

**Australian Technical Advisory Group on Immunisation (ATAGI)
58th meeting
15 and 16 October 2015**

ATAGI BULLETIN

The Australian Technical Advisory Group on Immunisation (ATAGI) 58th face-to-face meeting was held on 15 and 16 October 2015 in Canberra.

Influenza

- ATAGI discussed the surveillance results for the 2015 influenza season and noted that influenza B had been predominant, with approximately 60% of all notifiable influenza cases this season being due to the B virus. In some regions, two influenza B viruses have been circulating, including one not covered by the 2015 government-funded trivalent influenza vaccine (TIV). This B virus was covered by the quadrivalent influenza vaccine (QIV), which has only been available through the private market this season. ATAGI agreed that both TIV and QIV are acceptable vaccines; however, given the potential advantage of protection against an additional B virus, QIV should be the preferred option, if it is available. Updates will be made to the *Australian Immunisation Handbook* to reflect ATAGI's preference for QIV.
- ATAGI noted that the Pharmaceutical Benefits Advisory Committee (PBAC) had recommended listing of a second QIV (FluQuadri®) on the National Immunisation Program (NIP) at its July 2015 meeting.
- ATAGI is preparing the 2016 ATAGI statement on influenza vaccines and will also develop a version for consumers. The section on influenza vaccination during pregnancy will be strengthened to emphasise that vaccination is recommended for all pregnant women at any stage during pregnancy.
- ATAGI agreed that an Industry briefing session on influenza should be held in the new year with the possibility of presenting updated data on the assessment of disease burden due to influenza.

Human papillomavirus (HPV)

- ATAGI noted that 2-valent HPV vaccine (Cervarix®) has been registered in a 2-dose schedule by the Therapeutic Goods Administration (TGA) for use in females, and agreed to update the Handbook to include this new piece of information. At this time, ATAGI continues to support the current recommendation of using 3 doses of the quadrivalent HPV vaccine (Gardasil®) for all males and females aged 12–13 years under the National HPV Vaccination Program, as this provides highly effective protection against the development of HPV-related cancers and disease caused by HPV types 6, 11, 16 and 18. ATAGI will continue to review the evidence for a 2-dose HPV immunisation schedule in the Australian context and is planning to update the HPV chapter of the Handbook.

Pertussis

- ATAGI endorsed generic advice on maternal pertussis vaccination that was developed following the pertussis Industry briefing in June 2015. The advice will be available to any interested vaccine manufacturers on request, and may be used as generic presubmission advice for sponsors wishing to pursue a PBAC submission for maternal pertussis vaccination.
- Members also noted that the diphtheria–tetanus–pertussis (DTPa) vaccine Tripacel® had been recommended by the PBAC at its July 2015 meeting for listing on the NIP as one of the two

formulations that can be used as a booster dose for children aged 18 months. It is anticipated that adequate supply of the DTPa vaccine for this purpose will be available in Australia in early 2016, and the program is due to start at that time.

Meningococcal disease

- ATAGI noted the PBAC's decision at its July 2015 meeting not to recommend 4-component meningococcal serogroup B vaccine (Bexsero®).
- Members noted the increase in invasive meningococcal disease notifications due to serogroup W135 (more than twice the 5-year average for this reporting period). The potential implications for both outbreak responses and the population-level response were discussed. The Communicable Diseases Network Australia (CDNA) will invite an ATAGI member to join a working group on meningococcal disease to further examine these issues.
- It was noted that the ATAGI Meningococcal Working Group had completed its current terms of reference and is suspended until further activity is identified.

Pneumococcal disease

- ATAGI noted the progress of the Pneumococcal Working Party in examining the scientific literature and updated Australian epidemiologic data to determine the optimum immunisation schedules for pneumococcal vaccines for various populations.
- Members were advised that 13-valent pneumococcal conjugate vaccine (Prevenar 13®) had been recommended by the PBAC at its July 2015 meeting for listing on the NIP for non-Indigenous adults aged 65 years and Indigenous adults aged 50 years, on the basis of cost-minimisation with 23-valent pneumococcal polysaccharide vaccine.

Rabies

- ATAGI endorsed the criteria for assessing unregistered rabies immunoglobulin products developed by the CDNA/ATAGI Working Group on Rabies. This will now be presented to the CDNA for consideration.
- The next focus of the working group will be an assessment of recommendations on the use of rabies vaccines and immunoglobulin, which may require updating in the Handbook.

