to put high risk people out front?

DR. COOPER: Sure.

Q When are you going to make these formal announcements?

DR. COOPER: The high risk people are out front in all the guidelines, in all the State plans. The law says that you can't file a claim before October 1. This has been interpreted to mean -- despite my interpretation, or the Secretary's interpretation that we could deliver it and get it out before that -- that in order to assure that there is protection, that doses can't be given before that.

Q Okay, but on October 1 or about October 1 when you start this, according to your present delivery schedules, you are going to have three times as much bivalent vaccine as you have monovalent vaccine. How are you going to make sure the right people get the right vaccine at the proper time?

DR. COOPER: Because there are criteria set out which identify the high risk population between the State plans and community plans, identify that those are the people that get the bivalent vaccine first.

Q How long will it be before the last person in the country that wants this vaccine will be able to have the shot?

DR. COOPER: The last adult or last child?

Q The last person that wants it. How long before it is packaged in individual bottles and distributed to health centers?

DR. COOPER: It is our estimate that by Christmas and certainly by the end of the calendar year, the adult demand -- that is, the 18 and above group -- can be met well within the production schedule. It is the shift of the curve that was identified earlier -- we would like it earlier in order to make sure that we have maximum protection available.

We feel that with the knowledge that we have right in hand at the moment now, without any extraordinary efforts, the total amount will allow us to conclude that the expected adult demand can be met by Christmas. That is not to say -- suppose there was an epidemic early on, that that demand might not go up, we would have to revise our estimate. Or if the studies on the children are complete, we have a larger expected demand for that. The whole thing would have to shift by the four to six weeks that the Secretary mentioned earlier.

Q When are the children going to be able to get all the dosage they need?

Q What did the President ask you to do?

SECRETARY MATHEWS: The President asked me to give him a status report on where we were. We do this, as I say, about every four to six weeks.

Q Did he express satisfaction or did he say he was a little bothered by these delays?

SECRETARY MATHEWS: No, he simply asked for a status report.

Q Mr. Nessen said this morning at his briefing that the President said, "It damn well better run right," which would indicate there was a certain amount of dissatisfaction on his part. Did he voice any of this to you or impart any idea that it wasn't being run right?

SECRETARY MATHEWS: None whatsoever.

Q Is there a problem? Is it serious?

SECRETARY MATHEWS: This program has been problematic from the time it started.

Q Why?

SECRETARY MATHEWS: Because of about 600 different factors that range all the way from the six weeks it took to solve the liability problem to the question of how many doses you could get out of an egg, to the question of what kind of shots the children would have.

It seems to me that we are being surprised by the obvious. A program of this magnitude in this time frame is bound to occasion these kinds of problems. I don't see why we are surprised that a program of this scale of this boldness --

Q When the President announced this program, he said this would be the greatest mass medical experiment in the Nation's history, or of any country. He said 200 million shots and we would beat the threat of swine flu, and we haven't.

In Congress they say they are going back to investigations because there is a big snafu. Is it a snafu or isn't it?

SECRETARY MATHEWS: There is no evidence I have seen of a snafu. Why are we surprised that a program of this unprecedented magnitude, that has raised all of the problems that have been raised, is a difficult one to accomplish in this period of time?

Q Are you happy and satisfied with the program, Mr. Secretary?

SECRETARY MATHEWS: Yes, I am.

Q You are happy and satisfied with it as it stands right now?

SECRETARY MATHEWS: I believe that we have done a good job of meeting the problems that are attendant to a program of this kind.

Q The problem, as stated by the President on the 25th of March in his message to Congress, as I recall it, was to start vaccinations by the first of September and have them all completed by November. Are you satisfied --

DR. COOPER: He didn't say November.

SECRETARY MATHEWS: No. The President did say he hoped to start and I said, some time in August, as a matter of fact, and end up by Christmas.

Now the only difference in that schedule is the six weeks delay that was occasioned by the liability question. The President didn't cause the liability question.

Q I didn't say the President did. I was just asking you -- you say you are happy with this program that has not met the --

Q Is there any slowdown on the part of the manufacturers until they get something in writing?

SECRETARY MATHEWS: We called and had a confirmation verbally that there is not.

It seems to me the standard for judging this program is not whether it encounters the inevitable difficulties of a program of this newness and this magnitude. The standard for judging it is whether it can in fact resolve those difficulties, and I would remind you that six weeks ago we were not even sure we could resolve some of those difficulties.

