

# IOM Committee on implementation of antiviral medication strategies for an influenza pandemic

Lessons from 1976

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# Brief Chronology

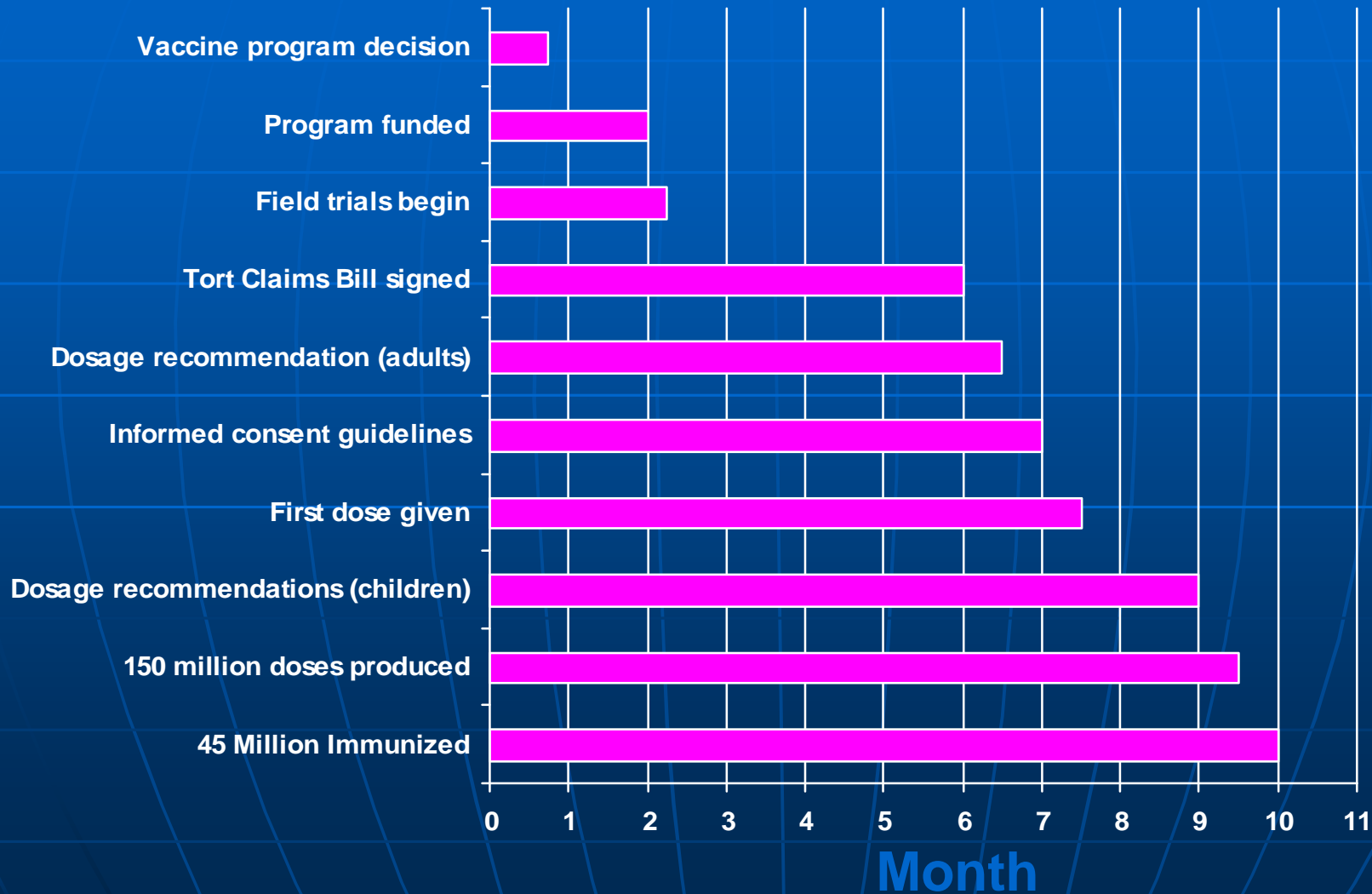
## 1976

- Jan 27: Mixed respiratory disease outbreak occurs among recruits at Ft. Dix, NJ
- Feb 12: CDC identifies unknown isolates as swine influenza viruses
- Feb 14: Emergency meeting of CDC, Army, FDA, NIH, and NJ Health Department.
- Feb 18: CDC notifies all state health officials
- Feb 20: FDA notifies vaccine producers
- Mar 10: CDC convenes national Advisory Committee on Immunization Practices

The advisory committee concludes that a pandemic neither could nor could not be assured.

The President approves a mass swine flu immunization program, electing to “gamble with dollars, not lives.”

# Time Elapsed from First Report of Swine Flu, 1976



# Legal issues

The swine flu program would not have been possible in the absence of the US Torts Claim Bill of August 1976

# Swine flu immunization: process

- CDC provided immunization and surveillance grants to states and large cities
- CDC purchased all vaccines and coordinated distribution from manufacturers to grantees
- Grantees were responsible for selecting and staffing immunization sites and obtaining informed consent using HHS document

# Swine flu immunization: process

- Vaccine was plentiful (4 manufacturers for 8 mos=150 mill doses)
- The use of “jet injectors” greatly facilitated vaccine delivery through speed and involvement of “non-medically qualified” staff
- 45 mill doses of vaccine were delivered in 10 weeks

# Swine flu immunization: observations

- Administration of 45 mill doses was highly uneven in time and location, reflecting varying organizational efforts and health sector support
- 85% of vaccine was given in the public sector, little private sector involvement
- Vaccine recommendations were complex, with different formulations and number of injections for different ages

# Swine flu immunization: observations

- The program was plagued by political, public health, financial, and legal controversy
- Local immunization efforts were interrupted by unfounded rumors, public statements, and fears
- Vaccine production targets were based on higher political declarations rather than estimates of need

# Swine flu immunization: observations

- Immunization uptake was in steep decline at the time program was stopped in mid-December 1976
- The small, but real, GBS risk outweighed the theoretical swine flu risk

# Swine flu: lessons

- High political support can be a mixed blessing
- Lessons apply primarily to mass interventions in the absence of disease
- Many lessons would be irrelevant if a pandemic had occurred
- All interventions have risks
- The lessons of swine flu greatly influence current global pandemic strategies

# Mass campaigns: lessons

- Designate one source of public information at the Federal level
- Risk assessment and risk management can be different functions
- Communicate known intervention risks, the potential for unknown risks, and the perception of risks
- Provide clear risk/benefit statements

# Mass campaigns: lessons

- Prepare for legitimate differences of opinion, local rumors of adverse effects, irresponsible statements, and sensational media reports
- Enlist support of private physicians, in addition to public health sector, regardless of role envisioned
- Keep objectives simple
- Train, train, train

# Mass campaigns: two final thoughts

- Public health is public politics
- Respect Murphy's law