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SMALLPOX VACCINATION REPEAL DOCUMENTS

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HEARING

BEFORE THE

SUBCOMMITTEE ON LABOR, SOCIAL SERVICES,
AND THE INTERNATIONAL COMMUNITY

OF THE

COMMITTEE ON

THE DISTRICT OF COLUMBIA

HOUSE OF REPRESENTATIVES

NINETY-THIRD CONGRESS

SECOND SESSION

ON

H.R. 8747

TO REPEAL SECTION 274 OF THE REVISED STATUTES OF
THE UNITED STATES RELATING TO THE DISTRICT OF
COLUMBIA, REQUIRING COMPULSORY VACCINATION
AGAINST SMALLPOX FOR PUBLIC SCHOOL STUDENTS

JANUARY 22, 1974

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DISTRICT OF COLUMBIA SMALLPOX VACCINATION REPEAL

TUESDAY, JANUARY 22, 1974

HOUSE OF REPRESENTATIVES, SUBCOMMITTEE ON LABOR,
SOCIAL SERVICES AND THE INTERNATIONAL COMMUNITY
OF THE COMMITTEE ON THE DISTRICT OF COLUMBIA,
Washington, D.C.

The subcommittee met, pursuant to notice, at 10:10 a.m., in room 1310, Longworth House Office Building, Hon. Romano L. Mazzoli presiding.

Present: Representatives Mazzoli, Stark, Gude, and Smith.

Also present: Richard Kirschten, professional staff member; John E. Hogan, minority counsel; Dorothy E. Quarker, chief of staff; Leonard Hilder, minority staff; and Karen Fleischer, research assistant.

Mr. MAZZOLI. The hearing on H.R. 8747 will come to order.

[The bill referred to and letter of the Speaker follows:]

[H.R. 8747, 93d Cong., 1st Sess., by Mr. Diggs on June 15, 1973]

A BILL To repeal section 274 of the Revised Statutes of the United States relating to the District of Columbia, requiring compulsory vaccination against smallpox for public school students

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That section 274 of the Revised Statutes of the United States relating to the District of Columbia (D.C. Code, sec. 31-1102) is hereby repealed.

GOVERNMENT OF THE DISTRICT OF COLUMBIA,
EXECUTIVE OFFICE,
Washington, D.C., June 7, 1973.

HON. SPEAKER,
U.S. House of Representatives,
Washington, D.C.

DEAR MR. SPEAKER: The Government of the District of Columbia has the honor to submit for consideration by the 93rd Congress a bill¹ "To repeal section 274 of the Revised Statutes of the United States relating to the District of Columbia requiring compulsory vaccination against smallpox for public school students."

Section 274 of the Revised Statutes (D.C. Code, sec. 31-1102) provides that no child shall be admitted to the public schools of the District of Columbia who has not been vaccinated or otherwise protected against smallpox. The attached bill would repeal that provision of law in order to permit the completely voluntary smallpox vaccination program recommended by the medical community.

¹ Subsequently introduced by Mr. Diggs as H.R. 8747.

It has been determined that, in the United States, the risk of serious and even fatal complications from a smallpox vaccination is greater than the risk of contracting the disease. Accordingly, local and national health organizations, including the Medical Society of the District of Columbia, the Committee on Infectious Diseases of the American Academy of Pediatrics, and the United States Public Health Service have recommended that routine or compulsory smallpox vaccinations be discontinued.

The proposed repeal of the preschool vaccination requirement would in no way affect the authority of the District of Columbia Council, pursuant to sections 1 and 2 of the Act of August 11, 1939, as amended (D.C. Code, secs. 6-118 and 6-119), to adopt rules and regulations to prevent and control the spread of communicable diseases and to denominate which diseases shall be classified as communicable. Accordingly, should conditions in the future warrant the reinstituting of preventive medical measures against smallpox in the District of Columbia, existing statutory authority is sufficient to enable the Council to act swiftly and effectively to establish adequate controls.

For the foregoing reasons, we urge favorable consideration and early enactment of the attached draft bill.

Sincerely yours,

WALTER E. WASHINGTON, *Commissioner*.

Attachment.

Mr. MAZZOLI. Ladies and gentlemen, we are here this morning to discuss the bill H.R. 8747, which was introduced at the request of the District of Columbia government for the purpose of repealing the requirement that children be vaccinated against smallpox prior to their enrollment in the local public school system.

I am informed that this legislation has the backing of the medical community and that there is presently a greater danger of serious illness and death from vaccination than there is from the smallpox itself. In most of the States, as I understand it, mandatory smallpox vaccination laws already have been repealed. Nevertheless, we have invited expert witnesses to come here today to discuss the dangers of possible importation of smallpox from other areas of the world.

Although I have been told that the last case of smallpox reported in the United States was in 1949, I have also been told that there have been recent epidemics of this very dangerous disease in India, Bangladesh, and Pakistan. Since Washington is the hub of international travel, this question of importation of smallpox is most significant.

Questions also have been brought to my attention about the possibility of smallpox being transmitted by previously vaccinated persons who contract the disease in a mild and difficult to diagnose form. An article which appeared last June in the British Medical Journal suggested that such carriers can go undetected, imposing thereby grave risks to unvaccinated persons with whom they may come in contact.

Finally, I believe it is a key purpose of this hearing to seek assurances that there will be a communitywide public education effort to inform the citizens of the need for this proposed legislation. I think the local medical associations as well as government and school board officials should take part in such an informational campaign.

It should be stressed that this legislation in no way precludes or discourages, I am told, voluntary vaccinations or revaccinations of children whose parents fear the risk of exposure to smallpox. We must all bear in mind the importance of the fears and concerns and the well-being of each individual. While it is only right and proper for the epidemiologists to view the disease from a statistical vantage point,

it is not enough to simply tell a parent that it is statistically improbable that your child will get smallpox. We must take care that we do not view these children as mere statistics.

And ladies and gentlemen, that sort of sets the stage for this morning, and we have several witnesses, and we would like to first have Dr. Raymond L. Standard, the Community Health and Hospital Administrator, and the Director of Public Health for the District of Columbia, and with him is Mrs. Beth-Ann Gentile, from the Corporation Counsel's office.

STATEMENT OF RAYMOND L. STANDARD, M.D., M.P.H., COMMUNITY HEALTH AND HOSPITAL ADMINISTRATOR, AND DIRECTOR OF PUBLIC HEALTH FOR THE DISTRICT OF COLUMBIA, ACCOMPANIED BY MRS. BETH-ANN GENTILE, OFFICE OF THE CORPORATION COUNSEL, AND DR. WALLACE, CHIEF, COMMUNICABLE DISEASES CONTROL BRANCH, DEPARTMENT OF HUMAN RESOURCES

Mr. MAZZOLI. Dr. Standard, do you have a statement?

Dr. STANDARD. Yes.

Thank you for the opportunity to present testimony for Mayor Walter B. Washington, of the District of Columbia.

The District of Columbia requires that every child entering public or private elementary schools be vaccinated against smallpox unless exempted for reasons of either medical contraindications or religious objection.

This requirement dates to an act of Congress in 1864, a time when smallpox was a significant problem in the United States. Smallpox is no longer a problem of the same significance. It was last reported in the United States in 1949.

Discussion of the worldwide epidemiology of smallpox and the strategies to contain and eradicate this disease is left to the U.S. Public Health Service representative from the Center for Disease Control, Atlanta, Ga. However, the U.S. Public Health Service does estimate that a case of smallpox can be expected to be imported into the United States less frequently than once in 15 years.

The District of Columbia receives only a fraction of all international travelers coming to the United States. Therefore, the risk of importation of smallpox into the District of Columbia is significantly less than the risk of importation of this disease into the United States. This conclusion is supported by the absence of a reported case of smallpox in the District of Columbia since 1932.

On the other hand, death and serious illness occurring as complications of smallpox vaccination remain a small but significant problem. In 1968, the last year for which comprehensive national data were obtained, 9 deaths and nearly 150 particularly serious complications of smallpox vaccination were reported to the Center for Disease Control. Extensive data for the District of Columbia are not available. Nevertheless, it is known that in the past 6 months alone two hospitalizations have resulted from complications of smallpox vaccination of children for purposes of entering school.

Thus, in the District of Columbia, as in the United States, the risk of death or serious illness from complications of smallpox vaccination appear to be far greater than from smallpox itself.

U.S. PUBLIC HEALTH SERVICE RECOMMENDATIONS

In September 1971, as a consequence of this data, the U.S. Public Health Service recommended that routine childhood vaccinations against smallpox should be discontinued in the United States. Subsequently, each of the 50 States having a requirement that children be vaccinated against smallpox prior to school entry has eliminated it. Only the District of Columbia, of all jurisdictions in the United States, continues to have a requirement that its children must be vaccinated against smallpox prior to school entry.

