

**Australian Technical Advisory Group on Immunisation (ATAGI)  
62nd meeting  
16 and 17 February 2017**

**ATAGI BULLETIN**

The Australian Technical Advisory Group on Immunisation (ATAGI) 62nd face-to-face meeting was held on 16 and 17 February 2017.

**Pneumococcal disease**

- ATAGI reviewed and endorsed its advice to the Pharmaceutical Benefits Advisory Committee (PBAC) on the clinical place and effectiveness of 23-valent pneumococcal polysaccharide vaccine (23vPPV) on the National Immunisation Program (NIP). This advice had been requested by the PBAC following its recommendation in July 2016 to list 13-valent pneumococcal conjugate vaccine (13PCV) on the NIP for older adults.
- ATAGI continued to review the evidence on waning immunity and breakthrough cases after primary immunisation with 13vPCV in young children. Data were presented comparing Australia's 3+0 schedule with the 2+1 schedule in England and Wales, and the 3+1 schedule in the United States. Members agreed that the evidence supports a booster dose in the second year of life.

**Meningococcal disease**

- Members continued to discuss the increased incidence of invasive meningococcal disease caused by serogroup W in some states in Australia.
- ATAGI noted that vaccination programs with meningococcal ACWY vaccine were being implemented in several Australian states, but that these programs differed in the age cohort to be vaccinated, mode of delivery, brand of vaccine and proposed duration of the program. Members noted the importance of national coordination and collation of data relating to these programs. The meningococcal chapter of the *Australian Immunisation Handbook* will be updated in 2018 to recommend vaccination options to address the current epidemiology of meningococcal disease in Australia.
- ATAGI proposed to reconvene the Meningococcal Working Party to progress work on the Handbook and other potential publications.
- Members were informed about the South Australian meningococcal B vaccine carriage study, a cluster randomised controlled trial in students attending school in years 10, 11 and 12. The aim of the study is to determine the effects of the meningococcal B vaccine Bexsero<sup>®</sup> (GlaxoSmithKline) on meningococcal carriage in adolescents, and to determine any herd immunity effects in university students and the broader community.
- Members were informed of a shortage of Bexsero<sup>®</sup>. GlaxoSmithKline had advised the Therapeutic Goods Administration (TGA) that unexpectedly high demand for the vaccine has resulted in a shortage, and intermittent stock-outs are expected in the first half of 2017.

## **Pertussis**

- ATAGI reviewed and endorsed its advice to the PBAC on the clinical place and effectiveness of the vaccines currently listed on the NIP schedule aimed at preventing pertussis disease. The advice included determination of the relative contribution of pertussis vaccination at each scheduled time point to protection against pertussis disease. This advice was requested by the PBAC for the pertussis-containing vaccine to be listed on the NIP for vaccination of women in each pregnancy.
- ATAGI endorsed its advice to the PBAC on vaccination of pregnant women using Adacel<sup>®</sup> (Sanofi Pasteur), an alternative brand of diphtheria, tetanus and pertussis vaccine. A submission was lodged at the March 2017 PBAC meeting for a NIP listing of Adacel<sup>®</sup> for all women in every pregnancy, primarily to reduce the risk of pertussis in newborn infants up to 2 months of age.

## **Influenza**

- ATAGI endorsed the 2017 influenza statement.
- Members provided advice on the approach to, and scope of, an evidence-based review of the safe use of influenza vaccines during pregnancy, to be conducted during 2017.

## **Rabies and Australian bat lyssavirus**

- Members noted the evidence indicating that rabies virus can remain viable in a dead animal for several days. ATAGI endorsed minor changes to the rabies chapter for the 2017 update of the Handbook to reflect a risk assessment approach to rabies post-exposure prophylaxis after handling dead animals.
- Members noted the large number of bat deaths around Australia due to recent heatwaves, and emphasised that members of the public should not touch the bats because of the potential risk of disease transmission.

