T.13013/01/2018-Imm
Government of India
Ministry of Health & Family Welfare
Immunization Division

Nirman Bhawan, New Delhi
Dated: 2nd June, 2021

To,

All NTAGI members/Participants
(As per list enclosed)

Subject: Minutes of the meeting of National Technical Advisory Group on Immunization (NTAGI), held on 28th May, 2021 under the Chairpersonship of Secretary (Health & Family Welfare) at Nirman Bhawan, New Delhi.

Sir/Madam,

Please find enclosed herewith the minutes of the meeting of National Technical Advisory Group on Immunization (NTAGI), held on 28th May, 2021 at Nirman Bhawan, New Delhi, under the Chairpersonship of Secretary (Health & Family Welfare), for kind perusal.

Yours faithfully,

Enclosure: as above

(Dr Pradeep Haldar)
Advisor, RCH

Copy to:

1. PPS to Secretary (H&FW), MoHFW
2. PPS to DGHS, MoHFW
3. PPS to Secretary (Department of Health Research), MoHFW
4. PPS to Secretary (Department of Bio-technology), MoS&T
5. PPS to AS&MD (NHM), MoHFW
6. PPS to JS (RCH), MoHFW
7. Office copy

16th National Technical Advisory Group on Immunization (NTAGI)
Meeting (Through Video Conferencing)
May 28, 2021, Friday, 11:00 AM to 12:45 PM
1st Floor Nirman Bhawan, MoHFW, New Delhi

Minutes of the Meeting

Welcome & Introduction

The 16th NTAGI meeting was held virtually on Friday, May 28, 2021 at MoHFW, New Delhi, under the Chairpersonship of Shri Rajesh Bhushan, Secretary Health & Family Welfare (H&FW), Dr Renu Swarup, Secretary, Department of Biotechnology (DBT) and Dr Balram Bhargava, Secretary, Department of Health Research & Director General, Indian Council of Medical Research (ICMR).

All participating NTAGI members and invited attendees had duly filled and signed the confidentiality agreement, and declared conflict of interests (if any), and shared them with the NTAGI Secretariat. No conflict of interest was noted. The list of attendees is Annexed as Annexure-1 and agenda as Annexure-2.

It was informed that the minutes of the NTAGI meeting held on December 10, 2020 were shared with the members and no comments were received. The minutes were formally confirmed by the NTAGI.

Opening Remarks

All participants were welcomed by the Chairperson and Co-Chairpersons. Shri Rajesh Bhushan, Chairperson informed the purpose of the meeting. Further it was shared that all members and invited participants must respect the confidentiality agreement. Recently, it has been noticed that information on NTAGI-STSC meeting deliberations were circulating in the print and electronic media. As per the NTAGI code of practice confidentiality on meeting proceeding must be ensured by all participants. Proceedings of the NTAGI and its STSC meetings are confidential and no member/invited attendees who is not authorized by the NTAGI should speak on its behalf, shall communicate externally about the discussions, decisions and opinions expressed by the NTAGI or STSC, or by individual members during the course of this meeting, on a public or private forum.

Dr Renu Swarup, Co-chairperson, shared that since the last NTAGI meeting, five NTAGI-STSC meetings were held. It was informed that in these 5 meetings following agenda items were discussed: Priority Research Studies on COVID-19 Vaccines recommended by the Standing Working Group on Immunization and Vaccine Research & Capacity Builiding (SWG-IVRCB), and approved by the NTAGI-STSC, JE vaccines working group proceeding and recommendations which were endorsed by the NTAGI-STSC, Immunization and Vaccine Research Capacity Building (IVRCB) initiatives taken up in past few months and strategies for further capacity building, Dosing interval between two doses of COVID-19 vaccines, Contraindications and Precautions for COVID-19 vaccines, Blood donation deferral in view of COVID-19 disease and vaccination, COVID-19 vaccines for lactating and pregnant women, Rapid Antigen Testing prior to COVID-19 vaccination, and issue of quarantining or testing fully vaccinated individuals during domestic or international travel. Regarding pregnant women, it was agreed that COVID-19 vaccine should be offered, and simultaneously studies should be initiated to monitor the safety and effectiveness of COVID-19 vaccines in pregnant women.