In the District of Columbia increasing numbers of physicians in private practice, hospitals, and public health practice circumvent the school requirement for smallpox vaccination as a condition for school entry by stating that smallpox vaccination in the particular child is medically contraindicated. Thus, each, in his own way, is voicing his private objection to the requirement and it is rapidly losing its effectiveness as a law in the District of Columbia.

D.C. RECOMMENDATIONS

Because the risk of importation of smallpox into the District of Columbia is small, because the risk of death or serious illness from complications of smallpox is relatively far greater than from smallpox itself, and because the requirement for smallpox vaccination for school enterers is rapidly losing its effectiveness, the District of Columbia believes that it should be permitted to join the 50 States of the United States in repealing the requirement that children entering school must be vaccinated against smallpox.

The government of the District of Columbia requests that H.R. 8747 be approved. It is desired that this bill be passed by Congress soon so that children preparing to enter school this fall will not have to be vaccinated against smallpox.

This concludes my testimony. Thank you.

Mr. MAZZOLI. Thank you, Dr. Standard.

Dr. Wallace, do you have anything to add to the statement?

Dr. WALLACE. No, sir.

Mr. MAZZOLI. Did you give your credentials to the—would you recite them?

Dr. WALLACE. I sure will.

Now?

Mr. MAZZOLI. Yes, if you would identify yourself.

Dr. WALLACE. Yes. I am the Chief of the Communicable Disease Control Branch of the Community Health Administration of the Department of Human Resources, the District of Columbia.

PROCEDURES IN THE DISTRICT

Mr. MAZZOLI. Dr. Standard, does the District of Columbia make smallpox vaccinations available free of charge to those who cannot afford them?

Dr. STANDARD. Yes, we do, and this practice would not be discontinued. They will be available where requested.

Mr. MAZZOLI. If a parent therefore felt that it was in his or her child's interests to have such an inoculation or vaccination, it would still be available.

Dr. STANDARD. Yes, it would, sir. We have complete immunization services which are free of charge.

Mr. MAZZOLI. Doctor, would you have any statistics on how many free vaccinations have been customarily provided in a given year to District of Columbia residents?

Dr. STANDARD. I will refer that to Dr. Wallace.

Mr. MAZZOLI. Dr. Wallace?

Dr. WALLACE. On the order of 12,000 per year, sir, have been made available.

Mr. MAZZOLI. Out of an entering school population, how many?

Dr. WALLACE. The rough size is about 12,000, so there is a slippage in there, but we do make it available to all children entering school, and we believe our level of immunization is quite high.

COSTS

Mr. MAZZOLI. Do you have any figures, either of you doctors, how much a private physician would charge for a vaccination?

Dr. STANDARD. I would make an estimate, sir, of somewhere in the neighborhood of \$5 to \$10.

Mr. MAZZOLI. And the cost, therefore, would be that figure, roughly, times the 12,000 for the District of Columbia, the cost at this present time.

Is that right?

Dr. WALLACE. I would believe, sir, that most parents would decline to have their children vaccinated.

Mr. MAZZOLI. They would choose not to do it if the law were passed?

Dr. WALLACE. Yes.

Mr. MAZZOLI. Dr. Standard, when was the last time, 1932, was it, of the last recorded case of smallpox?

Dr. STANDARD. It was 1932, yes, sir.

Mr. MAZZOLI. And recent cases, if there were any, were not from catching it as much as from a reaction to the shot.

Is that the essential facts here?

Dr. STANDARD. The illnesses that have been reported in association with the smallpox vaccine have been in relationship to vaccination as opposed to infections.

QUARANTINE SERVICE

Mr. MAZZOLI. Dr. Standard, are you aware of any precautions which the District of Columbia government now might take against travelers from, say, for instance Bangladesh or Pakistan where they now have a problem?

Does the District of Columbia maintain any screening provisions or procedures?

Dr. STANDARD. I will refer that to Dr. Wallace.

Dr. WALLACE. The first step is the quarantine service of the Public Health Service, and Dr. Dull will speak to that in a moment. In addi-

tion, the District of Columbia—the key, I believe, is good communication. We have good communication with the quarantine officer at Dulles International Airport and the other quarantine officers. We have good communication with all hospitals in the area, plus all physicians. We have numbers published through which they can get to us, and we also have adequate facilities for dealing with any situation that does come up through our own resources and through those resources that can be made available from the Center for Disease Control in Atlanta. We can take this down to having a facility for quarantining a patient where he is seriously suspected of having smallpox.

Mr. MAZZOLI. Is there treatment for a person who does have smallpox as a foreign visitor? Is there relatively quick treatment?

Dr. WALLACE. Yes, we have an immunization. I believe Dr. Dull will address himself to this also.

Mr. MAZZOLI. And Dr. Wallace, in your professional judgment, is this a commendable piece of legislation?

Dr. WALLACE. Yes, sir, no question.

Mr. MAZZOLI. Dr. Standard, you have already so stated in your testimony.

Dr. STANDARD. Yes, sir.

D.C. CODE PROVISIONS

Mr. MAZZOLI. Mrs. Gentile, although you do not have a specific statement, as a member of the office of the corporation counsel who has many times helped us in this very room, do you have a judgment on this?

Do you have any additions?

Mrs. GENTILE. Of course our office approves the legislation. I might point out that there are two current provisions of the District of Columbia Code which would not be affected by the repeal, and they are title 6, section 118 and title 6, section 119. The only reason I bring this up is in case there was a health emergency, these two provisions together would permit the District of Columbia Council to denominate what communicable diseases are currently a health threat and take any action that would be recommended by Dr. Standard and Dr. Wallace.

So we would not be precluded from instituting a mandatory vaccination program, should some kind of health emergency arise.

Mr. MAZZOLI. That was what I was driving at. There would be power on the part of city government if certain emergency occurrences arise, that you could mandate that all people in a given neighborhood or a given area, or in the District would have their vaccination.

Mrs. GENTILE. Yes, title 6, section 118 is entitled District of Columbia Council Authorized To Promulgate Regulations Which Would Prevent Spread of Disease, and then title 6, section 119 authorizes the District of Columbia Council to denominate what are communicable diseases. So it would handle that effectively. It also provides for quarantine, isolation, and other steps that might be taken.

Mr. MAZZOLI. So in your judgment the District of Columbia government is not being handicapped in any way in providing for the safety of its inhabitants.

Mrs. GENTILE. Right, it would not be.

Mr. MAZZOLI. Congressman Gude?

Mr. GUDE. No questions.

Mr. MAZZOLI. Congressman Stark?

Mr. STARK. No questions.

Mr. MAZZOLI. Congressman Smith?

Mr. SMITH. Yes; I have some questions, Mr. Chairman.

I apologize for being a little late and I missed the gist of your immediate testimony except that apparently medically you gentlemen feel that the elimination of the requirement of vaccination is a sound policy.

Dr. STANDARD. Yes, sir.

Mr. SMITH. I was particularly interested in it because I just got back yesterday from a trip to Australia and Australia in their visa no longer requires vaccination for citizens of the United States or Canada if you come by air directly from the United States or Canada, but if you come by steamship they still require vaccination before you may be admitted to Australia.

But in our flight to Australia we landed at Honolulu and we were there briefly, but we could have gotten off the plane, and we landed at the Fiji Islands where we did get off the plane and go to the airport and mix with anybody who was in the airport, and I was wondering about this problem of the fast communication of disease by air, and whether under those circumstances—I was thinking in terms of Australia—whether Australia should still not require vaccination to be admitted into the country.

I would like to hear a comment on that.

Dr. STANDARD. Well, Dr. Wallace is the expert in the field so I will pass the mike to him.

Dr. WALLACE. I could answer that, but I would like to defer in turn to Dr. Bruce Dull who is from the Center for Disease Control in Atlanta, Ga. He will go into the worldwide epidemiology and questions like this, but I would come back to the point that we can contain any problem that might arise in D.C. quite readily.

VACCINATION REQUIREMENT

Mr. SMITH. Supposing smallpox were introduced to D.C. through—well, air communication, for instance, through a traveler coming in who had an incipient disease and so forth.

How many cases do you think—and I am not going to hold you to this judgment—how many cases would you think would be necessary for the health authorities to again require or at least seek mandatory vaccination under the sections quoted by the young lady?

Dr. WALLACE. I do not see any possibility that we would go back to mandatory vaccinations for the entire population. What you would see would be a very rapid containment effort with vaccinations of those who had been exposed.

In Europe the experience has been—and I believe Dr. Dull will go into this, again—about 10 cases is about what is expected from an outbreak, probably not more than 10 cases, and of these cases, the population of the greatest risk are those who are hospital employees, those people who come into contact with the patient when he arrives at the hospital.