We have done that and I think that all of the partners, which includes not just the Federal Government, not just the Executive Branch, but the Congress and the manufacturers and the liability people -- we have, on the whole, faced up to those problems.

DR. COOPER: Could I comment on that? Every year the United States Public Health Service has recommended influenza shots for the high risk population. A good year's performance for the people of the high risk population who actually take it, which may be between 25 million and 40 million, has been about 15 percent.

That is not a good performance. I think we have run into some difficulties in a very large effort here, as the Secretary has explained, but in my view it is inevitable that we will do better this year.

I would call to your attention that already from influenza, irrespective of the variant that we are talking about, it has claimed in excess deaths of over 10,000 to 12,000 lives since January, already. It is not a trivial disease.

Q Why didn't you and the Government ask the manufacturers to start putting the bulk vaccine in vials as soon as it was produced instead of letting it sit in the barrels?

DR. COOPER: That is easy. First off, we had to have the right dose to put in the vials.

Q You had that in July.

DR. COOPER: All right, we had it in July.

Secondly, there was some question about whether the program would go forward at all because of the liability question. The companies had gone through and produced 100 million doses in the bulk form with no contract or assurance whatsoever. So, I don't think that they have been unresponsive to our needs.

We had to agree on both the dose and subsequently the labeling and the packaging amounts and the liability question.

Q But that all was done by August 1, all those except the liability. The questions that said what the package is going to look like and what ought to go in and what the labeling is had been resolved. Indeed, if they had started putting them in vials on August 1 when those questions were resolved, we would not be facing the problem right now of this shortfall.

SECRETARY MATHEWS: No, sir. We said then if they did exactly what we said and we finished that program out, it would be five to six weeks, which would be September 15.

Q But they took two more weeks before they started putting the stuff in vials.

SECRETARY MATHEWS: No, they testified to Dr. Cooper verbally that they did not delay putting it in vials. We asked them to start putting it in vials in July. We were discussing bottling it then because that is when the questions were raised about how can we bottle it if we don't know the dosage or whether it is going to be a Government or private program.

Q They haven't put it in vials.

DR. COOPER: Not since July.

Q Since the day they had the labeling and the dosage?

DR. COOPER: Well, they began the recognition that they had the pool for bottling right after the July period. I cannot say yes, you will have to get from them when they began doing it in the actual packaging. In fact, the actual packaging determination was not agreed upon until there was an agreement about the liability and that was signed, as you know, subsequent to that.

Q Mr. Secretary, I don't quite understand what happens to the children. You said you cannot get the parents inoculated until December or late December possibly, when the flu is already a problem around the country.

SECRETARY MATHEWS: No, we did not say that.

Q Well, they are the last ones. Just tell us what the kids are going to get.

SECRETARY MATHEWS: We do not know at the present time what the proper way is to administer the doses to the children under 18 until we have the completion of the tests that are underway.

We will have the completion of these tests fairly soon. The latter part of September, I would imagine, we would be able to make a decision about how best to approach the children. So that means that, since that determination won't be possible until September, probably October, that the inoculation of the children will come later in the fall.

Q Will they all be inoculated in time so that if there is a danger, they will escape the danger?

SECRETARY MATHEWS: The flu season, the normal pattern for the flu season, is a January-February peak and we anticipate, we anticipated all along when we made our announcement, that we could wind this program up Christmas.

We have said, because of the liability question, we have a six-weeks delay. That means that you can add six weeks to Christmas, which means the total program should wind up the latter part of January or the first part of February.

Q But you think that by the time you get ready to inoculate the children, you will have enough stuff to do it?

SECRETARY MATHEWS: Yes.

DR. COOPER. Let me add that on September 8, there will be a meeting with the proper committee of the American Academy of Pediatrics to discuss the appropriate dosage for what are called high risk children, which are regularly recommended every year. These are children that have chronic lung disease, cystic fibrosis, chronic heart disease, probably children under immunotherapy for leukemia, that sort of thing. These are recommendations.

We expect to have them, that is, a few million children, potentially, I expect, in this country.

Q That will be here in Washington?

DR. COOPER: No, the meeting will be in Atlanta on September 8. The completion of the studies on the normal children is, as the Secretary indicated, later in September. That means at the completion of those studies, we will then determine whether it is appropriate to recommend the dosage in consultation with the virologist, the immunologists and the pediatricians.