Dr Balram Bhargava, Co-chairperson, congratulated the COVID-19 working group for conducting a total of 24 meetings during the course of the pandemic which were fruitful for the country's COVID-19 immunization program. It was shared that the meeting will be primarily focused on two key aspects. First one, role of COVID-

19 vaccines in pregnancy, for lactation vaccines are already approved. The second issue was the efficacy of the scientific criteria for procurement of international vaccines, if the efficacy of those vaccines against the B 1.617.2 strain in the lab and in the real world is optimal and if they can be tweaked very rapidly for new strains, and international manufacturers will be able to match the timelines of supply, given the present situation of shortage. Further, it was informed that looking at the breakthrough infections, ICMR has formed a group and the first meeting is scheduled next week. Data from the first week of April to May 27, 2021 is showing a 0.1% mortality in those who are fully vaccinated.

The Chairperson introduced new Joint Secretary, Reproductive and Child Health (JS-RCH), Dr P Ashok Babu. Following the introduction, the meeting was called to order. Following items were discussed:

Agenda Item 1: Action Taken Report on previous NTAGI meeting held on December 10, 2020: JS-RCH

The Joint Secretary-RCH informed that the last meeting of NTAGI was held on December 10, 2020. The action taken report (ATR) based on the recommendations made in the previous NTAGI meeting, held on December 10, 2020 were presented.

Japanese Encephalitis (JE) Vaccines: The members and invited attendees of the meeting were apprised that in the previous meeting it was recommended that there is a need for immediate recommendations from STSC for taking urgent programmatic decision on account of a study showing low efficacy of single dose JE vaccine from M/s Biological Evans Limited. It was notified that the JE Working Group deliberated with all stakeholders including Immunization Division, National Vector Borne Disease Control Program (NVBDCP) and subject matter experts on Januray 15, 2021. Findings of the JE WG were presented in the 30th NTAGI-STSC meeting held on April 06, 2021. A report on the same will be presented by the Chairperson, JE working group in the meeting.

Human Vaccines Interchangeability Standard Operating Procedures (SOP): During the last NTAGI meeting, the NTAGI accepted the SOP on vaccines interchangeability, with an advice to carefully examine feasibility of interchangeability of vaccines developed on different platforms. Further, it was advised to include possible types of study designs in the SOP of vaccine interchangeability. It was informed that as per procedures laid down in SOP (BIV-P-23) for review of clinical trial applications including issue of Human vaccines interchangeability, Central Drugs Standard Control Organization (CDSCO) in consultation with the Subject Expert Committee (SEC) will examine the feasibility of interchangeability of vaccines developed on different platforms. Further it was mentioned that one design may not be a suitable fit for all the vaccine types, interchangeability study design will be considered based on the proposal of the vaccine manufacturer in consultation with the SEC. Recommendations of the NTAGI are being followed by the CDSCO.

NTAGI Secretariat's Strengthening: The members were apprised that in last meeting it was observed that in view of surge in the work of NTAGI secretariat and requirements of NTAGI-STSC, a proposal for strengthening of the NTAGI Secretariat in terms of additional human resources and advanced trainings will be processed. Additionally, efforts will be made to establish national capacity to model disease burden and the impact of

vaccination. In this regard a communication has been sent to the NIHFW to direct NTAGI Secretariat for developing and submitting a proposal on required number of human resources.

PhD and Internship in Vaccinology: It was informed that Tata Institute of Social Sciences, Mumbai (TISS) is willing to start the program from 2021, funding for first two PhD candidates identified and AIIMS-Patna has agreed to start a PhD program in vaccinology. Further a list of multidisciplinary experts for guidance of the PhD candidates is being prepared by NTAGI Secretariat. PGDPHM and MD CHA students at NIHFW will be posted at NTAGI Secretariat on rotation basis. Further, communication on the same is being sent to Medical and Public health Institutions.

