Dr. I. Z. Imam
Egyptian Organization for Biological and Vaccine Production
51 Sh. Wezarat El Zerra
Agouza, EGYPT

Dear Dr. Imam,

Shortly after I sent you two reprints of articles of mine that were published after you presented your paper in Bithoven in 1980, I read your article again very carefully and wonder whether there may be an error in the data in Table 6. The heading in Table 6 is correct, but the data are identical with those shown in Table 4 for another group of children. The Table 6 data are also different from the results you gave in the text and abstract for the group that received DPT + OPV. In the text and abstract, the percentage positive one month after the third dose of OPV was given as 97% for type 1, 94% for type 2, and 77.5% for type 3, while in Table 6 it is 100% for types 1 and 2, and 95.5% for type 3. I would appreciate it very much if you could let me know whether the data in Table 6 are in error. Moreover, in view of the neutralization test that you used beginning with a serum dilution of about 1:10 it can be expected (on the basis of the data you will find on pages 146 and 147 in the Bull. WHO paper of 1980 that I sent you) that some of the low antibody titers after natural infection and after OPV were missed by your test. You will also note that the time of incubation of the serum-virus mixtures also can make a great deal of difference, and I would be interested to know what incubation period was used in the neutralization tests you reported.

On the basis of the data that you presented, and in view of the different significance of antibody titers following OPV and IPV, I see no significant difference in the response of the three groups that you tested except that on the basis of the experience in Northern countries (Iceland, Sweden, Finland) the antibodies produced from the quadruple vaccine...
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can be expected to disappear requiring further booster doses in subsequent years. Certainly I can see no advantage in using quadruple vaccine together with OPV. I can see many disadvantages in using expensive quadruple vaccine in developing countries where the issue, aside from cost, is that only a small proportion of children are reached for DPT inoculations.

Best wishes.

Sincerely yours,

Albert B. Sabin, M. D.

ABS/tkr

Enclosure: Xerox copy of Imam article with my notations