STATEMENTS AND SPEECHES

INFORMATION DIVISION
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No. 55/26 FUTURE PLANS FOR CANADA'S SALK VACCINE PROGRAMME

A Statement by the Minister of National Health and Welfare, Mr. PAUL MARTIN, July 20, 1955.

As a result of discussions that have been held over the past several weeks, I am now in a position to announce plans for the second phase of Canada's Salk vaccine programme. First, it is perhaps useful to review very briefly the current situation.

This Spring Canada carried out successfully the inoculation of nearly one million children, in selected age groups, without a single mishap. All children have received two immunizing doses and a relatively small number have been given a third injection. With the exception of a small quantity of commercially produced vaccine -- imported from the United States in April and administered by private physicians -- all vaccine used in Canada was produced at the Connaught Medical Research Laboratories and allocated on the basis of population to the ten provincial Departments of Health.

My medical and scientific advisers inform me that a sufficient time has elapsed since the last of the inoculations to be able to state that the vaccine used in Canada was completely free from untoward effects or the possibility of direct infection. However, no two children are capable of acquiring the same degree of immunity from any vaccine. Thus cases which may occur among inoculated children will result from infection circulating in the community and not from the vaccine.

All vaccine produced at the Connaught Laboratories was double-checked for safety and potency at the federal Laboratory of Hygiene. Under the terms of the National Health Programme, the cost of the vaccine was shared equally by the federal and provincial governments with responsibility for its distribution and use placed in the hands of provincial and local public health authorities. That the programme has gone ahead so smoothly and has been carried out with little or no added expense beyond the cost of the vaccine itself, reflects the greatest credit on the producing Laboratory, departments of health generally, and the nation's public health workers. From the very outset, the programme has also had the sympathetic understanding and support of the medical profession.

To supplement the output of the Connaught Laboratories, substantial federal assistance has recently been provided to the Institute of Microbiology at the University of Montreal -- which is under the capable

direction of Dr. Armand Frappier -- for the establishment there of large-scale production facilities. At Montreal, the same high standard of quality and the same rigid safety controls and testing procedures will be maintained as at Toronto's Connaught Laboratories -- an institution which played a prominent part in the original development of the vaccine.

Last month I announced that, after consultation with the provincial health authorities, it was decided that inoculations would not be given during the summer months since the schools, where most inoculations are administered, would be closed with children on vacation. Additionally, this procedure avoids any possible risk associated with injections given during the polio epidemic season.

It is our objective in the months ahead to provide third doses for those children who have now received the first two and to immunize at least an additional 2,000,000 children before the onset of next year's polio season. This means that by the Spring of 1956, close to 1,000,000 children will have received their third and final inoculations while another 2,000,000 will have been given the first two injections. This total represents well over one half of the nation's 5,200,000 children under the age of 16.

The accomplishment of this ambitious objective will severely tax the resources of the two Canadian laboratories concerned and will require a sustained effort on the part of each to achieve the greatly expanded production that will be necessary.

Since the production and testing of Salk vaccine is a long and complicated process extending over several months, the widespread immunization programme carried out this Spring was only possible because production, testing and distribution plans were worked out well in advance. Continued success will require similar preparations for the next stage in our programme.

With this in mind, I have held extensive discussions over the past several weeks with my Deputy Minister, Dr. G.D.W. Cameron, and other senior officers of the Department, provincial health authorities, and Dr. R.D. Defries and members of his technical staff from the connaught Laboratories in order to determine the most effective method of achieving a two-fold objective:

-- to provide immunization to the largest possible number of Canadian children before next year's polio season; and

-- to maintain the same high degree of safety and administrative efficiency that have characterized this year's programme.

On the advice of Dr. Defries, Dr. Frappier and other outstanding experts in this field, and after consultation with the ten provincial health departments, it has been decided that the safest and most effective means of reaching these objectives is to commence our second series of inoculations at the beginning of the new year. There are, we feel, a number of important advantages to be gained by following this course of action.

(1) For a number of years epidemiologists have carefully charted the incidence of polio and the manner in which it rises and falls during the course of a year. From these studies it is evident that the months of July, August and September -- and sometimes October and November -- cover the period of greatest risk. On the other hand, the period of minimum risk extends from December through to late Spring and early Summer. Since the Christmas holiday season makes inoculations difficult during December, it would appear that injections could be carried out with the greatest degree of safety during the first half of the year. Canada's remarkable record with spring-time inoculations this year seems to confirm this view.

(2) A second point to be remembered is Dr. Salk's recommendation that in order to derive the greatest benefit from the third or "booster" dose, at least seven months should elapse between the second and third injection. Scheduling all inoculations for the early months of the new year is the simplest method of guaranteeing that third injections will not be given within a shorter interval than that recommended by Dr. Salk.

(3) By providing for the delivery of vaccine to all provinces at the beginning of the new year, the two producing Laboratories will have time to build up a sufficient stockpile to ensure no interruption or delays in the programme and to make deliveries to all provinces in an orderly and equitable manner.

As to the current production picture, the Institute of Microbiology will begin manufacture early this Fall and will be in a position to supply the vaccine in substantial quantity in the new year. At Connaught, additional staff have been recruited and trained and facilities have been expanded to provide for a doubling in the rate of production by the end of this month. Determined efforts are being made to achieve even further increases in the rate of production without sacrificing the high standards of safety and potency that must be maintained.

(4) Since most of the vaccine is administered in schools, by commencing inoculations at the first of the year and concentrating them over a period of a few months, it should be possible to carry through the programme with a minimum of dislocation in the normal school activities. It will also make for administrative efficiency since booster shots for children who have already received the first two injections can be carried out concurrently with the first two inoculations for the new children being immunized.

(5) The fact that inoculations will be administered in all provinces during approximately the same period will facilitate public education and simplify the task of acquainting parents with the details of the programme.

(6) Finally, during the next few months, the two Canadian manufacturers of the vaccine will be able to take full advantage of any new production techniques that might be developed as the result of a number of studies currently going forward in both the United States and Canada. Undoubtedly, methods of manufacture will be improved as part of the inevitable process of change and

adjustment that accompanies the development of a complex procedure like the making of Salk vaccine.

The Salk polio vaccine is the greatest single step forward in years of searching for a preventive against this crippling and killing disease. But as I have said on other occasions it should be regarded as a blessing, not a miracle. It will be recalled that, in Dr. Francis' report, he did not claim one hundred per cent effectiveness; the highest claim he made was ninety per cent, and, in the case of some types of polio, the protection was considered to be from sixty to eighty per cent.

Just as laboratory workers will devise better production techniques, so too the research scientist will undoubtedly develop refinements in the vaccine itself which will make it even more effective. I can assure the parents of Canada that the children of this country will benefit fully from all new refinements in the vaccine and its manufacture.

I am sure it will be agreed that the admirable record of the Connaught Laboratories and the well known ability of the Institute of Microbiology, coupled with the administrative skill which has been displayed by our ten provincial health departments, are our guarantee that the second phase of Canada's Salk immunization programme -- which will commence at the beginning of the new year -- will be carried out in the same orderly, prudent, effective and well-planned manner as this year's inoculations.

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