COVID-19 Vaccines: Members were apprised that a preliminary guidance document on use of COVID-19 vaccines was prepared and shared with the MoHFW and NEGVAC. Further, it was informed that a preliminary modeling exercise on seroprevalence based COVID-19 vaccination strategies was conducted with the help of Dr. Sarang's group. It has been suggested to refine the model using ICMR, NCDC and Delhi Government's data. In addition, as recommended, a document on contraindications and precautions associated with COVID-19 vaccines was shared with MoHFW in January, 2021. An updated version of the document will be presented in the meeting.

Agenda Item 2.1: Japanese Encephalitis Vaccines: Chairperson, JE Working Group

Dr Rakesh Aggarwal, chairperson, JE working group shared that because there are lots of complex issues involved around JE and JE vaccination, it was decided that the Japanese encephalitis vaccine working group, to have a one full day meeting with all stakeholders and all members of the working group. The messages at the end of this meeting were that encephalitis epidemiology varies across the country, it is very variable. Secondly, of the acute encephalitis syndrome (AES) cases seen around the country, Japanese encephalitis accounts for only 15 to 18% of cases in different regions. Most of the cases in India are in the age group of three to seven years with a median of five years with very few cases below 2 years of age. In some areas, cases are seen among adults. As the vaccines are available in limited quantities, vaccination is done only in districts where the disease burden is moderate to high. However, neighboring districts remain vulnerable to outbreaks in absence of vaccination as the amplifying vector that is the mosquito that can transmit Japanese encephalitis remain there. Finally, vaccination coverage rate needs to be improved to above 75% to effectively prevent outbreaks. Based on these observations, following recommendations were made by the JE working group and endorsed by the STSC:

- Reasons for variation in immunization coverage across the country needs to be evaluated
- NVBDCP: should share data of JE cases among JE vaccinees in past 10 years in different geographical locations.
- A close review of epidemiological data is needed: are boosters needed after 5-7 years, in different ages and regions
- Routine immunization: Since cases below 2 years age are few, all 3 vaccines (for Jeev: 3-µg dose) can be used

- Campaigns in endemic areas: Single dose of any of the 3 vaccines (JenVaC, LAJEV or 6-µg Jeev) may be used in both children (2-15 years) and adults (above 15 years)
- M/s Biological E: Need to generate evidence in the Indian population regarding:
    - Equivalence of Indian (Jeev) and international (XIARO) products across age range of 2 months to 80 years.
    - Effect of dose interval variation
- M/s Bharat Biotech: Need to generate evidence on Jenvac vaccine for 9-12 months and 1-65 years age groups (single dose) for long term efficacy.
- NIE is requested to include Jeev (3 µg) in the proposed interchangeability study, because JE burden below 2 years of age is low and data on interchangeability are important

Discussion

It was informed that the immunization program has been doing the JE campaign from 1 to 15 years, and a clarification was requested if children between 1-2 years may be excluded from JE campaigns. Further, it was informed that as per the routine immunization schedule a child can be given the missed dose of JE vaccine up to 15 years. A clarification was requested if a child misses JE vaccine dose of M/s BE limited and comes in contact with the program after 3 years of age then s/he would be given 3 µg or 6 µg formulation.

It was informed that as the disease burden in less than 2 years is very low and this group could be spared from JE vaccine campaigns, however feasibility of the program may also be looked**.** Further, it was shared that issue of missed dose will be discussed within next 2 weeks and a report will be shared.

Recommendation

Based on the presentation the NTAGI endorsed the recommendations of the STSC with following:

- JE working group may deliberate on the formulation of the Jeev vaccine (3 µg or 6 µg) which could be administered under routine immunization if a child misses its scheduled dose and comes in contact with program after the age of 3 years.

Agenda 2.2: Covid-19 Vaccines: Chairperson, COVID-19 Working Group

Dr NK Arora, Chairperson, COVID-19 Working Group shared that there was exponential increase of SARS-CoV-2 cases from first 1st march onwards, around March 15, 2021, the case incidence was one per 100,000 population per day, and increased highest to 28.5 on the May 7, 2021 and on May 26, 2021 it was around 17 cases per 100,000 population. Trend of deaths followed similar pattern and increased during this period of April and May.

