

Ready and Waiting

Flu Drives Are All Set To Roll—If the People And Vaccine Show Up

Cities Say They Can Begin In Mid-September if U.S. Gives the Go-Ahead Now

New Offer in Liability Snarl

A WALL STREET JOURNAL News Roundup

Local health departments are poised to begin mass vaccinations against swine influenza in mid-September, except

One, they're not sure when they'll receive their supplies of the new vaccine.

Two, they're not sure who, if anyone, will show up to get vaccinated

It is the city and county health departments around the nation that are charged with carrying out the biggest emergency public-health measure ever attempted in the U.S., the immunization of at least three-quarters of the American adult population in hopes of staving off a possible pandemic of swine influenza this winter

Checks with local health officials show that the departments are ready to muster an impressive cadre of nurses and technicians and an army of volunteers such as Red Cross workers, Jaycees and even political ward heelers to carry out the vaccination campaigns. By setting up free vaccination stations in clinics, hospitals, shopping centers, schools and anywhere else people gather, the health officials believe they could immunize 70% to 80% of the adult population within three months.

With a Green Light

If given the go-ahead by Washington right now, say the local officials, they could begin vaccinating the most vulnerable people—the elderly and the infirm—in mid-September and have the vast majority of the adult population immunized by Christmas

But the entire strategy of the flu campaign is being threatened by one monumental snag, the failure of the federal government and the four vaccine manufacturers to agree on limiting the manufacturers' liability for any damages, real or alleged, caused by the vaccinations

As negotiations on the vaccine makers' liability drag on in Washington, millions of doses of the new vaccine are piling up in processing plants; local vaccination programs are being postponed week by week; and growing numbers of people are becoming convinced—erroneously, say the health officials—that the risk of vaccination is worse than the risk of flu

"Each day's delay is costing state health officials more skepticism among their people. Volunteer groups are getting itchier, and general confidence is eroding," says Dr. Donald Millar, director of the Bureau of State Services for the Center for Disease Control in Atlanta, the federal nerve center for the swine influenza campaign.

Chicago's Timetable

"Our plan is still intact but our timetable is shot," says James Ferris, coordinator for Chicago's flu immunization program. The city's Board of Health had hoped to start inoculations this week but now figures the program can't get started until 30 days after the liability issue is resolved.

"If there had been no controversy I would estimate 500,000 people (in Boston) would get the shot, but now I'll settle for 200,000," says Dr. Frederic Maloof, director of community medical services for Boston's Department of Health and Hospitals.

"If we could have offered the vaccine in March, we would have had a high percentage of takers, but now they (the public) aren't motivated," says Dr. Betsy MacCracken of the Los Angeles County health department. This problem of apathy is mentioned by health officials all over the country. But Dr. MacCracken adds:

"I'm sure everybody will be on our doorstep when and if the first case of swine flu comes along."

Epidemic experts are keeping their fingers crossed, hoping that if the swine flu does break out, it won't do so until late fall or early winter after vaccination programs are well under way. The Fort Dix, N.J., cases that triggered the alarm occurred last February.

The Philadelphia Convention

The danger of the swine virus's reappearing in late summer exists, however. This is one reason the epidemiologists are moving swiftly to determine the cause of the sudden deaths this week of 20 people who had attended an American Legion convention in Philadelphia late last month.

The vaccine probably would have been in the hands of the local health departments several days ago if it hadn't been for the liability issue. Just as the four vaccine makers were starting to produce the vaccine in June, their insurance carriers announced that the companies' product-liability insurance wouldn't cover damages to people who successfully claimed they were injured by the vaccine. The companies have refused to release the vaccine until they can be protected against such claims.

The latest proposal, made by federal officials yesterday, calls for the government to assume liability for any damages caused by the vaccine. The government in turn could recover from the vaccine makers if the damages were due to their negligence. However, the proposal still has to be accepted by the companies and would require new legislation.

Meanwhile, despite some early worries that the vaccine production would be the major bottleneck, supplies of the preventive are piling up. More than 100 million doses are being held in bulk in the plants of the four manufacturers—Merck & Co., Richardson-Merrell Inc., Wyeth Laboratories division of American Home Products Corp., and Parke, Davis & Co., a subsidiary of Warner-Lambert Co.

The actual production goal for the vaccine has never been stated. Initially, when President Ford announced the ambitious program, it was implied that more than 200 million doses, or one for every person in the nation, would be needed. But now public health experts figure they'll be lucky to vaccinate three-quarters of the adults.

Plans to vaccinate children are still up in

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the air. Early tests of the new vaccine indicated that children don't build up as strong an immunity as adults and thus may need a second or "booster" shot, which would complicate the vaccination program. The experts aren't expected to decide on children's inoculation schedules until next month. As a result, there is uncertainty how much vaccine will be needed for them.

The delays are costing the program dearly. In recent days, the Advertising Council, the nonprofit agency that does public-service campaigns on behalf of the advertising industry, backed out of handling the swine flu campaign. The council said there no longer was enough time to mount an effective campaign.

