MEMORANDUM FOR: THE SURGEON GENERAL, DEPARTMENT OF THE ARMY
THE SURGEON GENERAL, DEPARTMENT OF THE NAVY
THE SURGEON GENERAL, DEPARTMENT OF THE AIR FORCE

SUBJECT: Amended AFEB Recommendations on the "USE OF ORAL POLIOVIRUS VACCINE IN THE MILITARY SERVICES".

1. The Armed Forces Epidemiological Board was asked to make a recommendation concerning the use of trivalent oral poliomyelitis vaccine which has now become available commercially. It appears that trivalent vaccine can be used as effectively as the monovalent vaccine which was previously recommended. The Board has approved the recommendations as formulated by the AFEB appointed ad hoc Advisory Committee on Use of Oral Poliomyelitis Vaccine for the Military Services. The Board reviewed and approved these recommendations subsequent to the meeting of the Oral Poliomyelitis Vaccine Advisory Committee of the U.S.P.H.S. on 17-18 July 1964 and release of their report on 22 September 1964.

2. The AFEB reviewed previous recommendations on the use of inactivated poliovirus vaccine and orally administered poliomyelitis live virus vaccines. The Board noted particularly that its ad hoc committee in recommending that oral poliomyelitis (live virus) vaccine be used in the military services had done so because it believed the oral vaccine had several advantages, among which were its relative ease of administration, probable longer duration of immunity for the individual, its greater protection for the community, and under epidemic circumstances its capacity to give rise to protection in a short time by the action of the live virus in interfering with wild poliovirus types.

   a. It is recommended that Trivalent Oral Poliovirus Vaccine be used instead of or in addition to the 3 monovalent types previously recommended.

   b. For those persons remaining in the United States, including members of the Military Services and their dependents, the administration of the vaccines should be in accordance with current recommendations of the U. S. Public Health Service for primary immunization for the civilian population, or alternatively, in accordance with the dosage schedules specified in the paragraph 2c below.
c. For personnel (military and their dependents) overseas, those
    going overseas, those just entering the Military Services, and those remain-
    ing in the U. S. and their dependents, either of the following schedules of
    administration should be used. Whichever schedule is chosen, the entire
    program should be completed before the individual has left the post where
    immunization was begun insofar as possible.

(1) Monovalent vaccine schedule

a. Type I, monovalent vaccine, initially

b. After an interval of not less than 24 days, a mixture of Types II and III vaccines.

c. After an interval of not less than 24 days, a mixture of Types I, II, and III vaccines.

(2) Trivalent vaccine schedule

a. Trivalent vaccine, initially

b. After an interval of not less than 8 weeks, trivalent vaccine.

c. One exception is recommended to the above for children under school age. These should be given a 3rd dose of trivalent vaccine at an interval of not less than 8 weeks following the 2nd dose.

d. Children upon entry to school should be given trivalent vaccine in 1 dose, providing the basic series was administered sometime previously, otherwise two doses of trivalent should be given.

d. It is felt, on the basis of our present knowledge, that those who have received oral vaccines on either of the above schedules (paragraph 2c) need not receive any additional immunization against poliomyelitis. In all instances in which poliomyelitis immunization is indicated, the oral vaccine should be given whether or not the individual has had the inactivated vaccine.

e. In emergencies where time will not permit the regimens recommended in paragraph 2c, above, 2 doses of a trivalent vaccine, with an interval of 4 weeks apart, or as much longer as possible, is recommended, but in such instances a 3rd dose should be administered subsequently at a longer interval when and wherever opportunity permits.

3. During a detailed review of the recent report by the Committee of the Surgeon Général of the Public Health Service of 22 September 1964, the Board noted particularly the recommendation concerned with the suggested
restrictions on the use of oral vaccine, particularly Type III, in adults.
"to instances in which unusual exposure to poliomyelitis might be anticipated,
such as epidemics, entry into military service, and travel to other countries". The Board concluded that, because military personnel are subject to transfer to hyperendemic areas on short notice, they should be considered as high risk groups. IT IS THEREFORE RECOMMENDED THAT ORAL POLIOVIRUS VACCINE, INCLUDING TYPE III, BE ADMINISTERED TO PERSONNEL OVERSEAS, TO THOSE GOING OVERSEAS, AND TO THOSE ENTERING THE MILITARY SERVICES.

4. It is further recommended that individuals who have not completed one of the recommended regimens for oral poliovirus vaccine be given the vaccine upon assignment to the Alert Forces.

5. These recommendations supersede all previous recommendations submitted on the "Use of Oral Poliovirus Vaccine in the Military Services." The Armed Forces Epidemiological Board further offers its assistance, if desired, in the study of any case of poliomyelitis or polio-like disease.

FOR THE ARMED FORCES EPIDEMIOLOGICAL BOARD:

SIDNEY A. BRITTEN
Captain, MC, USN
Executive Secretary

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