Not many countries are using AZD1222/Covishield vaccine. The two largest and the highest consumer of this vaccine are UK and India. UK is using a dose interval of three months, which has been reduced to 2 months recently for people above the age of 50 years. Canada has recommended 4 months interval, Sri Lanka has recommended around 2.5 months, Bangladesh has 2-3 months, Spain has 4 months interval, EMA has recommended 1-3 months interval, and WHO has recommended 2-3 months interval between two doses of AZD1222/Covishield vaccine. India has started with a four-week interval. Later it was extended to 4-8 weeks

based on the available evidence at that time. Recently, real world data from UK showed 65% to 88% protection rate after the first dose, if the interval is up to 12 weeks. Therefore, based on the real-world evidence, dose intervals between two doses of Covishield was increased from 4-8 weeks to 12-16 weeks. No change in dose interval of Covaxin was recommended. An interval of 3-6 weeks between two doses of Sputnik V vaccine is recommended.

It has been strongly recommended to establish a National Vaccine tracking platform to determine the impact of COVID-19 vaccines and track breakthrough infections. Breakthrough infections are those infections, which occurred two weeks after getting the second dose or full schedule of the vaccine.

ICMR is currently doing the harmonization works for different administrative data, including RT PCR data, the disease data and genomic surveillance data. If these are all harmonized, that would give a very close look at what is happening on the ground in real time basis.

It is recommended that a randomized trial of varying dose interval of Covishield and other vaccine as they come in should also be planned and immediately embedded in the proposed study, and the manufacture should be asked to do the study.

There is this evidence that if somebody has a proven infection, probably for next six months, there is reasonable protection from reinfection. It has been recommended that the vaccination for individuals may be deferred for three months after recovery. Similarly, who have received the first dose and before completion of the dosing schedule get infected with COVID-19, they may take next dose 3 months after complete recovery. Same deferral duration has been recommended for patients who are given plasma or convalescent or monoclonal antibodies. In addition, people who may be hospitalized for other serious illnesses, may take covid-19 vaccine 4-8 weeks after discharge from hospital.

The issue of rapid antigen testing prior to COVID vaccination was rejected for following reasons: (i) It will lead to huge physical burden and accumulation and breakage of all COVID-19 appropriate behavior at immunization centers, (ii) rapid antigen test has a very low sensitivity, (iii)even if a vaccine is given, there is no data to suggest that it alters the course of the disease or makes it more serious or changing the course of disease.

Information on benefit and risk associated with AZD-1222/Covishield vaccine were presented based on level of exposure risk (low, medium or high) and stratified by age groups. The risk of blood clots in the younger population, especially in less than 40 years is stable and risk of ICU admission is low. As one moves to medium exposure (1.9 versus 2.2), and high exposure (1.9 versus 6.9) the benefit outweighs the risk.

Regrading young women who are at stage of pregnancy, overall COVID-19 exposure risk is three to eight times higher as compared to the risks of clotting and bleeding which can occur after receiving Covishield vaccine.

As far as pregnant women are concerned, it was presented that, initial experiences from mRNA vaccines are encouraging and these have been approved by WHO for pregnant women. These vaccine manufacturers have done DART studies, which didn't show any safety issues, further post marketing surveillance data did not

show any safety signals in pregnancy. Considering the current situation of pandemic, the NTAGI-STSC recommended pregnant women should not be excluded from vaccination because exposure probability is very high and therefore the benefit far outweighs the risk. However, before vaccination, pregnant women should be fully informed that the long-term adverse reactions, and the safety of the vaccine for fetus and child is not yet established. Mandatory 30 minutes of in hospital observation after vaccination is recommended. An educational tool comprising information on the risk of COVID-19 infection during pregnancy, benefits associated with the COVID-19 vaccination and rare complications associated with vaccines e.g., thrombosis and thrombocytopenia (with COVISHIELD) may be developed to be communicated to every pregnant woman before administering the vaccine. Vaccine may be provided at any time during pregnancy.

