Influenza

ATAGI was pleased to note that from 2019, all Aboriginal and Torres Strait Islander people aged 6 months and over can receive a funded influenza vaccine each year through the National Immunisation Program (NIP). This follows the Australian Government’s implementation of a recommendation from the Pharmaceutical Benefits Advisory Committee (PBAC) to include seasonal influenza vaccine for all Aboriginal and Torres Strait Islander children aged 5–14 years on the NIP.


ATAGI reviewed current evidence on enhanced trivalent influenza vaccines (high-dose and adjuvanted vaccines) in people aged 65 years and over. ATAGI continues to recommend either high-dose or adjuvanted trivalent influenza vaccine over standard-dose trivalent or quadrivalent influenza vaccines for people in this age group. ATAGI did not consider that there was sufficient evidence to recommend one enhanced vaccine over the other, but noted this is a rapidly evolving area of research. Additional data on the efficacy, effectiveness and safety of these and other influenza vaccines will continue to be reviewed, as it becomes available.

For people aged 65 and over, ATAGI noted that only Fluad® (adjuvanted influenza vaccine) will be available on the NIP in 2019, and Fluzone High Dose® (high-dose influenza vaccine) will be available on the private market.

ATAGI noted a mathematical modelling study on influenza that had been commissioned by the Department. A presentation of preliminary outcomes from the study was provided.

Meningococcal disease

ATAGI reviewed updated analysis of the recent epidemiology of meningococcal disease.

ATAGI noted that meningococcal ACWY vaccine will be provided to adolescents through the NIP from April 2019. ATAGI is finalising a statement to be distributed regarding the use of meningococcal ACWY vaccine, to supplement information available in the Handbook.

ATAGI reviewed the evidence on interference of antibody responses when meningococcal ACWY vaccines and other vaccines containing similar carrier proteins or antigens are administered. ATAGI noted that the clinical significance of these interactions
is uncertain. The Australian Immunisation Handbook will be updated to include this advice.

**Pneumococcal disease**

- ATAGI provided additional advice to the PBAC on vaccines to prevent invasive pneumococcal disease in people with medical conditions that increase their risk of pneumococcal disease and in older people.

**Dengue**

- ATAGI reviewed and discussed its draft clinical advice on the use of dengue vaccine for Australians. Further expert input will be sought before the statement is published.

**Measles**

- ATAGI noted the current outbreaks of measles in multiple settings, including the Philippines and Europe, and the recent cases of measles in people returning to Australia after travelling. Measles importation after international travel is the most significant source of measles cases in Australia.

- The Australian Immunisation Handbook states that travellers are strongly recommended to have received 2 doses of measles-containing vaccine if they do not have pre-existing immunity to measles.

- ATAGI also noted the recent cases of measles in children under 12 months of age who have travelled to measles-endemic areas. ATAGI reviewed the evidence on antibody responses to measles vaccine in children under 12 months and international best practice on this issue. This review will inform ATAGI’s advice to protect travelling infants, and will include updated advice in the Australian Immunisation Handbook on this issue in the near future.

**Special risk groups**

- ATAGI provided advice to the PBAC and the Department on recommended vaccinations for people with asplenia, hyposplenia or complement deficiency, and people being treated with eculizumab.

**Australian Immunisation Handbook**

- ATAGI was pleased to note the high level of engagement during public consultation on changes to the recommendations for maternal pertussis vaccination, and welcomed the constructive feedback received. ATAGI endorsed the changes relating to maternal pertussis vaccination; the Handbook was updated following endorsement by the National Health and Medical Research Council in March 2019.

- ATAGI also noted minor updates to the Handbook based on feedback provided through the Handbook website. A range of identified changes to the Handbook since digital publication have been made.

- ATAGI discussed and endorsed proposed new minor updates to the Handbook.
• ATAGI was pleased to hear progress on future developments for the Handbook, including an app and a national catch-up calculator.

Other ATAGI business

• ATAGI discussed upcoming changes to its structure, role and membership. Expressions of interest for new ATAGI members were sought in February and March 2019.

• Updated documents relating to ATAGI policies, procedures, guidelines and templates are available on the Department’s website.

• Members noted that Dr Bennett’s term with ATAGI will be expiring and that a new representative from the Communicable Diseases Network Australia (CDNA) would be appointed.

Other issues in immunisation

• ATAGI received an update on epidemiology of vaccine-preventable diseases from the CDNA and a summary of recent deliberations and recommendations from key immunisation technical advisory groups of interest from the National Centre for Immunisation Research and Surveillance (NCIRS).

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 13 June to Friday 14 June 2019. The meeting agenda will be published on the Department of Health website shortly before the meeting.