Oct. 2, 1958

Dr. Masami Kitaoka
National Institute of Health
Takanawa, Tokyo
Japan

Dear Dr. Kitaoka:

I deeply regret that your letter of July 25th arrived in Cincinnati after my departure for Europe.

You asked me to send you enough material for tests on 100 children. This would represent exactly 1 cc. of each type of the culture fluid. Since the material has to be sent in dry ice it is no more trouble to send you 50 ml. of each type, that is enough for tests on 5,000 children, as it would be to send 1 ml. Accordingly, we have just made arrangements with TWA and Pan American Airlines to ship the material to you in dry ice on Friday morning, October 3rd. This is intended to connect with a Pan American Airlines flight leaving San Francisco on Saturday, October 4th at 10:00 A. M. which is scheduled to arrive in Tokyo on Monday, October 6th at 7:50 A. M. We have requested that the dry ice be checked enroute and I hope very much that you will let me know whether or not the material has arrived in the frozen state.

Also enclosed in this container I am sending you 2 copies of the protocol describing the preparation and tests carried out with these large lots, as well as a reprint of a chapter just published in ADVANCES IN PEDIATRICS. This chapter was written early in 1958 and does not contain a summary of the more recent experiences. For example, Dr. Verlinde has recently published the results of his first tests with aliquots of these large lots and I am enclosing a copy of his tests for neurotropism of excreted virus on which I have also written a reference to his published work. You will note that this confirms the data that I had published last year in the JAMA. At the meetings of the Tropical Medicine Congress in Lisbon, Professor Smorodintsev also reported on extensive tests with my strains in more than 100,000 children in Leningrad. His data were of special interest because he carried out serial and consecutive passages of the virus from one group of susceptible children to another by collecting the stools from a group of children at 3 to 4 weeks after feeding, growing it in monkey kidney tissue culture and after tests for neurotropism in monkeys
feeding it to another group of children. He carried out 8 such consecutive passages with the type 1 virus, 5 consecutive passages with the type 2 virus and 6 consecutive passages with the type 3 virus. The results of these tests indicated that there was no greater increase in neurotropism after consecutive passages than may be encountered after a single passage. On the basis of these tests Professor Smorodintsev and Professor Chumakov together have now received permission from the Ministry of Health to give aliquots of these large lots to 200,000 children in the Soviet Union. I have already shipped them enough material for these tests which are scheduled to begin in October and November.

In Czechoslovakia the Ministry of Health has undertaken to carry out a field trial on the feeding of live poliovirus vaccine to 200,000 children who had already had 3 doses of Salk vaccine. In Czechoslovakia all children under age 12 have already received Salk vaccine. The 200,000 which are to receive the live virus vaccine in one part of the country will be followed up over a period of years and compared with another group of 200,000 in another part of the country which will receive a fourth dose of Salk vaccine, and these two groups in turn will be compared with the remaining children who will receive no additional vaccination of any kind. Careful studies on the spontaneous immunization of familial and school associates above the age of 12 will be carried out in the areas where live virus vaccine will be fed. I have already shipped enough material of each of the 3 types for the tests on 200,000 children in Czechoslovakia.

At the Lisbon Congress, Dr. Ramos-Alvarez also reported on the tests of feeding aliquots of these large lots to 3,000 children predominantly under 5 years of age in Mexico. The results were so satisfactory and free from any complications that plans are now under consideration to extend the field trial to 200,000 children under 5 years of age in two large Mexican cities.

Other studies now in progress in Chile are particularly concerned with the immunization of infants 2 to 4 months of age almost all of whom still possess some placentally transmitted antibody. It is expected that by the Spring of 1959 there may be enough data from the various field trials to warrant a special meeting on live poliovirus vaccine under the auspices of WHO.
I should like to point out that the material that I am sending you represents undiluted tissue culture fluid which has been stored in the deep freeze at about -20°C and can be stored again after you have received it. Prior to use this should be diluted 1:10 in Hanks' solution or some other suitable diluent and 0.1 ml is to be added to a teaspoonful or syrup or other appropriate vehicle that is swallowed with pleasure by children. I have made it a practice of administering the material one or two hours after a meal. I should like to repeat that the type 1 virus is given first, the type 3 after an interval of not less than 3 to 4 weeks, and finally type 2 after an interval of not less than 3 to 4 weeks after the type 3. Please let me know if there is any additional information that you might like to have.

With best wishes and kindest personal regards,

Sincerely yours,

Albert B. Sabin, M. D.

ABS:meh

Enclosures.