Mr. SMITH. Well, apparently it must be the feeling of the medical world that present means of communication and identification are sufficient to identify perhaps the people who have been exposed and to limit the spread of any communicable disease.

Dr. WALLACE. Yes, sir. I think there are two considerations here, and again this would go to Dr. Dull, but one is the number of countries recording smallpox is steadily declining, and second—and this is based on experience—that smallpox has not been arriving in the United States, even at quarantine stations. I think this is true since 1949, not even a smallpox case has arrived at a quarantine station.

Mr. SMITH. Thank you very much.

Mr. MAZZOLI. Congressman Gude.

Mr. GUDE. In reference to the reaction to smallpox vaccination, besides the critical cases which get to the hospital and some cases cause death, is there a percentage of the population that has a mild reaction that requires absence from school?

Dr. WALLACE. I think the answer here is that any infection that is dangerous is a dangerous case because there is a potential for spreading beyond that case to the next case. Smallpox itself has several stages, some of which are—several layers of clinical severity, some of which are very mild, some of which are more severe, and I think again Dr. Dull will go into that.

Mr. SMITH. Will the gentleman yield right there?

Mr. GUDE. Yes.

Mr. SMITH. Has medical science also progressed to the point where the smallpox victim, for instance, can be—well you can treat smallpox now if you get it quick enough so that the results are not as severe as they used to be?

Dr. WALLACE. There is no question about that, sir.

Mr. SMITH. This is through antibiotics?

Dr. WALLACE. No. It is a human serum fraction specially prepared for use in cases like this.

Mr. SMITH. Thank you very much.

Mr. GUDE. Is there a wild reservoir of the smallpox virus or is it present only in humans?

Dr. WALLACE. It is a human disease.

Mr. GUDE. Thank you.

Mr. MAZZOLI. Dr. Wallace, are you aware of any death that might have occurred by reason of the inoculation, the vaccination, and if so, that is in the District of Columbia, and if so, would that be attributed as a smallpox death or as some other kind of identification?

Dr. WALLACE. I am not aware of any death in the District of Columbia. Even the case in 1932, I believe, survived. However, there could be unreported deaths, and if these resulted from the vaccination, they would be listed as complication of vaccination.

Mr. MAZZOLI. Complication of vaccination for smallpox?

Dr. WALLACE. Yes.

Mr. MAZZOLI. And you can tell the difference between that, I guess, and contracting the disease?

Dr. WALLACE. Yes.

Mr. MAZZOLI. Gentlemen and lady, thank you very much for your time and attention.

We would like to have Dr. H. Bruce Dull.

Dr. Dull?

He is Assistant Director for Program, Center for Disease Control of the Public Health Service, Department of HEW, and your name has come up quite a bit already, Dr. Dull, so you have a statement, I understand.

Dr. DULL. Yes; I do.

Mr. MAZZOLI. You may proceed.

STATEMENT OF DR. H. BRUCE DULL, ASSISTANT DIRECTOR FOR PROGRAM, CENTER FOR DISEASE CONTROL, PUBLIC HEALTH SERVICE, DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Dr. DULL. Mr. Chairman and members of the subcommittee, I am pleased to appear before you to testify on H.R. 8747 which would discontinue compulsory vaccination against smallpox in the District of Columbia.

The Department of Health, Education, and Welfare supports the recommended change in smallpox vaccination policy in the District of Columbia which would preclude the routine vaccination of children. The status of smallpox throughout the world, the risk of smallpox importation into the United States, the expected transmission after an importation, and the risk of vaccination to the population justify a policy of selective vaccination of individuals at special risk. We believe this group to be essentially comprised of travelers to and from infected areas and hospital and other health workers who would be our first line of defense in the event of a smallpox importation.

SMALLPOX OCCURRENCE THROUGHOUT THE WORLD

The areas of the world reporting endemic smallpox have steadily declined since the global smallpox eradication program of the World Health Organization began in 1966. Then, 28 countries had endemic smallpox. Now in only four countries, Bangladesh, India, Pakistan, and Ethiopia, is smallpox considered to be endemic. Each of these countries is engaged in massive campaigns designed to interrupt smallpox transmission as soon as possible. Intensive village-by-village surveillance activities are being carried out to detect existing smallpox foci. This has resulted in large numbers of cases and outbreaks being identified and reported, a phenomenon which was also observed in Brazil just prior to smallpox eradication in that country.

Bangladesh and India constitute the principal strongholds of endemic smallpox. In Bangladesh, smallpox transmission has almost been broken in Chittagong Division which contains over 25 percent of the country's population. In India, smallpox transmission has virtually been interrupted in the southern states. In northern India, particularly in the Provinces of Uttar Pradesh, Madhya Pradesh, Bihar, and West Bengal, smallpox is still heavily endemic. The extent and magnitude of recent surveillance and containment campaigns in both Bangladesh and India, however, have strengthened WHO projections for the interruption of smallpox transmission in these countries by 1976.

In Pakistan, the extent of infected areas is decreasing rapidly. Smallpox is now confined to Baluchistan and Sind Provinces which

contain about 18 percent of Pakistan's population and transmission is expected to be broken during 1974.

In Ethiopia, the remaining foci of smallpox are primarily centered in 3 of the country's 14 provinces where a concentrated effort is under way to eradicate smallpox. In spite of difficult terrain and resistance to vaccination in some areas, Ethiopia is expected to be smallpox-free by the end of 1974.

RISK OF IMPORTATION

The last confirmed case of smallpox occurred in the United States in 1949. The probability of importation into this country is determined by the incidence of smallpox in endemic countries, the number of travelers from these countries, and the immunity status of these travelers. Understandably, some risk of importation will continue as long as there are cases anywhere in the world. For this reason, the United States requires that travelers arriving in this country from a smallpox infected area show proof of immunity by having a valid vaccination certificate in their possession.

The rapid decrease over the past several years in the number of countries reporting smallpox has greatly reduced the probability of travelers being exposed to smallpox within 2 weeks of their arrival into the United States. In 1972, and again in 1973, a survey of air travelers to the United States suggests the current probability of a case of smallpox being imported into the United States as roughly every 18 years.

RISK OF TRANSMISSION AFTER IMPORTATION

With a policy of routine nonselective vaccination as previously conducted throughout the United States, still required in the District of Columbia, immunity levels were very low. To maintain high levels of immunity in our population we would have to have universal vaccination of children at a very young age and then revaccination at regular intervals throughout life. Surveys have shown less than 20 percent of the population fully protected against smallpox. Herd immunity concepts can be very misleading when it comes to smallpox. We have been free of smallpox in this country for the past 25 years, not because of high immunity levels, but because we have not had an importation.

An analysis of smallpox importations into Europe has shown that countries with nonselective vaccination policies and supposedly higher levels of immunity fare no better in terms of the number of cases, epidemiologic generations, or mortality than countries with selective requirements and known low levels of immunity. The critical factor in an outbreak is not previous population immunity but the speed and quality of the containment response. The outbreak in Yugoslavia during March-April 1972 was more extensive than West European outbreaks in spite of the fact that Yugoslavia had a policy of routine vaccination and 70 to 90 percent of the population vaccinated at some time in their lives.

In the United States, medical epidemiologists with smallpox control experience, ample vaccine, jet injectors, and trained vaccinators are available for immediate contact tracing and appropriate containment efforts. As part of the preparation for an effective procedure for the

management of smallpox in the unlikely event of an importation, the Center for Disease Control has developed a manual which provides a step-by-step approach to assist health personnel in handling suspected smallpox. This manual has been placed in the office of each State and territorial epidemiologist including the District of Columbia.

As long as a possibility exists of a smallpox importation, however, we believe a significant reduction could be achieved in the number of cases occurring following an importation if adequate vaccination programs on hospital and other health personnel were carried out. For this reason, the Center for Disease Control supports the American Hospital Association's recommendation for the vaccination of hospital workers against smallpox every 3 years.

RISK OF VACCINATION COMPLICATIONS

Surveys in the United States have demonstrated a definite measurable risk of complications following smallpox vaccination. These vary from local erythematous reactions to life-threatening situations and death. In 1968, over 14 million people were vaccinated; 9 deaths were associated with smallpox vaccination and approximately 500 cases of serious complications reported. For most people in the United States, the risk of vaccination complications clearly outweighs the benefits of being vaccinated. The recommended policy of selective vaccination affords protection to those persons at risk of exposure while reducing the vaccine associated illness and death in persons who are at very low risk of acquiring smallpox.

ACCEPTANCE OF SELECTIVE VACCINATION POLICY

The policy of selective vaccination which was formulated and recommended by the PHS Advisory Committee on Immunization Practices has been endorsed by the American Medical Association, the American Academy of Pediatrics, and the Association of State & Territorial Health Officers. Essentially all States have taken action to discontinue nonselective vaccination policies.

