EXECUTIVE SESSION

AFEB FALL MEETING - 8 December 1964

ATTENDANCE ROSTER

BOARD MEMBERS

Bayne-Jones, Stanhope, M.D.
Cheever, Francis S., M.D.
Dammin, Gustave J., M.D., President
Dingle, John H., M.D.
Francis, Thomas Jr., M.D.
Kern, Richard A., M.D.
Sabin, Albert B., M.D.

Absent: Smith, Charles E., M.D.
        Snyder, John C., M.D.

DEPARTMENT OF DEFENSE

Griffin, H.E., Col., MC, USA

ODASD (H&M)

ARMY

Blount, R. E., Brig. Gen.,MC
Vorder Bruegge, Colin F., Col.,MC
Howie, Donald L., Col.,MC
Meroney, W. H., Col.,MC
Tigertt, William D., Col.,MC
Diercks, Fred H., Lt. Col., MSC

CG, USAMR&D Cmd., OTSG
USAMR&D Cmd., OTSG
USAMR&D Cmd., OTSG
Comdt, WRAIR
USAMR&D Cmd., OTSG
AGENDA FOR EXECUTIVE SESSION

8 December 1964

0900  Executive Session for Board Members
       General recommendations
       Personnel recommendations
       Contract recommendations

1640  Adjournment
The Executive Session opened with a description by Capt. Britten of the Conflicts of Interest certificate which will be required of all medical consultants serving on research advisory committees to the Surgeon General, Department of the Army. This includes consultants serving under the auspices of the Armed Forces Epidemiological Board, as well as those working with other research advisory committees of the USA Medical R&D Command. No action will be needed until the internal directive has been prepared and the Conflicts of Interest certificates are distributed.

Dr. Dammin then mentioned that Capt. Britten had outlined the mission of the AFEB for inclusion in the Army's mobilization plan. In the event of an emergency, the position and mission of the AFEB will be known to those responsible for major commands.

Dr. Dammin mentioned that in response to a questionnaire distributed by Capt. Britten, only three of a total of 94 board members and commission members, had commitments which might constitute a call to active duty in the event of an emergency. Of the 77 associate members responding to the questionnaire, there were only 8 who had commitments which might interfere with their continuing to serve the Board in that capacity. There was brief discussion of the advisability of including a wartime mission for the AFEB in its charter, if and when the charter might be revised.

The Board acted to approve the Minutes of the Open Session and the Executive Session of the May 1964 meeting. The Board also voted to include among the publications emanating from AFEB-sponsored work, the report of the WHO Expert Committee on Enteric Infections, (Wld.Hlth.Org.Techn.Rep.Ser.No.288). Dr. Dammin is the Chairman of this WHO Committee.

The Board voted favorably on the general recommendations submitted by Dr. Jordan, Director of the Commission on Acute Respiratory Diseases. The recommendation concerning the use of isoniazid was modified by deleting that portion of the statement which pertained to "weekly doses".

* Footnote: Personnel recommendations are included in the text of these minutes. General recommendations and contract recommendations are to be found on page 64 Open Session, and following pages.
The Board concurred with the recommendation that Dr. Portnoy's new application be disapproved.

The Board voted approval of the recommendation from the Commissions on Influenza and Acute Respiratory Diseases concerning the trial of adenovirus type 4 vaccine at Great Lakes, NAMRU-4. In discussion it was pointed out that since the adenoviruses have such a wide distribution in man under natural circumstances the administration of these viruses as vaccines should not be curtailed because of the possibility of a carcinogenic effect. Since there is some evidence of cross-immunity among adenovirus strains, it was considered advisable to concentrate on the testing of type 4 as the vaccine type. The results of tests with adenovirus 4 will be a guide to the development of vaccines with types 3 and 7. The Board then voted to encourage development of adenovirus type 3 and 7 vaccines.

Dr. Dingle reviewed the recent experiences with meningococcal meningitis and pointed out the cyclic appearance of meningococcal disease every 8 to 10 years. On the basis of this cyclical appearance, Dr. Dingle urged that plans be made now for further study of the meningococcus in order that the military be prepared for the cycle that could be expected to show a peak approximately 10 years from now. With proper preparation, there would be no crash programs developed at the time of the expected reappearance of meningococcal meningitis some 10 years from now. Dr. Dingle then reviewed briefly, current research on the meningococcus being sponsored by the AFEB. The need for more studies of antigenic components, immunity and possible meningococcal vaccines was apparent. It was agreed that the Board recommend to the Surgeons General that attention be given to the development and support of plans for sustained investigation of the meningococcus.

In discussing the Commission on Enteric Infections, it was voted to appoint Dr. Gezon for another term as Director of the Commission. At the same time it was considered advisable to seek a Deputy Director to assist Dr. Gezon in the work of this very important commission.