Blood donation may be deferred up to 14 days after recovery from active COVID infection, or vaccination. Further, fully vaccinated people can*:

- Avoid quarantine and testing following a known exposure if asymptomatic
- For domestic travel (interstate or within state) there is no need for testing before or after travel or self-quarantine after travel
- Avoid testing before leaving India for international travel (unless required by the destination) and refrain from self-quarantine after arriving back in India.
- COVID-19 appropriate behavior must be followed by all during domestic or international travel

Fully vaccinated*: If a person meets following two criteria: (i) It's been two or more weeks since the person had received the final dose of recommended schedule and (ii) Remains asymptomatic since current COVID-19 exposure. If both criteria are not met an individual should not be considered as fully vaccinated.

Scientific criteria for importing COVID-19 Vaccines: There are 15 vaccines which have received emergency use authorization in different parts of the world. Two of them are RNA vaccine and mRNA platform, six are inactivated, two are protein subunit and remaining five are on non-replicating vector-based platform vaccines. Five of these have qualified for WHO emergency use listing: Pfizer mRNA, Moderna mRNA, Johnson & Johnson, AZD-1222/Covishield, and BBIP Coronavirus vaccine. Based on the deliberations of the COVID-19 working group following has been recommended:

- Consider only vaccines those which received EUA from regulatory authority of any of the following: USA, UK, Japan, EMA and WHO.

- Trial & other data indicate significant serological response with appropriate neutralizing antibody response and at least more than 50% efficacy in clinical trial or effectiveness in real world.

- If large number of doses (e.g., more than 100 million) have been administered elsewhere,

    - Real world data do not show any safety signals and benefit outweighs risks

  - In the context of prevailing Pandemic context, symbolic bridging study might be waived off as many individuals of Indian origin may already have received vaccine elsewhere

- Vaccines fulfill the programmatic feasibility considerations e.g., cold chain, storage, transport, and administration.

- Rapid and continous assessment of these vaccines for effectiveness against Variants of Concern (VOC) & Variants of Interest (VOI) by the manufacturers

Interchanged and Additional doses of COVID-19 Vaccines: There are reports of individuals particularly health personnel taking additional doses or taking another COVID-19 vaccine after completing the schedule. These people have got serological testing after having the vaccine, some of the people have got breakthrough COVID-19 infection due to which they have got worried and some doctors have been prescribing it. Studies have, shown that in some individuals, it takes around three months for the development of antibodies, although adequate protection due to cellular immune system may still be present post 14 days of vaccination. Therefore, people going for additional dose are wasting scarce commodity. People need to be informed about this aspect clearly. Further, due to program error, individuals have received vaccines produced by different manufacturers as first and second dose respectively. Some reports have come from different states. There are studies ongoing in different parts of the world including UK, where Covishield followed by mRNA vaccine had been given. There is a need to undertake well planned vaccine interchangeability studies.

Discussion

Few members expressed concern over the recently increased dose interval of the Covishield vaccine, as a preprint paper suggested only 33% protection from B.1.617.2 after single dose of AZD-1222/Covishield. It was informed that the confidence interval of protection after single dose and two doses' overlaps [single dose: 32.9 (19.3 to 44.3); two doses:59.8 (28.9 to 77.3)]. The paper is about all symptomatic infections. Further it was shared that dosing interval between two doses may be reconsidered for individuals of age more than 45 years. It was mentioned that national vaccine tracking platform will monitor all breakthrough infections.

All members agreed that the pregnant women should be offered COVID-19 vaccines with information about risks associated with COVID-19 in pregnancy and benefits of vaccination. A member suggested to compare the risk of complication with exposure with the risk of clotting after Covishield vaccine. Further it was suggested that the risk benefit ratio of administration of vaccine during surge of pandemic in pregnant women has been thought off while recommending the COVID-19 vaccination for pregnant women and when the surge is coming down the risk may be monitored to see risk versus the benefits. In addition, safest type

of COVID-19 vaccines must be considered for pregnancy as it's a matter of two lives. It was mentioned that outcome of the pregnancy may also be taken in account while considering the risks.

Regarding the import of international manufactured COVID-19 vaccines it was suggested to look into the logistics requirement, cold chain etc. Vaccines requiring stringent cold chain may not be transported to peripheral level. Further it was suggested that vaccines which are protective against new variant must be preferred, having an efficacy of more than 50% against new variant or vaccines which could be tweaked with time to protect from emerging variants.