The risk of smallpox importation into the United States is remote and continues to decrease. Our ability to contain smallpox is more than adequate for any outbreak. At this point in time, most signs indicate a smallpox-free world within the next 3 years. A selective approach to smallpox vaccination should be encouraged in the District of Columbia.

This concludes my statement, Mr. Chairman. I will be pleased to answer any questions that you and other members of the subcommittee may have.

Mr. MAZZOLI. I have a couple of questions, and I am sure the other members would, too.

How many States have repealed compulsory laws that dealt with the school entering children for the smallpox vaccination?

STATE LAWS

Dr. DULL. The statutory or regulations of States vary a great deal. In some States health departments are able to pass regulations and change them. In some States they are not. Some States do have statutes

that require it. In other areas at the present time, enforcement of existing statutes or regulations are not being carried out. I cannot tell you exactly the number which fall in each category, but we know that except for the District, no State is either enforcing or continues to support its statutes.

My recall is that approximately half the States have a statutory basis. Others have an authorizing regulatory basis.

Mr. MAZZOLI. But apparently only the District of Columbia is now enforcing this policy of requiring the vaccinations of its children.

Dr. DULL. That is true.

Mr. MAZZOLI. Thank you.

You were talking about smallpox containment in your statement, and you mentioned having vaccine on hand, and these jet blowers.

What happens if, for instance, you had a call from one of your colleagues in say Louisville, Ky., who said we think we have a case of smallpox. What would be the Public Health Service's response, to give us some idea of how you would handle that situation, the city of Louisville being about 400,000 people.

SMALLPOX DIAGNOSIS

Dr. DULL. This situation arises approximately 100 times a year and what happens, of course, is the effort to diagnose what the condition is. The best diagnostic procedures now are electron microscopy, available in some university centers, but certainly available at CDC on an around-the-clock basis.

Mr. MAZZOLI. CDC being—

Dr. DULL. Center for Disease Control.

We would either receive specimens collected by the local medical or health department personnel or send one of our people to work with them to collect proper specimens within hours.

Mr. MAZZOLI. A specimen is something taken from the skin?

Dr. DULL. Usually from the skin. We probably would also collect a blood specimen and perhaps a throat swab, but primarily something from the skin if there were a rash at that point. Within a matter of hours, with the proper specimens—and these are usually quite readily available—a diagnosis can be made. In all of the cases in the past the diagnosis has not been smallpox. Most of the diagnoses have been adult chickenpox or chickenpox in children. It becomes complicated when a person develops chickenpox but recently had been traveling abroad. People have become very sensitive in this country to the question of acquiring diseases overseas. I think this is partly because of the fact that the smallpox vaccination recommendation created a good deal of interest and also because foreign travel has become so popular.

I can continue on with the diagnostic and then the control activity. If it should happen that one of these cases was in fact diagnosed as smallpox, all of the contacts from the time it was presumed that person acquired the disease would be identified to the best possible knowledge. This might require identifying manifests of airplane passengers, contacts and family contacts, hospital contacts, taxicabs, whatever. These people would be identified, would be contacted either through public media or through personal contacts. This would call for a fair number of people to do it.

We have actually had experience in this and find that it is surprisingly possible, in fact, amazingly easy in some cases when there is a real question of smallpox to identify people easily over 90 to 95 percent of the people quite quickly.

Once the contacts and their contacts have been identified, they would be either revaccinated if they had not been recently vaccinated or their vaccination would be performed.

VACCINA GLOBULIN

Mr. MAZZOLI. Now, Dr. Wallace mentioned earlier in answer to a question that he more or less deferred to you on the use of gamma globulin.

Now, what type of treatment is that?

Dr. DULL. Vaccina globulin. Now, this is made from a virus very much like smallpox but not smallpox. Vaccina, itself can be attributed to most of the complications of smallpox vaccination are in fact severe complications of vaccina virus disease, usually skin complications, widespread lesions on the skin from the virus being spread.

The vaccina immunoglobulin was primarily developed to prevent people from—who needed smallpox vaccination from a severe reaction. Certain classes of people, those with eczema, women who are pregnant, those with immune disease, immunological diseases are greater risks, and if they needed to be vaccinated they would be vaccinated along with the globulin to modify the response. The globulin has questionable place, I would say, in control of outbreak except for people who had to be immunized who were high risk, except for the treatment of people who already have the disease. At that point it probably is too late.

With respect to giving it to people who have been exposed, who have not been vaccinated, there is a question whether they would probably not even at that point be better off with a smallpox vaccination.

So this is a somewhat unresolved scientific question, but the role of the globulin is primarily for people who need vaccine but are at risk from the vaccination and not really for treatment of the disease or for protection.

TREATMENT

Mr. MAZZOLI. Doctor, one further question and then I will yield.

Is it your judgment that for the most part a person who would have smallpox or who has come in contact with one who does have smallpox, can be spared the disfigurement and the pain and suffering that formerly attended acquiring this disease?

Dr. DULL. Your question, if I may repeat it, is—

Mr. MAZZOLI. Does the present day treatment preclude or mitigate the chances of someone acquiring the disfigurement and the other aspects of the disease which seem to characterize it and make it one of the great plagues of human civilization?

Dr. DULL. In terms of treatment do you mean drugs or globulin?

Mr. MAZZOLI. Yes, globulin that you have talked about or anything else that modern science seems to have come up with.

Dr. DULL. The globulin may be effective in people who have been exposed, but I believe that there is probably no really suitable treat-

ment. Drug treatment may modify the disease somewhat. Generally speaking there is not a great deal one can do once the disease has been acquired.

I should point out that the disfigurement aspects probably are greatly overstated. There may be a few pock marks, but many people in India, Pakistan and countries who have smallpox quite regularly, where essentially everybody who contracts the disease who is not vaccinated, many people have no disfigurement whatsoever.

The problem, of course, with smallpox are those people who may develop a serious enough form of the disease to have a fatality, but for the rest, it is not that disfiguring.

FATALITY

Mr. MAZZOLI. Doctor, you bring up the fatalities.

Is there a percentage of fatality that you seem to find, an accurate figure?

Dr. DULL. There is a great range of fatality. Smallpox has traditionally been thought to exist in two forms, a major form and a minor form. The minor form's characteristic has a mortality of less than 5 percent. The major form has a mortality of something closer to 35 or 45 or 50 percent. It is difficult to differentiate the disease occurring in a country with a given mortality from all other things which might contribute to it.

If a disease with a mortality of 10 percent occurs in a country with a high level of malnutrition, for example, the mortality may be accentuated by that fact. The smallpox that is occurring in the four countries that still have endemic smallpox, currently it has a mortality there with all these other contributing factors of between 20 and 35 to 40 percent. The major form, probably, but again a great range. It depends on a lot of other factors.

Mr. MAZZOLI. Doctor, thank you very much.

Congressman Gude, do you have any questions?

PROCEDURE ON OUTBREAK

Mr. GUDE. Doctor, if an outbreak should occur, you would go to inoculation or you would go to treatment, or would it possibly be a combination of both?

Dr. DULL. You would primarily go to inoculation of people who had not been vaccinated within 3 years, and on confirming the immunity of those who have.

Mr. GUDE. How quickly could you get a supply of vaccine? Can this be stored, or is it necessary to produce it?

Dr. DULL. It is stored in a dry frozen form. It is available within hours, and in large quantities, so there is no problem about the availability of the vaccine.

Mr. GUDE. There would be, even with a fairly extensive outbreak, there would be a sufficient quantity available.

Dr. DULL. Yes, sir.

Mr. GUDE. It would not have to be produced?

Dr. DULL. No.

Mr. GUDE. Thank you, Mr. Chairman.

Mr. MAZZOLI. Congressman Stark?

INCIDENCE OF SMALLPOX

Mr. STARK. Doctor, if you do not have these particular figures, I suspect we should probably have them somewhere in the record, but can you tell me when the last case of smallpox was in the United States and in the District of Columbia?

Dr. DULL. Dr. Standard mentioned the District. I believe he said 1932; in the United States, 1949.

Mr. STARK. And the last death in the country?

Dr. DULL. In 1949. I believe it was associated with that outbreak.

Mr. STARK. It was associated with that case?

Dr. DULL. That is right.

Mr. STARK. And in the District of Columbia, 1932 or earlier?

Dr. DULL. I do not know.

Mr. STARK. So in effect we are saying more people are dying from the vaccination than are dying from the disease itself.

Dr. DULL. Yes.

Mr. STARK. Thank you very much.

Mr. MAZZOLI. Congressman Smith.

Mr. SMITH. Doctor, you are a medical doctor.

Dr. DULL. That is right.

Mr. SMITH. And your testimony does not state so, and I assume that you are, but I wanted it for the record.