The Board sought to determine which directions of research in diarrheal disease would be the most rewarding. It was pointed out that there has been a general emphasis on the problem as it affects infants and children. Although such work is within the mission of the Department of Defense, it was felt that a higher priority should be given studies of military age populations. Dr. Dammin cited the work at Walter Reed as being among the best in the field of experimental diarrheal disease, and particularly with shigellosis and cholera vibrio infection. Col. Tigertt agreed that much
more work should be carried on in the form of field investigations possibly through complements under the AFEB working in military installations overseas. He concurred furthermore in the need for concentrating on the effects of the infection on the host rather than a search for possible enteric pathogens. Col. Tigertt cited diarrheal disease as a major problem in Vietnam but stated that the nature of military operations there did not lend this population to investigative work. However, more work is demanded by the problems which are emerging from Vietnam. Personnel returning to Fort Bragg have presented clinical pictures with many of the components of sprue, and that these patients have an abnormal intestinal mucosa, as observed by biopsy, is unquestioned. Because the tour of duty is to be extended to one year, it is likely that an even higher percentage of those on duty there will develop this variety of diarrheal disease. Factors involved are not known and deserve to be studied. With reference to acute diarrheal disease, about 80% of the cases cannot be related to a specific causal agent. Neither shigellas nor salmonellas appear to be important.

Dr. Dammin presented a summary of data presented to him during his visit to the SEATO Laboratory in Bangkok. The percentage of shigellas in hospitalized sporadic cases of acute diarrheal disease was less than 1%, but in 10% of the cases salmonellas were identified. The predominant organisms were nonagglutinable vibrios and paracolons. Dr. Dammin mentioned that Bangkok would be an excellent center for diarrheal disease research when the SEATO Clinical Research Center opens.

Col. Tigertt described how rewarding the work of a special team was in investigating acute diarrheal disease among Japanese children, about 1946. This team demonstrated that the predominant problem was a shigella infection and that the basis for the convulsions was due to a calcium deficit. Col. Tigertt felt that the time had come for field work by an appropriately constituted team working in one of the military installations in the Far East. Bangkok would be one of the choices because of good supporting laboratories. In closing this discussion, Col. Tigertt extended a formal invitation to the Board to have its Commission on Enteric Infections select a team which might use the U.S. Army-SEATO Laboratory at Bangkok as its base.

It was pointed out during this discussion, that the Navy's excellent facilities in Taiwan should be considered as another base for the study of acute diarrheal disease.
The recommendations of Dr. Beard of the Commission on Environmental Hygiene were considered next. His recommendation that Lt. Col. Geary and Drs. Dinman and Minard be nominated for full membership on the Commission was accepted.

The Board then voted to accept the recommendation of the Commission on Epidemiological Survey that Col. Tigertt and Dr. Cluff be nominated for full membership, and Drs. Hornick and Greisman for associate membership.

The Board voted also to concur with the Commission's recommendation that Dr. Siddique's application be not approved. Communications mentioned that the Commission did not wish to recommend the application since it appeared to have too little applicability to military problems. Other communications from Commission members mentioned that they did not consider research in this field appropriate for sponsorship by the Commission on Epidemiological Survey.

The nominations for full membership on the Commission on Malaria as submitted by Dr. Schmidt were accepted by the Board. Those with full membership on the Commission would include Drs. Coatney, Elderfield, Huff, Most, Powell, Rozeboom, Tigertt, Trager and Weller. Those recommended for associate membership include Drs. Staubert, Howard Bond, Contacos, Geiman, Jeffery, Hernandez, Marshall, McMullen, Sadun, Smith and Young.

Dr. Schmidt recommended the appointment of Dr. Coatney as Deputy Director of the Commission on Malaria and the Board approved this recommendation. In discussion of the Commission's program, it was pointed out that the best talent within and outside the government in the field of malaria had been recruited for membership on the Commission. No specific program had been delineated to this time, but it was pointed out that the Commission had had but one meeting since its organization.

The first contract application for work sponsored by the Commission on Parasitic Diseases was that of Dr. von Lichtenberg. Dr. Dammin absented himself from the meeting during the review of this application. During review of this application, the matter of joint support for this study of schistosomiasis was discussed. Dr. von Lichtenberg had been receiving funds from both the NIH and from the Army Medical R&D Command through the AFEB. It was concluded that separation of the research program into two parts, one supported by one agency, and the other by the second, was difficult. However, funds from the NIH could support research trainees, and this is not permitted under an Army contract. Furthermore, much of Dr. von Lichtenberg's work is
done jointly with Dr. Sadun and other members of the staff of the Walter Reed Army Institute of Research. Following this discussion, the Board accepted the recommendation of the Commission on Parasitic Diseases to approve Dr. von Lichtenberg's research contract application.