## **Hepatitis B**

- ATAGI endorsed the Special Risk Groups Working Party's proposal for a hepatitis B testing and vaccination program for Aboriginal and Torres Strait Islander people, noting that further work on implementation design is required and will be undertaken out of session.

## **Varicella**

- Members reviewed the most recent data on varicella vaccine effectiveness, which suggest that varicella transmission has not been interrupted, despite high vaccination coverage. ATAGI will continue to monitor this issue.

## **Zoster**

- ATAGI reviewed data on the burden of zoster disease in older Aboriginal and Torres Strait Islander people. The National Shingles Vaccination Program provides zoster vaccine to all Australians aged 70–79 years, but hospitalisation rates for zoster in Aboriginal and Torres Strait Islander adults aged 60–69 are comparable to those in non–

Aboriginal and Torres Strait Islander adults aged 70–79. Members noted that there were no data on post-herpetic neuralgia or other endpoints from clinical trials in Aboriginal and Torres Strait Islander adults, but that additional data of this type would be unlikely to be available.

- ATAGI reiterated the advice to vaccine prescribers that zoster vaccine is a live vaccine and should not be given to people who are immunocompromised.

### **Measles**

- ATAGI reviewed data from the most recent measles serosurvey. Levels of neutralising antibody were lower than in previous serosurveys, and ATAGI agreed that this issue should continue to be monitored, particularly regarding the potential for waning immunity and potential impacts on exposure through travel.

### ***Australian Immunisation Handbook***

- ATAGI reviewed and endorsed minor changes to the Handbook chapters on zoster, hepatitis B, pre-vaccination, tuberculosis, varicella and yellow fever, to be submitted to the National Health and Medical Research Council for consideration in July 2017 as part of the 2017 Handbook update.

### **AusVaxSafety National Surveillance System**

- The AusVaxSafety collaboration conducts active surveillance of adverse events following immunisation. ATAGI was informed that AusVaxSafety has been expanded and will include all NIP vaccines by 2020. Results so far show good participation in the system, and robust and timely data for assessing potential safety signals.

### **Australian Immunisation Register**

- Members noted reports that some immunisation providers were unable to access the Australian Immunisation Register (AIR) or were having problems uploading data. ATAGI acknowledged that access issues may be expected while the AIR continues to be rolled out and improved over the next 12–18 months.
- Once the AIR is fully established, it will provide an important source of high-quality data on immunisation in all age groups, for both NIP-funded vaccines and privately purchased vaccines. As a whole-of-life register, the AIR will broaden and improve immunisation data capture and reporting, which will help to monitor vaccine uptake, identify areas of low coverage and enable targeted efforts to increase immunisation rates.
- ATAGI continues to encourage providers to contribute their data to the AIR.

### **Lao People's Democratic Republic presentation**

- ATAGI welcomed representatives from the Lao People's Democratic Republic and the World Health Organization Western Pacific Regional Office (WPRO) to observe the meeting. The delegates gave a presentation on the immunisation program in Laos and the recent establishment of the country's national immunisation technical advisory group (NITAG).

- ATAGI welcomed continued interaction with the Laos NITAG, and other NITAGs in the region, through the ATAGI Secretariat and the WPRO.

### **ATAGI publications**

- ATAGI endorsed new procedures for publications arising from ATAGI activities, and authorship criteria for ATAGI publications.

### **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 NITAGs of the USA, UK, Canada and New Zealand.

### **Deed of Confidentiality**

- The Department advised members that the Deed of Confidentiality policy has now been expanded to staff at the National Centre for Immunisation Research and Surveillance and all staff working on ATAGI business will be required to submit a Deed of Confidentiality declaration.

### **Notes and resources**

- ATAGI's membership, terms of reference and conflict of interest information are available on the [Immunise Australia website](#) (refer to 'Immunisation Advisory Bodies').
- The *Australian Immunisation Handbook* is available on the [Immunise Australia 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 15 June to Friday 16 June 2017. The meeting agenda will be published on the Immunise Australia website shortly before the meeting. The annual ATAGI Industry Day will be held on Wednesday 14 June 2017.