In any case, it is likely to be not a single shot because children immunologically do not respond the same way as adults, and they do not respond the same way in response to side effects. They are more fever-sensitive and so on. That is not unusual.

As you know, even in polio, it is in divided doses. In DPT, it is in divided doses, and the studies going on now are oriented toward what would be the best to offer them in divided doses.

The high-risk children recommendations will be discussed on September 8.

Q You say there are several million high-risk children?

DR. COOPER: My guess would be a few million, a few million children.

Q What you are telling us is that you don't even know yet whether you can give this stuff to kids, you won't know until September?

DR. COOPER: We know we can give it. In the first studies, we had children in it. We want to decide on what the right schedule and dosage is so that they can get the immunization without high fevers, and within an acceptable level of sore arms and other effects.

Q Can we go back to something I tried to ask earlier?

SECRETARY MATHEWS: Sure.

Q You were talking about the fact it is not surprising that you have had problems.

SECRETARY MATHEWS: Yes.

Q The day after the press conference that CDC held in which they compared this to the 1918 flu epidemic, there was an influenza workshop at NIH at which Dr. Hellman, who is the vaccine expert, raised the question of wasn't there a possibility of running into the very liability problem that you ran into.

I am wondering why, when he raised this on February 20, it was June before the thing really steamed up?

SECRETARY MATHEWS: I think Dr. Cooper could give you some information on that, but even as late as the date that we had the meeting with the President, when we had the manufacturers there, people who had the liability problem, there was no indication that the problem would reach the magnitude that it did.

We talked about delays in the program. The only delay I know of, by the way, is the delay occasioned by that liability program that lasted six weeks.

Q Why is the program two-plus months behind?

SECRETARY MATHEWS: It is six weeks behind.

DR. COOPER. Let me answer Judy's question. Hellman was not the first one to raise the possibility of the liability question. Ever since the Reyes case, we have been concerned with all our vaccines and these were regularly discussed.

Now, we thought that we could deal with this in contract language in which we assigned our own responsibilities very clearly. That did not turn out to be acceptable. That was the reason it took so long to resolve it.

We first thought we could negotiate it by contract. It was raised at that meeting by the President, as a matter of fact -- was this going to be an issue? Representatives of industry were there. We thought we could negotiate this, but it did not prove out to be the case.

Q But on March 31, again on April 31, C. Joseph Stetler, the President of the Pharmaceutical Manufacturers Association, very specifically went into detail about the liability issue, how legislation would be required, indicating clearly that it could not be done in an administrative way. This was 2-1/2 months before you came to grips with the problem that you had a problem.

DR. COOPER. It was not that we came to grips with it. Dr. Stetler felt we should go the legislative route. Some others felt we should go, other good legal counsel, said this was a manageable proportion if we could negotiate it in specific language and even the companies entered into that discussion with good faith.

We always recognized that one recourse would be the legislative route and, when it was not possible to do it, even the Congress, when we first raised it to them, sent us back to do it again by the administrative route.

So, it was not at all our insensitivity to the possibilities of solving it by legislation. It eventually was done and not by the legislation that was originally proposed.

Q If it was solved by legislation then, Dr. Cooper, why is it we still haven't gotten contracts signed?

Representative Rogers -- I spoke to him today -- is very much disturbed by the fact that it has been over three weeks and still no contracts.

DR. COOPER: That is right, but that hasn't got anything to do with the liability question. The law requires that we not allow them to make any profit on the swine portion and, when there is a bivalent, only on the Victoria portion, you recall that.

Now the criteria on which you assign costs in a program in which the manufacturers in good faith have already spent 60 percent of their cost, requires that we send auditors in to do the full audit at that time, and you can't do that in one day.

Q They are trying to maximize their costs in order to get an attractive contract; is that right?

DR. COOPER: I didn't say that. I don't have any indication that they are trying to maximize.

SECRETARY MATHEWS: You see, what you haven't associated is the contract problem with any delay. There is no evidence that the manufacturers of the vaccine are in any way not performing because they do not have a contract. They have already produced 100-some-odd million doses without a contract.

Q We are talking about a delivery. As Dr. Sabin says, it doesn't do any good until it gets in the person's arm.

DR. COOPER: Dr. Salk.

SECRETARY MATHEWS: The delivery question does not turn on the contract issue. The delivery question turns on the October 1 date, and its implications in the legislation. So, it is not accurate based on any information we have discussed here today.

Q So, the delay is Congress' fault for writing that in; is that right?

