Dear Albert,

Thank you so much for sending me your critique of influenza vaccination. It is an excellent review for orientating the knowledgeable as well as those seeking for knowledge. My only criticism is that the amount of space devoted to live vaccines could be regarded as excessive considering the formidable problems relating to their preparation, testing and control.

I write also to tell you how opinion in Britain is now shaping towards the decision of both the U.S.A. and Canada to undertake mass immunization with Swine influenza virus vaccine. There is complete unanimity in the Advisory Group of the Department of Health that we should not at this time undertake a similar programme. The complete uncertainty as to the time and place of occurrence of the next outbreak of the New Jersey type of virus is an important factor in this decision. Indeed, opinion is divided as to whether the Fort Dix episode will turn out to be an isolated occurrence.

My personal view is that a return of the same virus is likely next winter, but the scale of its attack may well depend on the prevalence or otherwise of the A/Victoria/75 strain. The latter proved to be a highly successful pathogen in this country last winter and has by no means exhausted community susceptibility. If, however, the New Jersey virus succeeds in initiating spread of infection, there seems no particular reason to fear its onslaughts. Certainly there is no epidemiological parallel with 1918 and as the immunological background pre-1918 is unknown, it is hardly possible to point to a similarity on this score.

None of this is intended as criticism of the American decision for we, on this side of the Atlantic, have no store of virus amongst our Swine waiting to jump out on us. I agree with you that mass immunization on the scale now contemplated has never been tried before and consequently the experiment is of the greatest possible interest. Quite a triumph for a bi-centenary year!

It seems odd to me that the veterinarians have never attempted to control Swine influenza in the U.S. It might have been less costly so to do and it would have prevented this present threat.

Of course, the M.R.C. are testing monovalent Swine influenza vaccine at the present time. It seems a good antigen in young adults and we intend to build up a strategic reserve while maintaining a trivalent vaccine (2 A's and a B) for commercial use. It seems likely to be a long haul towards an attenuated Swine virus vaccine, but influenza research is notoriously unpredictable. By the way, the virus is less susceptible to amantadine than the A2/Hong Kong strains.

cont. over.../..
All good wishes to you and again thank you for your interest and kindness.

Yours sincerely,

E. G. Daniel (Mrs)

Charles Stuart-Harris

(dictated by Professor Sir Charles Stuart-Harris and signed in his absence)