VACCINATION

Doctor, do you know of any body of opinion either substantial or not that thinks that nonselective vaccination should not be eliminated?

Dr. DULL. No body of opinion. There are individual practitioners, I am sure, who feel that this has been the tradition in the medical practice, the older immunization procedure, and some feel I think with not total justification, but at least with an understanding that to eliminate a vaccination may suggest to someone that other vaccinations are not needed, and this transfer of diminished interest in vaccination has concerned some people. We have not seen this in fact.

Generally the response has been rather that it has been more possible to emphasize the important vaccinations if you can eliminate them one at a time. It is just one fewer that you have to stress.

Mr. SMITH. But as far as you know, there is no substantial body of opinion, then, there is no organized medical society or anybody of that nature who is against this proposal?

Dr. DULL. The only group that conceivably might be against it, but not for the general population, would be the military. The military has quite a different need for smallpox vaccination, of course. They have a nonselective policy. But even talking with people in preventive medicine in the military, they feel this is the approach for the civilian population.

Mr. SMITH. But of course, their opposition is based on their own needs, would not cover this proposal at all.

Dr. DULL. Not at all, that is right.

Mr. SMITH. Thank you, Doctor.

I think most of us have come up through school systems where compulsory vaccination was required and so this requires a little shift of thinking.

Thank you very much.

Mr. MAZZOLI. I think the Congressman states the case clearly. We have all come up through that era and during the times when you had these mandatory vaccinations and I think that you pointed out in one of your answers something which will be very important, and that is the educational process as we have to reeducate ourselves and we will have to reeducate the people on the Floor, I feel fairly confident, to assure them that we are not opening up the doors to some horrible plague and we are not lowering our barriers to these kinds of illnesses and diseases.

IMPORTATION PREVENTION

And in that connection, Doctor, does the Public Health Service have any activity at airports, international airports, visitors centers, to act as some kind of a screening facility to prevent importation of this disease?

Dr. DULL. One of the responsibilities of the Center for Disease Control is management of what used to be called the foreign quarantine activities of the Federal Government, and these involve our actually stationing at all ports of entry, both seaports and airports, personnel to review the vaccination certificates of travelers, either foreign nationals or returning Americans into this country, and this is done collaboratively with the Immigration and Naturalization and with the Department of Agriculture, all those who screen travelers.

The role of the Public Health Service quarantine effort is to insure that the screening will be very comprehensive. Travelers who return from countries where there is smallpox carrying are especially carefully interviewed with respect to when they were there, how much contact they had and particularly whether they have a valid certificate of vaccination. If they do not have a valid certificate of vaccination, they are offered vaccine or they are given a so-called surveillance notice, by which I mean they are told that they have conceivably been exposed to smallpox and that their name would be given to the health department in the area in which they reside, and they should check with the health department, and the health department would then assure them that they would not become ill.

We find that in terms of returning Americans and foreign nationals, that less than 10 percent do not have a valid certificate, and many of them elect to receive vaccine at that point. In all of those cases where vaccine is not given, a surveillance notice is given, and these are followed up very carefully, so that there is a careful screening process at all ports of entry.

Mr. SMITH. Mr. Chairman, I would like to testify that yesterday or the day before or whenever it is, as we came from west to east, at Honolulu, we went through customs and immigration, and the Public Health Service officer was there to check us as returning U.S. citizens, and checked apparently where we had been as to whether that was necessary and so forth, and I suppose he was also operating as an immigration officer at that particular point, but the Public Health Service officer was there and did look at us and our passport and do whatever had to be done, and then we were given a little printed notice, an alert notice that should we come down with any kind of disease

within the next 2 weeks, we should immediately communicate it with our local doctor and hospital and so forth.

It is a good job.

Mr. MAZZOLI. Doctor, one last question.

Is it possible for a person to come down with a mild case of smallpox which would not be apparent and in his contacts with other people seriously affect them?

MODIFIED SMALLPOX

Dr. DULL. That can occur. People who have received smallpox vaccine at some time in their lives but not recently enough to prevent an illness entirely can have what is called modified smallpox, usually with a modified rash, and certainly with this illness there is nothing such as a nonclinical carrier. A person who has a smallpox infection but doesn't know anything about it, but at least a mild illness, that is true. These people can transmit the disease. They are less efficient transmitters. They do not generate as much virus as someone who is seriously ill, but they do constitute in most outbreaks of smallpox, one aspect that has to be looked at very carefully, and one has to be alert to the fact that a person could have smallpox in a modified form as a result of a prior immunization. We have to be alert to that.

Mr. MAZZOLI. If this becomes law, this H.R. 8747, would this complicate the handling of that kind of a situation?

Would it worsen the handling of it or affect it in any fashion at all?

Dr. DULL. No. We would do exactly the same things, being aware that this in fact is a possibility and the people who have had vaccine will perhaps have a very mild illness. All people who have had contact, either with the case or with the modified case would be treated just the same.

Mr. MAZZOLI. If there are no further questions, Doctor, you are excused and we thank you very much.

Counsel.

Mr. HOGAN. Doctor, do you have a list, or does Dr. Standard have a list of what the law is in the various States?

Dr. DULL. I can give you a tabulation, yes. I do not have it with me, but I will be happy to provide it.

Mr. MAZZOLI. If you will provide that for the committee, Doctor, we would appreciate it.

[The information referred to follows:]

STATE LAWS

The Center for Disease Control of the U.S. Public Health Service reports that, as of January, 1974, only the State of Kansas, the District of Columbia and the Territories of Puerto Rico and the Virgin Islands have laws or regulations requiring smallpox vaccination. Legislation to repeal the requirement has been introduced in Kansas and the District of Columbia.

Since 1971, when the Public Health Service issued its recommendation against compulsory, non-selective smallpox vaccination, the following states have discontinued such laws or regulations:

Arkansas
Connecticut
Florida
Georgia
Hawaii
Illinois
Kentucky
Louisiana
Maine

Maryland
Massachusetts
Michigan
Mississippi
Missouri
New Hampshire
New Mexico
New York
North Carolina

Ohio
Pennsylvania
Rhode Island
South Carolina
South Dakota
Tennessee
Texas
Virginia
West Virginia

In the remaining 22 states and the Territory of Guam, no statewide smallpox vaccination requirements were in effect, as of 1971, nor have any been implemented subsequently. The Public Health Service is unable to supply information as to what actions may have been taken in this regard by local jurisdictions within those states.

Mr. HOGAN. If you had Florida, could Jacksonville have an immunization of children and not Miami?

Dr. DULL. To my knowledge, either State regulations or State statutes are the same. If a State had a regulation that were relaxed and not enforced, it is conceivable that a city health department might elect to have a more or less strenuous position that might encourage vaccination or it might discourage it, but generally, to my knowledge, the regulations and statutes are statewide.

Mr. HOGAN. Thank you very much, Mr. Chairman.

Mr. MAZZOLI. Thank you, Doctor.

Mr. David Splitt, General Counsel of the Board of Education of the District of Columbia.

STATEMENT OF DAVID A. SPLITT, GENERAL COUNSEL, BOARD OF EDUCATION OF THE DISTRICT OF COLUMBIA

Mr. SPLITT. Mr. Chairman and members of the subcommittee, I have a short statement.

Mr. MAZZOLI. Very good.

Mr. SPLITT. I am pleased to appear before this subcommittee in response to the invitation to the Board of Education for its testimony on H.R. 8747, the bill to repeal the requirement for compulsory smallpox vaccination of public school students in the District of Columbia.

The Board of Education is aware of the broad support for this legislation within the medical and public health disciplines and supports the efforts of the Mayor and city government in this regard. Further, the Board of Education recognizes the responsibility of the city government and school system to assume the function of overseeing the welfare and well-being of public school students in the District of Columbia.

The Board feels that the primary responsibility of the school system with regard to this legislation is to see that the community is informed of the proposed change in the law along with the background and facts supporting such a change. We must inform the community that no State has such a requirement for compulsory vaccination and that evidence exists which makes such a requirement unwise. At the same time, we must make all parents aware of the fact that smallpox vaccination is available to their children without charge and that the lack of compulsory vaccination in no way restricts their prerogatives with respect to the vaccination of their children.

The Board of Education is concerned that the majority of parents and other concerned citizens of the District are not aware of the facts, statistics and other information which bear upon the administration of smallpox vaccine. For that reason, and because the Board of Education has made a commitment to public involvement in policy decisions, the Board of Education will undertake to further educate the community about the issues and facts surrounding the proposed change in the law and hold public hearings to gather community input.

In this way the Board of Education will fulfill its commitment to the community for public involvement in decisions affecting their children and the public schools. If the Board should find strong community support for compulsory vaccination or determine that some other measures should be taken to address the smallpox immunization issue, the Board can then make this information known to the city government and cooperate with the community and city government to resolve the matter.