SECRETARY MATHEWS: I have simply said the delay is a result of the liability problem.

Q I don't understand your reasoning when you say it is a six-week delay when the first injections were to begin in July.

SECRETARY MATHEWS: No, sir, nobody said injections were to begin in July.

Q In July and August for high risk people?

SECRETARY MATHEWS: We talked about August in those conversations.

DR. COOPER: In the first discussions we indicated that we would like to begin in late July or the first of August.

Q Here we are, it has got to be at least two months. If you take everything at best, you have a two-month delay, and if you take at worst, you have a three-month delay.

DR. COOPER: We never said the first of July.

Q So, say two months.

DR. COOPER: We said the studies would be done June 21. If you take the four to six weeks after that, it is possible we could have had delivery under the best of circumstances by late July or the first of August. So, at the worst, it would be two months.

In realistic terms, even if we finish the studies -- and that is not their liability fault because, as the original study showed, they were not adequate for all the children, as you know, so more were needed. All right, so we are really talking on an average of six weeks that set us back, of a serious nature in delay of the States' plans. The July to August differential was not a critical feature and if you look at the States' submissions that was never a critical issue in that regard.

SECRETARY MATHEWS: Nor was there any statement that we planned to do this in July.

Q You said July, mid-July.

SECRETARY MATHEWS: Spencer may have said that is what he would like to do.

Q I am a little confused about how the October 1 date in the legislation is the cause of the delivery problem. Is it that the manufacturers don't want to deliver it before then because, even if they did, they don't have enough ready to deliver?

SECRETARY MATHEWS: We don't know that.

Q They said that.

DR. COOPER: One manufacturer told me that their storage capacity --

Q Could you tell us which manufacturer?

DR. COOPER: I am not trying to be coy; I am just trying to remember which one. I am reluctant to say.

But, one manufacturer said that their storage capacity under the proper storage conditions is limited. When they make a certain amount and they store it, if they could deliver it on the 20th, they could make room for more, so that is a limitation.

Now not every company has a limitation in storage capacity. Most of them have acknowledged that the legal interpretation of the October 1 date is a determinant of when they would make it available. So it depends on how you calculate whether it is October 1 or October 2 or October 3, depending on what is available.

Now I asked them, are there any technical problems that have changed your ability, your estimates of your ability to put this in the context of your original bid, which is what these percentages were originally measured against. To my knowledge, there are no technical problems that have been involved.

What they were saying in June -- you know, the bids were due on June 15 to 20, something of that order -- when they were making their original estimates, is that if they were able to get an order under full indemnification by the end of that period, by say around June 25, they could have met the time schedule that would have been 100 percent of what the Secretary is talking about 74 percent.

Q Isn't there some way they can ship it in bond or something to clear out the storage area?

DR. COOPER: Believe me, we have asked them to look at all possibilities, to move it as fast as possible. You know, I don't want to risk the possibility that this season can't shift. We would like to have it as early as possible. That is what the original plan was.

Q Have you thought of going back to Congress and asking them to eliminate the Brock amendment from that --

DR. COOPER: I talked to Mr. Rogers today about it and asked him what the interpretation of that was. I think, yes, we have considered if it is necessary. Tomorrow we expect to get, in response to the Secretary's letter -- all of them are aware of the data in the letter, all of them have said they will make every effort today to look at every possible way to do this.

They have verbally assented to signing a letter contract and we hope to have some time tomorrow or the next day their assessments of any revision of schedule that will help us skew that curve backwards.

You know in reality I am delighted that everybody is now concerned whereas before everybody was saying, what do you need it for. Now that there seems to be some difficulty and a short supply, I am delighted that everybody is concerned that we get it early enough. I think that is fine, and I would be delighted to have your help in getting it done that way.

Q Maybe a lot of people are concerned about the availability of the Victoria vaccine which, through your doing, is all tied up with the swine vaccine?

DR. COOPER: The Victoria vaccine will be three times, as you yourself have said, in greater amounts available, and it will be available in greater amounts than originally planned because of this program. If we can get a better performance than that 15 percent that we got last year, this also will be greatly to the benefit of each.

So, I am a believer in giving the Victoria but you will be pleased to know that our estimates of the serology of the general population shows that because of last year's spread of Victoria over half the population already has antibodies to Victoria. That is much less of a problem at the present time. We think it needs to be addressed particularly in the high risk population and all of it will be greatly beneficial.

THE PRESS: Thank you.

END (AT 6:17 P.M. EDT)