



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

BUREAU OF STATE SERVICES

JUL 18 1957

Hon. John E. Fogarty  
House of Representatives

Dear Mr. Fogarty:

This is in reply to your letter of July 11, 1957, to Mr. Sam Kimble relating to an article in the Providence Journal of July 9, 1957, on the subject of Salk polio vaccine.

The clipping begins with a reference to the vaccine shortage, which is nationwide in scope. During the first several months of this year, there was a gratifying increase in the demand for Salk vaccine, and since about mid-March the reserve supply has been exhausted and the demand has exceeded the amount being produced. All licensed manufacturers are producing vaccine and it is being released as fast as the two essentials of safety and potency can be assured. The Public Health Service testing of the vaccine is done concurrently with the tests performed by the manufacturers. Hence, we are in a position to approve the release of vaccine without delay if all the tests show that the vaccine meets potency and safety standards.

The present shortage is due not only to the increase in demand, but also to technical difficulties in the manufacturing process. At this time, as indicated in a recent press release by the company, the Eli Lilly Company (one of the largest suppliers) is having technical difficulties with their potency testing. Both the manufacturer and the Public Health Service are doing everything possible to overcome this problem. In no sense is the shortage a result of delays in testing by anyone involved.

The interstate distribution of vaccine is determined by the manufacturers. The American Medical Association, the National Foundation for Infantile Paralysis, the Public Health Service, and the manufacturers are engaged in a cooperative program of information exchange. As a part of this program, we have reported acute shortages to the manufacturers for their consideration.

The article you have enclosed misinterprets some of the information which the Public Health Service has reported to interested groups. At one point in June, we did report that there was an inventory of 10,300,000 cc. of vaccine. This includes vaccine unshipped by manufacturers as well as

vaccine awaiting use by health agencies and private physicians. This inventory now stands at 7,500,000 cc. indicating that the vaccine is being used as promptly as it becomes available consistent with the necessity for maintaining a supply in the distribution pipeline. We also have information that the vaccine manufacturers have orders in excess of 11,000,000 cc. of vaccine which they have not yet been able to fill.

Please feel free to write for any further information.

Sincerely yours,

A handwritten signature in cursive script, reading "Olin L. Anderson".

Assistant Surgeon General  
Chief, Bureau of State Services