Therefore, while the Board of Education does not directly support or oppose the issue of compulsory smallpox vaccination at this time, it acknowledges the responsible actions being taken by the Congress and the District of Columbia city government and will proceed to fulfill its responsibility to educate the members of the community and seek their involvement in the Board's role as the responsible agency for running the public schools.

Mr. MAZZOLI. Mr. Splitt, thank you for your statement.

In addition to public meetings, are there any other means which would come to your mind for informing the community and for gaining this input with respect to lack of compulsory vaccination?

Mr. SPLITT. Certainly. The most obvious means is the school system itself has probably the most direct access to a large number of citizens in the District of Columbia in that we have their children all day, and they go home. I think this is probably primary, because as children learn from their parents, also parents learn from what their children bring home from school. At least we hope so. And this is certainly one avenue.

I think anytime when you have a situation where the experts have come up with a decision—and as you mentioned in your opening statement, we have people in the community who feel that smallpox is part of the tradition in child raising. Any time where you have a decision being made by experts that is different from the tradition, you have a problem of explaining this kind of thing to the people involved in that tradition.

A part of the response to that of course is the logical kind of public relations of the kind of public information that explains exactly why it was done. And what will happen, I think, in many cases, especially as I say where there is a tradition involved, many of the inquiries are illogical, at least on first examination. The inquiries may not appear to directly address the question you have before you.

But I think that by getting into—so when you get into a public forum on the community level you can address some of these questions. For example, I think you have students and the parents have studied some history and they know that smallpox wiped out large numbers of Indians. So the question might then arise, does smallpox have a more severe effect on different racial groups; since 95 percent of the school-children in the District of Columbia are black, I am sure that is a question that can be anticipated.

Is the reaction of black people to smallpox more severe? And I think these kinds of questions can be better answered in a forum where people can discuss it and make sure that the question being asked is being answered, which you cannot often do with simply newspaper articles.

Mr. MAZZOLI. Mr. Splitt, are you aware of any other compulsory inoculations or vaccinations for the District of Columbia?

Mr. SPLITT. I am not really sure whether I am aware of it because I do not know the details. I think there is a compulsory examination for sickle cell anemia, but most of this type of thing is within the public health—I might say in regards to this that while the school system and the public health and the department of human resources in the District of Columbia would of course cooperate, that in any emergency or should there be a tremendous amount of interest within the community, some measure of protection could be afforded. For example, the school system itself having the responsibility for controlling the schools could say that any child who comes from Bangladesh, India, Pakistan, Ethiopia and wishes to come into the District of Columbia Public School System would have to be vaccinated.

Now, that is a public health service check, but the community might feel that the school system simply duplicated that requirement and the principal check that before he came into the school. Things which might not be a requirement, such as students who may have part time jobs in hospitals, at some point this may become a wise thing to do.

I do not think the Board is—and I am not certainly saying in this statement that the Board is going to take any action precipitous right now. The Board is not really well informed on the issue, but I think as particular questions come up, and I think as the Board is made aware of things, that the Board in conjunction with the city government can address problems as they arise.

Mr. MAZZOLI. Congressman Gude, do you have any questions?

Mr. GUDE. I have no questions.

Mr. MAZZOLI. Mr. Splitt, thank you very much for your appearance here this morning, and your assistance.

I would like to call here as our panel Dr. George J. Cohen, chairman of the American Academy of Pediatrics for the District of Columbia chapter, and Dr. Clifton R. Gruver, president of the Medical Society of the District of Columbia; and I understand Dr. Mody, who is the chairman of the Medical Society's Committee on Communicable Diseases. Gentlemen, if you three would take the chairs.

STATEMENT OF CLIFTON R. GRUVER, M.D., PRESIDENT, MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA, AND GEORGE J. COHEN, M.D., CHAIRMAN, AMERICAN ACADEMY OF PEDIATRICS, DISTRICT OF COLUMBIA CHAPTER, AND VINOD MODY, M.D., CHAIRMAN, MEDICAL SOCIETY'S COMMITTEE ON COMMUNICABLE DISEASES

Dr. GRUVER. Mr. Chairman, for your information, Dr. Mody is also chairman of the Department of Infectious Diseases at Howard University.

Mr. MAZZOLI. Doctor, we welcome you and all of you doctors, and however you want to get it started, Dr. Gruver.

Do you have a statement?

Dr. GRUVER. Yes, sir. Our statement is short, and if I may, I will just read it.

Mr. MAZZOLI. Yes, please, go ahead.

MEDICAL SOCIETY SUPPORTS THE LEGISLATION

Dr. GRUVER. Mr. Chairman and members of the committee, I am Dr. Clifton R. Gruver, a physician in the practice of internal medicine in Washington, D.C., for over 20 years. I appear today as president of the Medical Society of the District of Columbia. The only State medical society ever chartered by the Congress of the United States; and a society which has a membership of 3,000 physicians who practice in this metropolitan area.

Approximately a year ago the Medical Society of the District of Columbia, through the work of its Committee on Communicable Disease, adopted the policy that vaccination for smallpox in school age children should be abolished. This policy was promulgated to the membership of the society and to the Director of Public Health of the District of Columbia.

It is self-evident from the testimony being presented here today that smallpox is no longer a disease which requires mass inoculation of schoolage children. It has been years since the last case of smallpox has been reported in this community, and, indeed, in this country. Throughout the entire world, only five countries have recorded smallpox within the last year: India, Nepal, Pakistan, Bangladesh, and Ethiopia. And it has been since 1949 that smallpox has been recorded at a U.S. quarantine station.

In the light of these facts, therefore, and pursuant to the directive of the U.S. Public Health Service, 1972, the practice of large-scale smallpox vaccination has been abandoned in the medical profession and should be abandoned by law. As a matter of fact, as you have heard in testimony, the hazards of untoward reaction from vaccination have become more serious than the risk of exposure to the disease itself.

Since 1970 every jurisdiction in this country has repealed its laws governing the inoculation of children against smallpox. In each of these instances, health authorities all over the country have argued for repeal. It must be assumed, therefore, that they cannot all be wrong.

The Medical Society of the District of Columbia endorses the recommendation of the U.S. Public Health Service, and the Health Officer of the District of Columbia. We favor the passage of H.R. 8747.

Thank you for the opportunity and privilege to present our views.

Mr. MAZZOLI. Dr. Gruver, thank you very much. Dr. Cohen, perhaps you would go with your statement, and then Dr. Mody, and then we will have questions.

Dr. COHEN. Thank you.

I am at this time the immediate past chairman of the District chapter of the academy, but since we got things started, they asked me to continue to follow it through.

OPPOSE IMMUNIZATION IN SCHOOLS

The District of Columbia chapter of the academy consists of over 100 pediatricians and practice teaching, research, and medical administration in the Washington area. We consider routine smallpox immunization for children entering school not to be good medical policy for the following reasons: one, there has been no smallpox imported in the United States for almost 25 years; two, the number of countries

with smallpox is diminishing rapidly, because of the effect of eradication programs of the World Health Organization; three, smallpox vaccination carries a small but definite risk of a series of fatal complications, especially for first-time vaccinees; four, secure immunity against smallpox is maintained only for several years, so that our adult population is susceptible regardless.

Five, the U.S. Public Health Service recommended, in September 1971, after a detailed evaluation of the risks and benefits, that routine smallpox vaccination be discontinued. The American Academy of Pediatrics—this is at the national level—concurred with this recommendation. So long as travelers to endemic areas continue to be immunized against smallpox, and so long as surveillance of those entering this country is maintained, there is virtually no likelihood of the importation of smallpox into the United States.

Continued adherence to this 100-year-old statute potentially endangers the health of children and their susceptible contacts, but ignoring it places a child, his parents, and the school in defiance of the law. Most pediatricians in this area have ceased vaccinating children, except if they are traveling to endemic areas. Therefore, to bring the statutes into line with accepted medical practice based on sound scientific principles, we urge that H.R. 8747 be passed.

Mr. MAZZOLI. Dr. Cohen, thank you very much.

Dr. Mody, do you have a statement, or care to make some comments at this time?

Dr. MODY. No, sir; but I would be prepared to take part in any questions.

Mr. MAZZOLI. Thank you.

Perhaps all three of you could answer the question. Is it your own personal opinion, if you had children of your own that were entering school, that they would not be vaccinated for smallpox? Would that be your election as a father, as well as a doctor?

Dr. GRUVER. Yes, sir.

Dr. COHEN. Yes, sir.

Dr. MODY. Yes, sir.

Mr. MAZZOLI. So that would assure people in your own personal opinion, as well as your professional opinion, that there are more dangers from the vaccination than there would be from the possibility of contracting this disease, either through its importation, or from some endemic situation?