"Now that the Ad Council has stepped down from its publicity campaign, we have to scramble," says the federal disease center's Dr. Millar. "We're trying to get other volunteer (ad agencies) but it takes time because we are taking bids and are under the various government constraints involved in buying anything."

In addition to the growing problem of public apathy, there is increasing public concern over the safety of the vaccine, health officials say. Experts have debated publicly whether the threat of a pandemic is sufficient to warrant mass vaccination. And the liability issue has focused a lot of attention on potential adverse side effects of the vaccine.

"Out of Proportion"

Most of the public health officials, however, believe that the safety problem has been blown out of proportion. "The reaction (to vaccination) has been overstated," says Dr. Bruce Dull, assistant director for the Center for Disease Control, where the idea for a mass immunization program evolved. "You may have a sore arm for a day, some aches, maybe a low fever, the same as the usual reactions to vaccines."

"This vaccine is one of the purest and best flu vaccines ever produced," says Joe H. Beaver, assistant coordinator for immunization programs for North Carolina. "In

trials it has logged the fewest and mildest reactions, as minor as a sore arm or elevated temperature for several days."

But the health officials say the publicity is taking its toll. "Damage has been done to the program by a lot of discussion about liability; people start to think the vaccine may be unsafe," says Dr. Philip Hotchkiss, a veterinarian who heads the epidemiology and disease-control section of the Arizona Department of Health Services.

"I think a lot of the bad publicity in the national media is going to make our job much harder," says Nancy Lundy, the public health nurse who is coordinating the vaccination program for Adams County in Southern Ohio.

Her suspicions are supported by a recent five-county poll by the Ohio health department. Only 43% of the adults questioned wanted to be vaccinated, while 27% didn't. The remainder were either unsure or hadn't even heard of the program.

Despite disagreement among some scientists over whether a swine flu pandemic will break out in the next several weeks, the local health officers say the chances are high enough to justify mass immunization. "We run the risk of a sizable epidemic," says James Ferris, coordinator for the Chicago program. "It could be this winter, or next winter."

"Better to Be Wrong"

John Irvin, who is directing Ohio's program, says, "It's a lot better to do something and be wrong than to do nothing and be faced with a terrible epidemic." Epidemiologist Dr. Edward Mortimer of Case Western Reserve University in Cleveland says the threat of an epidemic is "moderate," something less than 50-50, and he feels the program is a wise precaution.

The local health departments are now counting on having the vaccine in hand by mid-September. Federal officials say they can have the vaccine distributed to the states within four weeks after the liability question is settled.

Thanks to one innovation, the vaccination should be quick and painless. Most health departments will use the new jet injector gun, which, in a fraction of a second, squirts out a dose of vaccine under enough pressure to penetrate the skin without the use of a needle. A single health worker can vaccinate 600 to 900 persons an hour with the gun and the federal government has ordered up to 2,000 of the guns for the swine flu program.

Federal officials are leaving it up to the local health departments to plan their own inoculation programs. Anyone will be free to obtain his vaccination from his family doctor, who will be provided with the vaccine free, say the health officials (they note, however, that the doctors can charge for their services in giving the shot).

But most of the cities and counties will set up vaccination stations. In Springfield, Mo., for instance, Greene County officials plan to set up 28 vaccination sites for a single day and provide free shots for all the county's 168,000 inhabitants, says James Donoho of the Missouri division of health. Across the state, he adds, the city of Poplar Bluff will provide free vaccinations for a single weekend for its 17,000 citizens, after which the unvaccinated will have to go to their own doctors for the shots.

For its eight million to 10 million residents, New York City will operate 44 centers at hospitals and clinics. They will be staffed by 250 city workers and several hundred volunteers. Each center will operate seven days a week and will handle up to 1,000 people an hour.

Like most cities, Chicago will begin its immunizations with health-department personnel, sanitation workers, police, firemen, and the elderly and chronically ill. Health

officials figure they can inoculate the city in about three months by setting up stations at churches and at park-district field houses in each of the city's 50 political wards. Both Democratic and Republican ward workers will help publicize the program and locate shut-ins. "The idea is that the ward personnel will know where the people are," says Dr. Murray C. Brown, Chicago health commissioner.

Assuming that people show up for the vaccinations—which may be dubious at this point—the biggest problems may be paperwork and money. In most areas, individuals will have to sign consent forms before receiving a shot. This procedure not only may slow down the rate of vaccinations; it also is adding to the localities' expense. Despite federal grants and free vaccine supplies, the local governments will have to pay a sizable chunk of the administrative costs themselves.

Missouri, for instance, has to cough up an extra \$520,000. That, says the health division's Mr. Donoho, is supposed to cover "11 million printed forms, thousands of gallons of alcohol and acetone, five million cotton balls, two million needles and syringes—and then we won't have any more money."