

# Only Two Inoculations of Anti-Polio Vaccine Will Be Needed, Dr. Salk Declares

## Polio Rarity Makes Evaluation Of Vaccine Complicated Matter

Ann Arbor, Mich. —(U.P.)—Polio is not a simple disease. For that reason the evaluation of the Salk anti-polio vaccine could not be a simple, open-or-shut matter.

It is a rare disease, despite the annual polio "scare" and despite all the publicity it has had. The chance of any one individual getting polio in a recognizable form is exceedingly slight.

But, paradoxically, the three virus types which cause the disease get around quite freely. Scientists believe that probably most people have had one or more of the three viruses in their and didn't know it. Maybe they had a sore throat at the time, maybe they didn't.

Nevertheless, all these people are protected against any further invasions by whatever type of polio virus got in them in the first place. The original invasion stimulated their blood chemistry into producing tiny particles called antibodies. These antibodies killed off the original invaders and they stay around to take care of any newcomers.

**Natural Immunity.** This is "natural" immunity. It is why the victims of most infectious diseases never have a disease a second time. But natural immunity in polio is complicated by two things: (1) To be immune to one of the three types of polio viruses is not to be immune to the other two; and (2) most of the people who have been made naturally immune to one or more types, don't know that they are immune.

It becomes plain, therefore, why evaluation of any anti-polio vaccine has to be complicated. For one thing, you might vaccinate a person who already was immune. If you did that, the vaccine was superfluous. For another thing, the disease is so rare you couldn't be sure that any one vaccinated person (or any hundred or thousand or ten thousand persons, for that matter) would encounter a potentially paralyzing virus.

Yet if there was no demonstrable "challenge," there could be no test results which would be accepted without question by

physicians and other scientists. To complicate the business even more, the Salk anti-polio vaccine had two strikes against it, in the minds of many scientists, because it is made with "killed" viruses.

**Experimented With Monkeys.** Natural immunity always is bestowed by "live" viruses—viruses capable of causing the disease. Salk's "killed" viruses couldn't possibly cause the disease. Therefore, the skeptics among scientists reasoned, the vaccine couldn't stimulate the body into producing enough lasting antibodies to ward off live, disease-causing viruses.

Dr. Jonas E. Salk demonstrated that monkeys immunized with his "killed" viruses were entirely immune to injected "live" viruses. He showed that in some 8,000 human beings vaccinations with his vaccine gave them high levels of antibodies if they had none and boosted the level if they already had antibodies.

Impressive as these results were, they were not acceptable to scientists generally—and for a very good reason. What can be produced in the laboratory and how viruses behave under "controlled" laboratory conditions, do not necessarily even approximate what goes on in nature and how viruses behave under natural conditions.

Now, you have a vaccine of "killed" viruses which seem capable of creating enough lasting antibodies to stop all three types of polio viruses before they can multiply and paralyze or kill. This vaccine may wipe out paralytic polio. So you want every doctor everywhere to believe in it. You want every parent to want his child vaccinated. In short, you want to prove its worth beyond even a slight doubt.

**Mass Tests Conducted.** That was the position of Basil O'Connor, president of the National Foundation for Infantile Paralysis, who has devoted almost twenty years to a crusade against the disease. There was only one way to do it—to organize a mass testing followed by a precise, scientific evaluation. Last spring, 460,000 children were vaccinated. With such a

large number, some were bound to be "challenged" by live viruses under natural conditions. They were scattered through 211 test areas in 44 states and in Canada and Finland, to eliminate any chance of freakish "local" conditions having any part in the result. Serving as "controls" were 1,370,000 of these children's schoolmates. They did not get the vaccine, but they have been "observed" just as closely as the vaccinated children.

There had to be an "evaluation center" where the results could be collected, put together, compared with one another, and the group of answers added up into the big answer as to whether the vaccine had been effective under natural conditions—and how effective.

### Simple Blood Test Determines Immunity

Pittsburgh — (U.P.) — Dr. Jonas E. Salk developed during his vaccine research a simple one - drop blood test to determine if a person is immune to polio.

Using the new micro-test, that is to polio what the famed Schick test is to diphtheria, Salk found that of 10,000 Pittsburgh children tested only 10 per cent were naturally immune.

While the micro-test worked "very well" and aids greatly in research, Salk foresaw little public use for it in the future. Inoculation with his new vaccine is even easier.

"The Schick test is not used any more because it is simpler to vaccinate," Salk pointed out.

### Apology Brings Lower Penitentiary Term

Pontiac, Mich. —(U.P.)—Roy E. Hankins might have to spend only two years in prison because he apologized to police.

Circuit Judge Russel Holland sentenced Hankins to two to 15 years in prison with a recommendation for the minimum sentence because the confessed burglar said he was sorry for escaping while touring with police the places he had looted.

## Statement Means 13,000,000 More May Receive Shots

Ann Arbor, Mich. —(U.P.)—Dr. Jonas E. Salk said today only two inoculations of his polio vaccine, instead of three, will be needed to give the majority of children immunity during the 1955 polio season.

His announcement meant that some 13,000,000 more children would be able to receive the vaccine by June 1.

