

Australian Technical Advisory Group on Immunisation (ATAGI) 67th meeting 11 and 12 October 2018

ATAGI BULLETIN

The Australian Technical Advisory Group on Immunisation (ATAGI) 67th face-to-face meeting was held on 11 and 12 October 2018 in Canberra.

Influenza

- ATAGI reviewed epidemiological data from the 2018 influenza season in Australia. There was low influenza activity overall, and the season had a gradual start with a later peak than previous years. Laboratory-confirmed influenza and influenza-like illness were low in comparison with most recent years.
- ATAGI noted the Pharmaceutical Benefits Advisory Committee (PBAC) had decided not to recommend the requested change to the price of Fluzone® High-Dose influenza vaccine under the National Immunisation Program (NIP) for adults aged 65 years and older at its July meeting. This vaccine was available under the NIP for the 2018 influenza season based on the January 2018 PBAC recommendation and price. The July decision was made on the basis of uncertainty in assessing the incremental cost-effectiveness of the vaccine, in part due to uncertainty around the loss of protection against the alternative B lineage and incremental benefit of strains matched to the comparator vaccine.
- ATAGI discussed the draft influenza statement for 2019, and the draft influenza chapter update for the Australian Immunisation Handbook.

Meningococcal disease

- ATAGI reviewed the recent epidemiology of meningococcal disease.
- ATAGI welcomed the PBAC's decision to recommend Menveo® meningococcal ACWY vaccine for funding under the NIP for adolescents at its July 2018 meeting. The recommendation was for a single dose for adolescents in Year 10 (ages 14 to 16 years), with a catch-up program for adolescents aged up to 19 years. This recommendation follows the recommendation in March 2018 to fund Nimenrix® for this same cohort.
- ATAGI noted preliminary data from a study in South Australia using Bexsero® meningococcal B vaccine.
- ATAGI discussed the potential for Menactra® meningococcal ACWY vaccine to interfere with the immune response to 13-valent pneumococcal conjugate vaccine (13vPCV) if the two vaccines are given at the same time. This is a particular issue for

people with medical conditions that increase their risk of pneumococcal disease. The Australian Immunisation Handbook states that, if a person needs both vaccines, they should receive 13vPCV first, followed by Menactra® at least 4 weeks later. If 13vPCV and Menactra® are inadvertently co-administered, the 13vPCV dose should be repeated a minimum of 8 weeks later. Menveo® or Nimenrix® can be co-administered with 13vPCV.

Pneumococcal disease

- ATAGI received an update on monitoring of breakthrough cases of invasive pneumococcal disease following the change in the 13vPCV infant schedule from 3+0 to 2+1. Data will be reviewed every 3 months.
- ATAGI provided advice to the PBAC on 13vPCV for people with an increased risk of pneumococcal disease and for all Aboriginal and Torres Strait Islander adults from age 25.

Herpes zoster

- ATAGI provided advice to the PBAC on Shingrix® zoster vaccine in adults aged 60 years.

Dengue

- ATAGI discussed the [recent position paper from the World Health Organization](#) (WHO) on dengue vaccine (Dengvaxia®). The vaccine provides potential benefits in people who are seropositive for dengue (that is, they have had dengue disease before) and live in areas that are highly endemic for dengue. Seronegative people (those who have not had dengue disease before) who receive the vaccine have an increased risk of hospitalisation and severe disease if they are subsequently infected with the dengue virus.
- ATAGI is preparing advice for healthcare providers on the specific situations when it may be appropriate to administer Dengvaxia® in Australia for people planning to reside for a significant period of time in countries with a high risk of exposure to dengue infection. This would depend on an individual assessment of risks and benefits, and confirmed seropositivity.

Measles

- ATAGI noted the recent cases of measles in children under 12 months of age. Many of these cases were in children who had travelled overseas to measles-endemic areas.
- The Australian Immunisation Handbook states that children can receive measles-containing vaccine from 9 months of age if they are travelling to endemic areas. Children who receive a measles-containing vaccine before the age of 11 months will still need to receive two vaccine doses at ≥ 12 months of age, as per the routine vaccination schedule.

Australian Immunisation Handbook

- ATAGI noted that the [new digital Handbook](#) is available on the Department's website. Users can provide feedback on the Handbook to inform further improvements.

- The format and presentation of the digital Handbook is significantly different to the previous edition. However, no recommendations have been changed other than those that have been through a process of public consultation.
- ATAGI discussed and endorsed proposed updates to the Handbook. Some of these were minor, but some will require public consultation.

Other ATAGI business

- ATAGI noted that Professor Noel Hayman’s term with ATAGI had expired. ATAGI thanked Professor Hayman for his service to ATAGI, particularly on Aboriginal and Torres Strait Islander issues.
- The Department and ATAGI continued to review and refine ATAGI’s conflict of interest policies and determinations.
- ATAGI agreed to review the evidence in relation to the timing of influenza and pertussis vaccinations during pregnancy, which may inform an update to the recommendations.

Other issues in immunisation

- ATAGI noted that the Advisory Committee on Vaccines had published advice to encourage sponsors to [consider adopting pregnancy category A](#) for seasonal influenza vaccines. Category A relates to medicines that have been taken by a large number of pregnant women and women of childbearing age without any proven increase in the frequency of malformations or other direct or indirect harmful effects on the fetus.
- ATAGI received an update on epidemiology of vaccine-preventable diseases from the Communicable Diseases Network Australia.
- ATAGI noted the current outbreak of vaccine-derived poliovirus in Papua New Guinea. The Government of Papua New Guinea is working with partners (including the WHO and UNICEF) to take appropriate outbreak response measures, including contact tracing, testing and vaccination. The WHO has officially listed Papua New Guinea in the risk category of a ‘State infected with WPV1, cVDPV1 or cVDPV3 with potential risk of international spread’ in the Statement of the Eighteenth IHR Emergency Committee Regarding the International Spread of Poliovirus, and it is now subject to the Temporary Recommendations for the risk category.

Summary of decisions of key immunisation technical advisory groups of interest

- Members noted the report from the National Centre for Immunisation Research and Surveillance summarising recent deliberations and recommendations from the Strategic Advisory Group of Experts on Immunization of the World Health Organization, and national immunisation technical advisory groups of the USA, UK, Canada and New Zealand.

Notes and resources

- [ATAGI's membership](#), terms of reference and conflict of interest information are available on the Department of Health website.
- The new digital [Australian Immunisation Handbook](#) is available on the Department's website.
- The [summary of decisions](#) of key immunisation technical advisory groups of interest report will be available on the NCIRS website.
- [Information on NITAGs](#) worldwide is available on the NITAG Resource Centre website.
- Next ATAGI meeting: Thursday 14 February to Friday 15 February 2019. The [meeting agenda](#) will be published on the Department of Health website shortly before the meeting.