IN REPLY REFER TO
FILE NO.

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
WASHINGTON 25, D.C.

JUN 3 1957

Hon. John E. Fogarty
U.S. House of Representatives
Washington, D. C.

Dear Mr. Fogarty:

This is in reply to your letter of May 29, 1957, addressed to Mr. Sam A. Kimble concerning the current shortage of commercial poliomyelitis vaccine in Rhode Island.

An increase in public demand for poliomyelitis vaccine began in February of this year nearly simultaneously in all parts of the country. This sharp and sudden increase rapidly exhausted back stocks and continues to utilize current vaccine production at a high rate. This shortage appears to be relatively uniform throughout the country and is affecting equally both private physicians and public health departments.

On March 30, 1957, representatives of the American Medical Association, the Association of State and Territorial Health Officers, and the National Foundation for Infantile Paralysis met with Public Health Service representatives to review the poliomyelitis vaccination program. As a result of this meeting a series of recommendations were made to the manufacturers of poliomyelitis vaccine. In the copy attached to this letter, please note the second recommendation which reads:

"The group recommended that commercial vaccine supplies be maintained in those States where vaccine is being sold to public agencies in order to assure that vaccinations can be provided through both public and private channels rather than only through public clinics."

The compliance of the manufacturers with this and the other recommendations has been excellent. The ratio of all vaccine shipped to public agencies and private physicians has remained virtually stable during the period of shortage. In Rhode Island the level of vaccine shipped to public agencies from July 1955 to March 15, 1957, was 54.3%. During the period March 15 to May 17, 1957, this ratio has dropped slightly to 52.4%.
Vaccine production has been accelerated as much as is compatible with the paramount requirement of producing a safe and potent vaccine. It is perhaps fair to refer to the present situation as one of extremely high demand, rather than of shortage of shipment. Up to May 17 of this year a total of 58 million doses of poliomyelitis vaccine had been shipped in contrast to 77 million doses during the entire year of 1956. From information available to us, it would not appear that the demand for poliomyelitis vaccine will decrease for at least two months and possibly not until the end of the year.

If you have any further questions, please do not hesitate to write.

Sincerely yours,

Assistant Surgeon General
Chief, Bureau of State Services

cc: To your Providence office