In a discussion of the application submitted to this Commission by Dr. Cabrera, it was mentioned that arrangements had been made for this proposal to come from the Philippines through the Far East Research Office. Although the Commission had reviewed the application, no action was taken on it during its November 1964 meeting. Dr. Most was expected to submit a recommendation at this meeting of the Board, but Dr. Most was prevented from attending the meeting because of illness. The Board agreed to consider approval of the application from Dr. Cabrera, should this be recommended by the Commission.

The Commission on Radiation and Infection, was taken up next. The Board discussed the research contract applications of Dr. Page and Dr. Silverman. The latter contract had been approved by the Board but had then been reviewed further by the R&D Command. The R&D Command chose to fund the contract through Col. Goldstein's branch rather than Preventive Medicine. However, at the present time negotiations have not been completed to fund this research which is to be carried out at the Navy Radiological Defense Laboratory in San Francisco.

The contract application of Dr. Page was approved with the understanding that certain items in the budget might be reduced because they were regarded as being related to hospital care of patients rather than elements of the research program.

Recommendations concerning the use of oral polio vaccine as submitted by Dr. Hammon, Director of the Commission on Viral Infections, were reviewed by the Board and accepted. During discussion of oral polio vaccine, it was mentioned that the cost of the trivalent vaccine in this country is high by comparison with the monovalent vaccine. Although the former is simpler to use, its high cost has been a problem for some health departments. Trivalent vaccine purchased in England or Canada is much less expensive than it is in this country, which should be noted by the Armed Forces. The recommendations as submitted by the Commission on Viral Infections permits a choice between trivalent or the monovalent preparations.
There was brief and favorable discussion of the proposal submitted by Dr. Ward and Dr. Katz to study the prophylaxis of serum hepatitis through the use of gamma globulin. In Chile, serum hepatitis following transfusion is a common and serious problem and it should be possible to determine, in a short time, whether or not gamma globulin is an effective prophylactic. It was agreed that as soon as a formal application is received, it would be acted upon by mail vote. Dr. Sabin provided background for this proposal on the use of gamma globulin by reporting on a symposium held in Cincinnati during the previous month. He described the modification of gamma globulin which makes its intravenous administration possible. The Swiss treatment of gamma globulin removes its anticomplementary effect and prevents the reactions that have followed intravenous inoculations with the unmodified gamma globulin. Dr. Ward went to Switzerland to learn the method for modifying gamma globulin, and on this he reported at the Cincinnati meeting. Initial trials at his own facility in Los Angeles convinced Dr. Ward that the Swiss method of modification did make it possible to administer gamma globulin intravenously. The discussion concluded with the hope that this study in Chile could be initiated as soon as administrative processing of the contract application permitted.

The Board then discussed the request expressed by Dr. McFarland on the first day of the meeting pertaining to his desire not to continue as Director of the Commission on Military Accidents. Dr. McFarland's appointment as Director is not to terminate until August, 1965. The Board voted to act on the appointment of a Director at this time and approved the appointment of Dr. McFarland for another two-year term. There followed a discussion of contract applications emerging from this Commission, but since no applications had been submitted formally, no action was required by the Board.

It was stressed as on previous occasions, that only research with particular reference to military accidents could possibly be funded.

The Board then reviewed the application of Dr. Bernard Levine to the Commission on Immunization. During the review by the Board, certain questions were raised by Dr. Sabin and Dr. Dammin. Certain inconsistencies were pointed out during review of the application. For example, it was assumed by the applicant that the portion of the study to be conducted at Fort Leonard Wood was to be funded directly by the R&D Command and that clearance had been given for the study to be conducted at this post. It was learned that the funds had not been sought nor had clearance for the study using military personnel, being obtained. There was also a reservation about having parts
of this study supported both by the Health Research Council of the City of New York and possibly through the AFEB. Because of the reservations which emerged from this discussion, the Board voted to defer action and have Capt. Britten communicate with the Commission on Immunization and the R&D Command for clarification of the items questioned.

The December 1965 meeting of the Board was scheduled for December 6 and 7. The Board noted that the first Joseph E. Smadel Lecture would be given at Walter Reed Army Medical Center on the evening of 6 December. Dr. James H. S. Gear, upon the invitation of Dr. Woodward, is to give the first Smadel Lecture.

The Board adjourned its Executive Session at 1630.

Sidney A. Britten, Capt., MC, USN
Executive Secretary
Armed Forces Epidemiological Board

Gustave J. DammAnn, MD., President
Armed Forces Epidemiological Board
Harvard Medical School, Boston, Mass.