Measles

- Members noted the measles serosurvey results in relation to an increased proportion of adolescents and young adults appearing to not have protective antibody levels against measles. ATAGI agreed that confirmation of the serosurvey results by a neutralisation assay is a critical priority, and supported this work being completed as soon as possible.

Mumps

- ATAGI reviewed surveillance data on an ongoing outbreak of mumps in the Western Australian Kimberley region among fully vaccinated Aboriginal adolescents and young adults. Members requested an update on this at the February 2016 meeting.

Australian Immunisation Handbook

- ATAGI reviewed evidence summaries for pertussis antigen catch-up recommendations for people aged 10 years and over, and *Haemophilus influenzae* type b vaccine recommendations in asplenic patients, to inform the 2016 Handbook update.
- Members agreed that engagement and consultation with specialist groups, including Spleen Australia, are important to ensure that other guidelines align as closely as possible with recommendations in the Handbook.

- ATAGI agreed to minor updates to a number of Handbook chapters, including influenza, and a major update to the yellow fever chapter, which may require public consultation.
- Members identified updates to Handbook chapters on rabies and HPV, and a section on special risk groups, to be progressed for the 2017 annual update.
- The Department of Health is considering options for the development and presentation of future updates of the Handbook.

International immunisation technical advisory groups

- ATAGI is planning a teleconference with staff from the SIVAC (Supporting National Independent Immunization and Vaccine Advisory Committees) initiative to discuss future collaboration at an international level. ATAGI strongly supports engagement with immunisation technical advisory groups in the region, and welcomes the opportunity to collaborate.
- ATAGI agreed to provide advice requested in correspondence from the Department of Health, Hong Kong, in relation to Australia's recommendations for vaccination against Japanese encephalitis.

Immunisation register expansions

- ATAGI was pleased to note that legislation to enable expansion of Australia's immunisation registers had been passed in parliament. Members discussed the proposed processes and timelines for implementing the changes.

Maternal vaccination status

- ATAGI noted the importance of collecting data on maternal vaccination status for laboratory-confirmed pertussis and influenza cases in infants under 6 months of age at the national level. Members agreed that maternal vaccination status should be recorded on the National Perinatal Database, including date of vaccination in pregnancy rather than pregnancy trimester of vaccination. ATAGI agreed to write to the Australian Health Protection Principal Committee to outline its support for this data capture of maternal pertussis and influenza cases.

Program implementation issues

- ATAGI agreed to ask the National Immunisation Committee for specific advice and collaboration on issues relating to the feasibility and implementation of immunisation programs. In particular, discussions could include methods to ensure high uptake, such as that of zoster vaccine when the National Shingles Vaccination Program begins in 2016; national policy or program considerations that intersect with jurisdictional programs, such as maternal pertussis vaccination; and school-based immunisation programs.

Modelling

- ATAGI endorsed the *Modelling Guide for ATAGI* developed by the National Health and Medical Research Council (NHMRC) Centre of Research Excellence in Infectious Diseases Modelling, edited by Associate Professor Jodie McVernon and Dr James Wood. The guide is intended as an introduction to interpreting the results of mathematical modelling studies in epidemiology related to vaccine decision making.

Conflict of interest

- ATAGI noted progress being made by the Department of Health and the National Centre for Immunisation Research and Surveillance in implementing revised conflict-of-interest policies and processes for ATAGI's working parties.

ATAGI membership and other business

- ATAGI thanked the six members whose terms will expire on 31 December 2015 for their contributions. Members noted that the appointment process for ATAGI membership after 31 December was in the final stages.
- Members noted that formation of new working parties on compromised vaccines, special risk groups and the Handbook had been postponed to 2016 to allow for changes in ATAGI membership.
- Members discussed potential agenda items for discussion at an upcoming meeting between the ATAGI Chair and the PBAC Chair, including how ATAGI can best provide its advice to the PBAC and other issues of process.
- Members discussed potential processes for developing research priorities and engaging with the NHMRC on this issue. It was agreed that a meeting between the ATAGI Chair and the NHMRC Chief Executive Officer would be beneficial to discuss options.
- The 59th meeting of ATAGI will be held on 18 and 19 February 2016 in Canberra. The meeting agenda will be published on the Immunise Australia website shortly before the meeting.

Notes

- ATAGI's membership, terms of reference and conflict of interest information are available on the Immunise Australia website at www.immunise.health.gov.au (see 'Immunisation Advisory Bodies').
- The *Australian Immunisation Handbook* is available on the Immunise Australia website at www.immunise.health.gov.au.