Dr. GRUVER. Yes.

PROTECTIVE PROCEDURES

Mr. MAZZOLI. Now, if that is the case, are you satisfied that were the untoward to occur, were the disease to be imported or were the—some smallpox strain to arise in this country, you feel that there are enough medical procedures to guard against any serious epidemic within this country, and to protect the inhabitants well enough, even though we have abandoned the nonselective type of vaccinations?

Dr. Gruver?

Dr. GRUVER. Yes, sir. I think, as Dr. Dull commented, I think the disease could be readily contained, and after review of much of the public health literature and other literature, I think that the public

health surveillance, the efficacy of the vaccination itself, becomes necessary; the use of the globulin, perhaps. The quarantine precautions I think could readily be initiated.

Mr. MAZZOLI. Dr. Cohen?

Dr. COHEN. Yes, sir; same thing.

Mr. MAZZOLI. Dr. Mody?

Dr. MODY. Yes, I would like to say that the part where Dr. Dull referred to selective vaccination, that has been formerly true, that hospital personnel have to be vaccinated; because I was in England when there was a case reported, and the majority of cases occurred in medical and health personnel who came in contact with this patient.

Mr. MAZZOLI. So you then subscribe to—I think it was Dr. Dull who mentioned it, that there ought to be, every 3 years, vaccinations of hospital personnel?

Dr. MODY. Yes; exactly.

Mr. MAZZOLI. Because they would be the first line to contact a reported case, and they could act as carriers themselves. I see.

But with that one exception, there should be no need for having non-selective, if you will, vaccinations?

Dr. MODY. I agree.

EDUCATIONAL PROGRAM

Mr. MAZZOLI. Well, let me ask the panel one other question. What type of informational program would you envision for the medical society, the academy, perhaps the teaching institutions, to overcome what everybody seems to feel would be a bit of a difficulty for us, and that is the tradition that we have of having so many inoculations before we go to school, and periodic boosters, and the comfort that we have; you might say, the security of knowledge that would protect? Would you think, Doctor, any programs or aspects that you could get into?

Dr. GRUVER. Well, Mr. Chairman, I think that the medical society could play a part in this effectively, by encouraging its members to spread the word to their individual patients. I think that if the pediatricians began to harp upon this subject, as their children were brought in for routine examinations, and took the time to educate the parents to the change, I think that this would be one effective measure.

We can also, of course, educate our own membership, as we have done in the past, when this concept was developed, through our own newsletters and educational programs for physicians. I think also, as the counsel for the Board of Education stated, that perhaps there could be an ongoing educational program in the school system itself; that is, in the classroom.

Mr. MAZZOLI. Dr. Cohen?

MARYLAND EXPERIENCE

Dr. COHEN. I'm sort of an anomaly, because actually, my practice is in Silver Spring, so we have had no required smallpox vaccinations for about 2 years now, and the education of the patients, I think, is sometimes further along than the education of the schools and of the professionals; because, especially, a parent who has had one kid vaccinated, and saw, even without complications, that this kid was sick

for 3 days with a high fever and an ugly-looking arm, and so forth, they say, I do not think there is a great educational program. I think people will listen to what their physicians say, and it will take 30 seconds of explanation to risk and benefits, and they are willing to go along with it, in my personal experience.

MR. MAZZOLI. Doctor, would you expect, having worked as you have with your practitioners in Maryland, and with the District society, that you could find members who would be willing to go to public meetings and to defend the abandonment of this as a requirement?

DR. COHEN. Without question.

MR. MAZZOLI. And Dr. Gruver you feel the same way?

DR. GRUVER. Yes, sir.

MR. MAZZOLI. Dr. Mody, earlier it was mentioned by Mr. Splitt, the education counsel, that there might be some situation in the District of Columbia, where 95 percent of the schoolchildren are black, of a special kind of educational program with respect to, perhaps, the peculiar nature of this disease with respect to black people, if there is such a relationship; and, connected with Howard as you are, do you see there is any need to tailor the program to black or white, or can it be a children-type program?

DR. MODY. I think it can be a children-type program. I do not particularly see that there is any racial barrier as far as smallpox is concerned, and in countries where there have been importations, children have not been involved. Adults have been involved.

MR. MAZZOLI. Congressman Gude?

MR. GUDE. I have no questions.

MR. MAZZOLI. Well, gentlemen, let me thank you very much for your attendance, and your participation. You have helped us and I think we have pretty much narrowed it down. Obviously, the scientific body is clearly in behalf of abandoning the nonselective vaccinations. I think we will all have suggested to us, as we will when we go to the floor with this, the educational program. We will have to educate our colleagues up here, to say that there really is no medical necessity, there is no public health need, to have widespread mass inoculations.

So, as we will have to educate them, I would hope that you doctors, and your colleague doctors, would cooperate with the Board of Education and others in again carrying the message on that this is not lowering the barriers. This is not exposing our people to some horrible plague, but in fact is protecting them, those who might otherwise become ill by taking these vaccinations.

So thank you very much.

MR. HOGAN. Mr. Chairman—

MR. MAZZOLI. I am sorry. Mr. Hogan?

MR. HOGAN. Just one question. This requirement for the public schools does not affect compulsory inoculation of individuals who work for hospitals

In other words, if an individual worked for a hospital, and the community decided that, because of the risk involved, that they should be inoculated, it would not affect a requirement by the city government that certain individuals who work with the hospital be required to be inoculated?

DR. GRUVER. No, sir.

MR. HOGAN. This is just for schools.

And secondly, if I understood Mr. Splitt's testimony, he was suggesting that the school system itself might want to require certain

students, perhaps certain foreign students, to be inoculated, or individuals of high school age, I suppose, who work for hospitals; require them to be inoculated.

Now, if you repeal this provision, as I understand it, the school system would not have the authority to lay a requirement on individual students that they have this inoculation.

Is that not correct?

Dr. GRUVER. That is correct, as I understand it. I thought that he was referred to importation of the student from other countries that might have an endemic situation with regard to smallpox.

Mr. HOGAN. But if this repealer goes into effect, the school system would not have the authority to require that particular student to receive a vaccination.

Dr. GRUVER. No, sir.

Mr. HOGAN. That would be up to the local government, and probably the medical society and the Department of Human Resources. It would not be up to the school system to say, we will not admit this student; and that could presumably be taken care of? They could transmit their concern over the issue to, let's say, the Department of Human Resources, but it would not be the function of the school system to determine, no, we will not admit him to school; or, no, we will not permit X to attend classes, because he is working in a hospital; but the Department of Human Resources would take care of that?

Dr. GRUVER. I think it would work the other way; that once a student was working in an environment of that type, that he would—that the onus of responsibility would rest there, rather than on the school system.

Mr. HOGAN. Thank you, Mr. Chairman.

Mr. MAZZOLI. Thank you very much, Mr. Hogan. Thank you very much, doctors. That concludes our testimony today.

Doctor Cohen, your letter to the Chairman will be included in the record at this point.

[The letter referred to follows:]

DISTRICT OF COLUMBIA CHAPTER,
AMERICAN ACADEMY OF PEDIATRICS,
Washington, D.C., July 16, 1973.

HON. CHARLES C. DIGGS, JR., M.C.,
Chairman, House Committee on the District of Columbia, Longworth Building,
Washington, D.C.

DEAR MISTER DIGGS: The D.C. Chapter of the American Academy of Pediatrics commends you for introducing H.R. 8747, which will repeal the requirement of smallpox vaccination for public school students in Washington, D.C.

In September 1971 the U.S. Public Health Service, with the concurrence of the American Academy of Pediatrics, recommended the cessation of routine smallpox vaccination. Because no case of smallpox has occurred or been imported into this country for over 25 years, because the world wide eradication program of the World Health Organization is proving so successful, and because every year in the United States some half dozen deaths and about 200 serious complications occur as a result of non-selective smallpox vaccination, the Chapter feels that the Public Health recommendation is eminently sensible and scientifically sound.

Therefore, we hope you will be able to steer H.R. 8747 on a successful course through the Committee and then through the House.

Respectfully,

GEORGE J. COHEN, M.D.

Mr. MAZZOLI. The committee stands adjourned.

[Whereupon, at 11:25 a.m., the committee adjourned.]

APPENDIX

93 ^D CONGRESS 2d Session	}	HOUSE OF REPRESENTATIVES	}	REPORT No. 93-921
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REPEALING SMALLPOX VACCINATION REQUIREMENT FOR PUBLIC SCHOOL STUDENTS IN THE DISTRICT OF COLUMBIA

MARCH 19, 1974.—Referred to House Calendar and ordered to be printed

Mr. DIGGS, from the Committee on the District of Columbia,
submitted the following

REPORT

[To accompany H.R. 8747]

The Committee on the District of Columbia, to whom was referred the bill (H.R. 8747) to repeal section 274 of the Revised Statutes of the United States relating to the District of Columbia, requiring compulsory vaccination against smallpox for public school students, having considered the same, report favorably thereon without amendment and recommend that the bill do pass.

