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Flu fiasco of '76 offers lesson in fight to immunize public against COVID-19

In early 1976, an outbreak of swine flu at a New Jersey military base led to fears of a devastating pandemic similar to the 1918 Spanish flu. In reality, more than 200 soldiers had been infected with a virus. That single outbreak led to a public-health decision to immunize all 200 million Americans.

Millions of dollars were spent to vaccinate some 40 million Americans, but the swine flu never materialized on a national scale.

The event severely damaged the concept of public health and has been called one of the greatest fiascos of modern health care delivery.

What happened, and what can we learn from it?

Analyses written after the 1976 vaccination campaign identified a key problem: The entire project was created in a single decision in March 1976, immediately after the Army base cases were identified.

Dr. Harvey Fineberg, a respected physician and then the chair of the Standing Committee on Emerging Infectious Diseases and 21st Century Health Threats, co-wrote an after-action report about the vaccination campaign. In it, he said the “single ‘go or no-go’ decision” doomed the project.

The administration could have commissioned the manufacturers to make the vaccine, he wrote, but to hold off on administering it until it was clear that the number of cases was

increasing and the shot was needed.

Once the decision was made to implement a mass vaccination, the House Appropriations Committee passed a special bill that included \$135 million for the swine flu immunization program.

Test batches of the vaccine were quickly prepared and field trials conducted. The U.S. Centers for Disease Control and Prevention verified the findings that the vaccines were safe.

Yet, before the first shipments were sent, the vaccine manufacturers demanded that the federal government indemnify them against claims of adverse reactions as a requirement for release of the vaccines. The government quickly caved to the industry’s demand, but the damage was done.

The not-so-subtle message to the public: There’s something wrong with this vaccine.

There were other challenges. Field trials suggested children would need two shots for adequate protection, complicating the logistics. Administrative problems persisted because states varied tremendously in their ability to deliver vaccines. “If you immunize very large numbers of elderly people,” said Fineberg, “inevitably some will have a heart attack the next day, so you have to prepare the public for such coincidences.”



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Then there were the side effects. In one city, a few elderly people died of heart attacks soon after being vaccinated, and immunizations were temporarily suspended. Later on, scores of cases of Guillain-Barré syndrome were reported as a reaction to the vaccine.

As if all that weren’t enough, communications between technical experts and policymakers were problematic. Political leaders wanted to do the right thing but lacked technical expertise; public health experts recognized the uncertainty of the threat but wanted to convey the risks. Words that are used for everyday conversation are not often adequate for tracking a situation such as a major flu outbreak.

The CDC’s lack of understanding of how the media works contributed to the

confusion and mistrust. Two major TV networks gathered background and reported on it in different ways — one that was scientifically driven and the other suggesting the immunization program was politically motivated.

In the end, the absence of any swine flu cases led to officials pulling the plug, and vaccinations were stopped. The problems cost Dr. David Sencer his job as CDC director.

What lessons, if any, have been learned? Let’s start with this one. In 1976, President Gerald Ford was pictured getting a flu shot, but critics charged that the move was politically driven. Recently, three living U.S. presidents — one Republican and two Democrats — stepped forward. George W. Bush, Bill Clinton and Barack Obama posed in a photo op to announce they would get the shot, thereby suggesting bipartisan confidence in the vaccine.

Of course, the real basis for the public’s trust should be the confidence expressed by science and physician professionals.

COVID-19 triggered a search for a vaccine that could save millions of lives. Face coverings, hand washing and social distancing may be fine for now, but once the immunization program is in full swing, everything must be done to promote the public’s trust at this critical time.