One of the members requested duration for which the stroke from the clotting can occur. It was informed that the Thrombosis and Thrombocytopenia Syndrome (TTS) can occur 4-28 days after Covishield vaccine. Another member suggested special programmatic considerations for mentally or physically challenged people. Further, issue of equity was raised. It was suggested that the pregnant women of rural areas must be clearly informed about the benefits of vaccines and extremely rare risk of clotting in local language so that they can have a choice of vaccination. It was informed that MoHFW has initiated a near to home COVID-19 vaccination drive for people with special needs.

A member requested if the rate of 0.61 thromboembolic phenomenon per million doses is thromboembolism or thromboembolism with thrombocytopenia. It was informed that primarily a very broad definition has been used to look up even the remote possibilities of the phenomenon. Thrombocytopenia was not so frequently seen; most of the events were thromboembolism and venous thromboembolism. It was clarified that the data quality is not optimum, but the phenomenon does not appear to be widely prevalent.

Concluding Remarks

The chairperson and co-chairperson expressed satisfaction that decisions have been taken on very important matters, which are of direct and immediate relevance. It was mentioned that a network for the genome sequencing has been formed with coordination of DBT, ICMR, CSIR and MoHFW and NCDC is doing this coordination. Lot of that data including data of breakthrough infection and reinfections, are being studied. This data will be shared in public domain. Correct data will help in building public confidence for current as well as future vaccines. Variants will keep coming; therefore, it is important to have some system in place to see how vaccines work against variants.

Recommendations

Based on the presentation and deliberations NTAGI endorsed the STSC recommendations including following:

COVID 19 Vaccination for pregnant and lactating women:

- All pregnant women visiting for Antenatal care may be informed about the risks and benefits associated with the COVID-19 vaccines (COVISHIELD and COVAXIN) available in the country
- Based on the information provided a pregnant woman may be offered the available COVID-19 vaccine at the nearest center. The COVID-19 vaccine can be given anytime during the pregnancy.
- All lactating women are eligible to receive the COVID-19 vaccines any time after delivery
- Studies to be put in place immediately to monitor the safety of COVISHIELD and COVAXIN among pregnant women
- An educational tool comprising information on the risk of COVID 19 infection during pregnancy, benefits associated with the COVID-19 vaccination and rare complications associated with vaccines e.g., thrombosis and thrombocytopenia (with COVISHIELD) may be developed and communicated to pregnant women before administering the vaccine
- It was highlighted that there is a recent report of death of a pregnant woman vaccinated with Astra Zeneca vaccine in Brazil, due to which the immunization program of pregnant women in Brazil has been put to hold. The AEFI is being investigated. Since killed vaccines have an established safety profile in pregnant women, Covaxin/killed vaccines may be the first choice in pregnant women, as per availability.

Interchanged and Additional doses of COVID-19 Vaccines:

- From both, protective effectiveness and programmatic perspective mix and match dosing studies are required
- Well planned study embedded in to program structures are required for assessment of effectiveness and safety

The NTAGI will continuously review the new evidence on COVID-19 vaccines and SARS-CoV-2 variants epidemiology, and will revisit its recommendations every 3 months or earlier when deemed appropriate.

The Chairperson thanked all the participants for their invaluable contribution to all the agenda items considered in the meeting and concluded the meeting.

16th National Technical Advisory Group on Immunization (NTAGI)
Meeting (Through Video Conferencing)
May 28, 2021, Friday, 11:00 AM to 12:45 PM
1st Floor Nirman Bhawan, MoHFW, New Delhi

