Presentations, May 11, 1992, Washington, D.C.

Shannon Dixon, Honolulu, Hawaii Mr. Dixon explained that he developed poliomyelitis in 1962 following receipt of oral poliovirus vaccine. He made a complete recovery and lived an active life until the early 1980s, when he began to develop symptoms that have been diagnosed as post-polio syndrome. He is now severely physically disabled and requires attendant care. Mr. Dixon urged the committee to recognize that recovery from polio is not always the end of medical problems for patients with polio. He noted that the National Vaccine Injury Compensation Program must take into account the possibility of post-polio syndrome when developing compensation plans for those who contract polio from the oral vaccine.

Jesse Ferguson, Milwaukee, Wisconsin Mr. Ferguson described health problems that began shortly after receipt of tetanus toxoid following a work-related injury. These health problems culminated in the loss of use of his right arm and a diagnosis of brachial neuritis. More than a year later, he was still unable to return to construction work and had been told that his medical condition would not improve. Mr. Ferguson urged the committee to ensure that the public is made more aware of the possible side effects of vaccines and to consider new guidelines for the implementation of vaccination programs.

Barbara Loe Fisher, Dissatisfied Parents Together, Vienna, Virginia Mrs. Fisher expressed concern about the concurrent administration of multiple vaccines to children—particularly the possibility that multiple vaccination might result in a greater risk of adverse reactions and/or interference with proper immune response. She maintained that large-scale definitive scientific studies of the effects of simultaneous administration of vaccines have not been carried out and that, in the absence of such studies, it is not possible to make decisions about safety.

James Froeschle, Connaught Laboratories, Swiftwater, Pennsylvania Dr. Froeschle gave information about adverse events following diphtheria and tetanus toxoids (DT) that had been reported to Connaught. From a comparison of spontaneous reports with postmarketing surveillance data, the company estimates about a 50-fold underreporting of adverse events in the passive reporting system. The distribution of types of events, however, was found to be approximately the same; in both cases, the majority of reported events were local reactions or fever. The company has seen a marked decrease in adverse event reports since the inception of VAERS late in 1991, because physicians are now requested to send reports directly to the VAERS contractor.