PURPOSE OF THE BILL

The purpose of H.R. 8747 is to repeal Section 274 of the Revised Statutes of the United States relating to the District of Columbia, which requires compulsory vaccination against smallpox for public school students. The law (D.C. Code, Tit. 31, Sec. 1102) states:

No child shall be admitted into the public schools who shall not have been duly vaccinated or otherwise protected against the smallpox.

This legislation was introduced at the request of the District of Columbia government.

NEED FOR THE LEGISLATION

Medical authorities in this country report that the risk of serious complication and death as a result of smallpox vaccination is far greater than the present risk of contracting smallpox.

The last confirmed case of smallpox in the United States occurred in 1949. Yet, as recently as 1968 there were nine deaths in this country,

as well as 500 cases of serious complications, resulting from vaccinations against smallpox.

The last case of smallpox recorded in the District of Columbia occurred in 1932. However, within the last six months alone, two children have been hospitalized in the District of Columbia with complications from smallpox vaccinations.

The U.S. Public Health Service states that protection against smallpox can be maintained only through revaccination at regular intervals throughout the lifetime of an individual. The lack of smallpox in this country over the past 25 years, according to the Public Health Service, is not due to high levels of immunity, but rather due to the international effort to prevent the spread of the disease.

In view of the world-wide progress in the effort to eradicate smallpox, the Public Health Service reports that the probability of the disease being imported into this country is now minimal. It is projected that the world may be smallpox-free within the next three years.

Accordingly, the Public Health Service, since 1971, has been recommending the discontinuance of compulsory, non-selective smallpox vaccinations. The District of Columbia is one of the last remaining jurisdictions in the United States to require that children entering public schools be vaccinated.

H.R. 8747 in no way precludes either voluntary vaccinations or selective mandatory vaccinations for persons, such as hospital workers or overseas travelers, who may be at greater risk of contracting smallpox. Vaccinations will continue to be available at no cost to District residents at District of Columbia public health facilities.

Because of the long tradition of vaccinating children against smallpox, the Committee has urged officials of the District Government, the Board of Education and local medical organizations to engage in a cooperative effort to inform the general public of the reasons for this legislation and to inform them that vaccination on a voluntary basis is still available.

PRECEDENTS

The Center for Disease Control of the U.S. Public Health Service reports that, as of January, 1974, only the State of Kansas, the District of Columbia and the Territories of Puerto Rico and the Virgin Islands have laws or regulations requiring smallpox vaccination. Legislation to repeal the requirement has been introduced in Kansas and the District of Columbia.

Since 1971, when the Public Health Service issued its recommendation against compulsory, non-selective smallpox vaccination, the following states have discontinued such laws or regulations:

Arkansas	Maryland	Ohio
Connecticut	Massachusetts	Pennsylvania
Florida	Michigan	Rhode Island
Georgia	Mississippi	South Carolina
Hawaii	Missouri	South Dakota
Illinois	New Hampshire	Tennessee
Kentucky	New Mexico	Texas
Louisiana	New York	Virginia
Maine	North Carolina	West Virginia

In the remaining 22 states and the Territory of Guam, no state-wide smallpox vaccination requirements were in effect, as of 1971, nor have any been implemented subsequently. The Public Health Service is unable to supply information as to what actions may have been taken in this regard by local jurisdictions within those states.

AUTHORITY OF THE DISTRICT OF COLUMBIA GOVERNMENT NOT AFFECTED BY THIS BILL

Sections 118 and 119 of Title 6 of the District of Columbia Code vest broad powers in the District of Columbia Government to protect the public health, comfort and welfare against the danger of medical emergencies which might stem from the spread of communicable diseases such as smallpox.

The District of Columbia Council is empowered to promulgate, and the District of Columbia Commissioner to enforce, all such reasonable rules and regulations which may be deemed necessary to prevent and control the spread of communicable diseases in the District of Columbia.

This statutory authority, which would permit District officials to swiftly reinstitute compulsory immunization against smallpox should future conditions so warrant, would in no way be affected by enactment of H.R. 8747.

Also unaffected would be existing District of Columbia Health Regulations (Title 8, sections 5:104, 5:114, and 7:107) which require hospital workers to be immunized against communicable diseases. These regulations are in keeping with the recommendations of the U.S. Public Health Service and the American Hospital Association, that immunity against smallpox be maintained by health personnel.

So long as any possibility exists of a smallpox importation, the Committee urges District health officials to strictly enforce these regulations by requiring that all workers in hospitals where smallpox might be treated, including school-aged volunteers, be vaccinated every three years.

HISTORY

H.R. 8747 was introduced on June 15, 1973, at the request of the District of Columbia Government. On January 22, 1974, the Subcommittee on Labor, Social Services and the International Community held a public hearing, at which time testimony in favor of H.R. 8747 was submitted by officials of the District of Columbia Government; the U.S. Department of Health, Education and Welfare (U.S. Public Health Service); the Medical Society of the District of Columbia; and the District of Columbia Chapter of the American Academy of Pediatrics. The American Medical Association submitted a copy of its resolution, adopted June, 1973, supporting discontinuance of compulsory smallpox vaccinations. A representative of the Board of Education of the District of Columbia stated that the Board does not directly support or oppose this legislation. However, no opposition to the legislation was expressed to the Subcommittee at the hearing or since.

On January 29, 1974, the Subcommittee held a mark-up session, at which time the bill was ordered favorably reported to the Full Committee without amendment.

COMMITTEE VOTE

The bill, H.R. 8747, was approved by voice vote of the Committee on March 14, 1974.

COST

The enactment of this legislation will involve no added cost to the government of the District of Columbia.

DISTRICT GOVERNMENT'S REPORT

Following is a letter dated June 7, 1973, requesting the enactment of this legislation, and enclosing a bill draft which was subsequently introduced as H.R. 8747, reported herewith:

GOVERNMENT OF THE DISTRICT OF COLUMBIA,
EXECUTIVE OFFICE,
Washington, D.C., June 7, 1973.

The Honorable the SPEAKER,
U.S. House of Representatives,
Washington, D.C.

DEAR MR. SPEAKER: The Government of the District of Columbia has the honor to submit for consideration by the 93rd Congress a bill "To repeal section 274 of the Revised Statutes of the United States relating to the District of Columbia requiring compulsory vaccination against smallpox for public school students."

Section 274 of the Revised Statutes (D.C. Code, sec. 31-1102) provides that no child shall be admitted to the public schools of the District of Columbia who has not been vaccinated or otherwise protected against smallpox. The attached bill would repeal that provision of law in order to permit the completely voluntary smallpox vaccination program recommended by the medical community.

It has been determined that, in the United States, the risk of serious and even fatal complications from a smallpox vaccination is greater than the risk of contracting the disease. Accordingly, local and national health organizations, including the Medical Society of the District of Columbia, the Committee on Infectious Diseases of the American Academy of Pediatrics, and the United States Public Health Service have recommended that routine or compulsory smallpox vaccinations be discontinued.

The proposed repeal of the preschool vaccination requirement would in no way affect the authority of the District of Columbia Council, pursuant to sections 1 and 2 of the Act of August 11, 1939, as amended (D.C. Code, secs. 6-118 and 6-119), to adopt rules and regulations to prevent and control the spread of communicable diseases and to denominate which diseases shall be classified as communicable. Accordingly, should conditions in the future warrant the reinstituting of preventive medical measures against small pox in the District of Columbia, existing statutory authority is sufficient to enable the Council to act swiftly and effectively to establish adequate controls.

For the foregoing reasons, we urge favorable consideration and early enactment of the attached draft bill.

Sincerely yours,

WALTER E. WASHINGTON,
Commissioner.

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3 of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets):

SECTION 274 OF THE REVISED STATUTES OF THE UNITED STATES

[SEC. 274. No child shall be admitted into the public schools who shall not have been duly vaccinated or otherwise protected against the smallpox.]

○

For the foregoing reasons, we urge favorable consideration and early enactment of the attached draft bill.

Sincerely yours,

WALTER E. WASHINGTON,
Commissioner.

(HANSBERRY) Existing Law Made by the Bill, as Reported
in compliance with clause 8 of rule XIII of the Rules of the House
of Representatives, changes in existing law made by the bill, as
reported, are shown as follows (existing law proposed to be omitted
is enclosed in black brackets).

Section 274 of the Revised Statutes of the United States
[Sec. 274. No child shall be admitted into the public schools who
shall not have been duly vaccinated or otherwise protected against
the smallpox.]