Salk, 40, University of Pittsburgh researcher who developed the vaccine which was adjudged effective today, said the third shot, or booster shot, should not be given until at least seven months after the second inoculation.

**Vaccine Ordered.** Local health officials throughout the nation had been basing their plans for immunizing children in the three-shot plan used in last year's mass test. Salk's announcement means more "initial" inoculations than planned will be possible before the so-called polio season.

The National Foundation for Infantile Paralysis ordered 27,000,000 cubic centimeters of the vaccine before the evaluation of last spring's mass Salk inoculations was completed.

Since then the foundation estimates another 27,000,000 cc has been manufactured.

It predicts another 43,000,000 cc will have been produced by June 1, or 114,000,000 in all by June 1.

During the mass inoculations, three shots were given during a five week period. Salk said the first two inoculations should be spaced four weeks apart for maximum effectiveness.

**Shots for More Children.** On the basis of three cc per child, only 39,000,000 children could be inoculated by June 1.

But if figured on the basis of only 2 cc per child, 52,000,000 could receive shots, or the additional 13,000,000 this year.

It is estimated there are about 64,000,000 children of "polio age" in the United States.

Salk suggested that all children who received polio inoculations during last spring's field trials should get an additional booster dose this year. He said this was necessary because the three doses given in a five week period in 1954 could not have been expected to produce more than a primary effect.

"The secondary effect or long-term immunity, can be accomplished only if the third booster shot is given at a time several months beyond the first two doses," he said.

"The third inoculation or booster shot, should not be given before at least seven months have elapsed, but certainly before the onset of the 1956 polio season," Salk said.

### Vaccine Will Cost Public About \$6

Ann Arbor, Mich. — (U.P.) — Three cubic centimeters of Salk vaccine, enough to inoculate a child, will cost the public about \$6, representatives of pharmaceutical firms said today.

The spokesmen, attending a meeting at which Dr. Thomas Francis Jr. reported on the effectiveness of the vaccine, said physicians and drug stores would be able to obtain the serum at about 30 per cent less than that but it would be sold to the public at about \$2 a cubic centimeter.

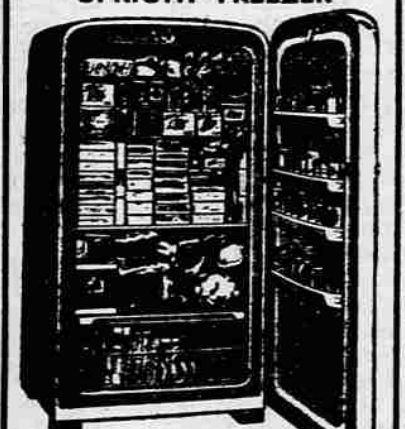
The fees of the physician who administers the vaccine is not included in the \$6 price.

### Easter Flower Sniff Costs Woman \$1,350

Detroit — (U.P.) — Mrs. Sarah Droste estimated today it cost her \$1,350 to smell an Easter flower.

Mrs. Droste sniffed a potted hyacinth, dropped the plant on the gas pedal of her car and smashed through two garages and struck another automobile.

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## Salk's Three Sons Among First To Get Anti-Polio Inoculations

Pittsburgh — (U.P.) — Dr. Jonas E. Salk, who says development of his polio vaccine came as "no surprise," is a painstaking, seemingly untiring worker with extreme confidence in his results.

His own children were among the first to receive inoculations soon after he started his first tests on human beings.

In May, 1953, when leading scientists still were fearful that the vaccine might cause polio instead of preventing it, Salk injected the fluid, filled with "killed" virus, into the veins of his three sons, the youngest then only three.

"He said he wanted to give us the vaccine before he went out to give it to others," the scientist's wife, Donna, recalled. Until that time, the vaccine had been administered only to persons who had had polio and acquired an immunity.

The Manhattan born polio expert regards his accomplishments in the battle against virus diseases with great modesty. Development of the polio vaccine, he said, was merely "just another job to be done in a field in which I was interested."

Salk became devoted to research early in life.

In 1947, Pitt asked Salk to head its virus laboratory and open an all out drive against the virus diseases, since the antibiotics such as penicillin had largely brought the bacterial sickness under control.

When Salk arrived, virtually the only equipment he had was a desk in the Pittsburgh Municipal Hospital for Contagious Diseases. He threw his tremendous energy into building a staff and facilities. Now 50 persons work in laboratories occupying three floors of the building in Pitts-

burgh's Medical Center.

As he worked in his laboratory, often from before dawn until after dusk, he conceived the idea of developing a vaccine, containing "killed" virus of all three types, which would cause a person's blood to build up immunity-giving antibodies without infecting him with the disease.

After months of experimenting with monkeys—15,000 were used in the project—Salk decided in June, 1952, that the time had come to test the vaccine on human beings. Forty volunteers, all of whom had recovered from polio, were inoculated with the pink, crystal-clear fluid.

In the days of waiting for the results, Salk said, his chief feelings were "interest and curiosity as to what was coming out." Then, blood tests showed the hoped-for antibodies building up in the recipients' blood.

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