

Salk Sabin Vaccines Merit Touches Off Wide Debate

By FRANK CARLEY
WASHINGTON (AP) — Ten years ago, polio struck down 40,000 Americans every year. This year, there are likely to be only 200 cases among the 180,000,000 people of the United States.

Behind this medical miracle stands the genius of two men, Dr. Jonas E. Salk and Dr. Albert Sabin.

Medical scientists estimate that at least 212,000 Americans have been spared from death or crippling by poliomyelitis (infantile paralysis) since 1955.

That was the year the Salk vaccine became available. The Sabin vaccine, after sensational successes in other countries, including the Soviet Union, became available in the United States in 1955.

Together they have virtually eliminated the ancient scourge of polio as a health problem in the United States.

(Canada also has experienced great success in the fight against polio. During the six years prior to 1955 the number of paralytic polio cases in Canada averaged 1,632. The range was from a high of 2,112 in 1953 to a low of 339 in 1950.)

(Then came anti-polio vaccine, the Salk type being first used. In 1963 paralytic polio cases among Canada's 19,000,000 population totalled 123. Federal health department officials are optimistic that widespread use of oral vaccine will keep the number low. Both Salk and Sabin vaccines have been used in Canada.)

ARGUE MERITS
The principal dispute in the U.S. today is over the relative merits of the Salk or Sabin vaccines. The Salk is given by injection, the Sabin is taken orally.

Some experts say the strongest hope for eliminating polio lies with the Sabin vaccine. In mass campaigns it has been given to 2,000,000 persons in a single day in a single city.

A few doctors say the Salk vaccine "will become as obsolete as the horse and buggy" but all grant that it was the Salk vaccine that accounted for most of the gain so far achieved in the United States. That gain cost nearly \$840,000,000 in research and other expenditures, but has saved the U.S. an estimated \$8,400,000,000 in other ways, such as medical costs.

Basil O'Connor, president of the National Foundation for Infantile Paralysis, says Salk vaccine alone achieved the victory. His organization supported research on both the Salk and Sabin vaccines.

Without downgrading the Sabin vaccine, O'Connor rejects statements that Sabin protection is necessary even for people who have already received the complete course of Salk shots.

Despite medical arguments, 1964 could be the year that marked the beginning of the death rattle of the polio virus.

POLIO-FREE WEEKS
This was the year when, for two successive weeks in early January, and in another week in February, not a single case of paralytic polio was reported in the United States, which as recently as 1952, had recorded a peak of 88,000 cases with 3,000 deaths.

The complete holiday from polio occurred right after health authorities had triumphantly recorded these statistics for the year 1963.

—Only 431 cases of polio, including 303 paralytic, were the lowest number in a single year since reporting began in 1912.

—Fewer than two persons per million were paralyzed by polio in 1963, which is fewer than the number of people attacked by typhoid fever.

For the first 15 weeks of 1964, only 19 cases of polio were reported throughout the U.S., including 13 paralytic ones.

This compares with 123 cases annually for the period 1959-1963.

If the present rate continues, 1964 should see only half as many cases as last year, when the record low was 431. Thus, in the prospect of only 200 cases of polio in a country of 180,000,000 people.

Behind that record were these procedures and statistics on vaccines administered:

1. Salk "killed virus" shots: given as a course of four injections, with an interval of six weeks between the first and second and the second and third shots, and six months or longer between the third and fourth. A booster shot every two years thereafter is recommended.

From 1955 through 1963, some 67,000,000 doses of vaccine were distributed—enough to give 113,700,000 individuals the full course of four shots.

However, because of apathy or distaste for needles shots, some people got as little as a single shot.

One estimate is that only 50 to 50 per cent of the population has received any Salk shots, and that many who took the full course have not received the "booster" shots recommended at two-year intervals.

Another estimate is that 80 per cent of school children have received Salk shots, along with a lower percentage of pre-school children, and about one-half of the adults.

By the end of 1963, Sabin vaccine distributed — and presumably used—including 85,200,000 doses of type I; 74,100,000 doses of type II; and 77,700,000 doses of type III.

SABIN ON RISE
Since 1959 distribution of Salk has declined while distribution of Sabin has steadily increased. Currently, 4,000,000 doses a month of Sabin are being distributed, against 2,000,000 a month for Salk.

The public health service says many "pockets" of unvaccinated people still exist throughout the U.S., especially in poor areas.

The public health service has taken no stand on which vaccine is preferable, Salk or Sabin. It says both are effective — and leaves the choice to individual doctors.

The American Medical Association and the American Academy of Pediatrics, while giving a low to Salk vaccine for being a highly effective pioneer have come out for the Sabin product.

SABIN ADVANTAGES
Proponents say its chief advantages over Salk include, in addition to ease of administration:

1. Longer immunity—possibly for a lifetime, compared with perhaps only several years with a course of Salk shots. Basil O'Connor says there is no proof of this.

2. Sabin vaccine gives "gut protection." That is, the Salk vaccine, which gets into the intestinal tract, not only protects a person against polio, but prevents the growth of wild polio viruses in the intestines, and their possible later spread into the community.

3. Sabin vaccine is faster-acting than Salk—hence can be used to check an epidemic even when it is under way.

4. Sabin is more effective than Salk. They say up to 20 per cent of all paralytic cases occur among patients who have had four or more injections of Salk. Dr. Salk has conceded no such superiority for Sabin vaccine.

Despite the claimed advantages of Sabin, a number of state and local health departments are using Salk vaccine alone. Still others are using both.

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