Annexure -1

List of Participants

S.No.	Name	Designation
Chairperson		
1	Shri Rajesh Bhushan	Secretary, Department of Health & Family Welfare
Co-Chairpersons		
2	Dr Renu Swarup	Secretary, Department of Biotechnology
3	Dr Balram Bhargava	Secretary, Department of Health Research & DG-ICMR
Core Members, Ex-officio		
4	Dr Sunil Kumar	Director General of Health Services
5	Ms Vandana Gurnani	Additional Secretary & Mission Director, NHM
6	Dr Sujeet Singh	Director, National Centre of Disease Control
7	Dr Priya Abraham	Director, National Institute of Virology
8	Dr Pramod Garg	Executive Director, THSTI, Faridabad
9	Dr Amulya Panda	Director, National Institute of Immunology
Core Members, Independent Experts		
10	Dr Y K Gupta	Principle Adviser THSTI-DBT
11	Dr Gagandeep Kang	Professor, CMC, Vellore
12	Dr Indrani Gupta	Professor, Institute for Economic Growth, Delhi
13	Dr Rakesh Aggarwal	Director, JIPMER, Puducherry
14	Dr Mathew Varghese	Head of the Dept, Orthopedics, St. Stephan's Hospital, New Delhi
15	Dr Satinder Aneja	Professor and Head, Dept. of Pediatrics, Sharda University
16	Dr Neerja Bhatla	Professor, AIIMS, New Delhi
17	Dr M D Gupte	Former Director, NIE, Chennai
18	Dr Arun Kumar Agarwal	Professor, PGI, Chandigarh
19	Dr Lalit Dar	Professor, AIIMS, New Delhi
20	Dr Dilip Kumar Das	Professor, Burdwan Medical College, Burdwan
21	Dr Parvaiz Koul	Professor, Sher-i-Kashmir Institute of Medical Sciences, Srinagar
22	Dr Surinder Jaswal	Professor, Tata Institute of Social Sciences
23	Dr F U Ahmed	Pro-Vice Chancellor, Khaja Bandanawaz University, Gulbarga
Liaison Members		
24	Dr P Ashok Babu	Joint Secretary-RCH, MoHFW
25	Dr Pradeep Haldar	Advisor-RCH, MoHFW
26	Dr M K Aggarwal	Additional Commissioner-UIP, MoHFW
27	Dr Veena Dhawan	Joint Commissioner-Immunization, MoHFW
28	Dr V G Somani	Drugs Controller General of India, CDSCO, MoHFW

Professional Organization Representatives		
29	Dr Piyush Gupta	President, Indian Association of Paediatrics
30	Dr J A Jayalal	President, Indian Medical Association
31	Dr K Srinath Reddy	President, Public Health Foundation of India
International Partners Representatives		
32	Dr Roderico Ofrin	Country Representative, WHO, India
33	Dr Rija Andriamihantanirina	Immunization specialist, UNICEF
34	Dr Bhrigu Kapuria	Health Specialist (Immunization), UNICEF
State Representatives		
35	Shri Amit Mohan Prasad	Additional Chief Secretary (Health & FW), Uttar Pradesh
36	Dr Jayanti S Ravi	Principal Secretary (Health & FW), Gujarat
37	Shri Ajit Ranjan Kumar	Joint Secretary (Health & FW), Nagaland
38	Dr Ritu Thurr	State Immunization Officer, Nagaland
39	Dr Vinay Kumar	Joint Director Immunization and Public Health Director, Tamil Nadu
Special Invitees		
40	Dr N K Arora	Chair COVID-19 Working Group, Executive Director, INCLEN International
41	Dr Navin Khanna	Group Leader, ICGEB
42	Dr Harshad Thakur	Director, NIHFW
43	Dr Alka Sharma	Scientist H
44	Dr Nivedita Gupta	Scientist F
45	Dr Disha Aggarwal	Immunization Division, MoHFW
NTAGI Secretariat		
46	Dr Dinesh Paul	Advisor-cum-Manager
47	Dr Awnish Kumar Singh	Research Analyst
Member Apologized		
48	Dr J P Muliyil	Professor, CMC Vellore

16th National Technical Advisory Group on Immunization (NTAGI)
Meeting (Through Video Conferencing)
May 28, 2021, Friday, 11:00 AM to 12:45 PM
1st Floor Nirman Bhawan, MoHFW, New Delhi

Agenda

Chairperson: Shri. Rajesh Bhushan, Secretary (H&FW), MoHFW	***Co-Chairperson: Dr Renu Swarup, Secretary DBT***	***Co-Chairperson: Prof Balram Bhargava, Secretary DHR & DG-ICMR***
11:00 AM-11:05 AM	General Business	NTAGI Secretariat
11:05 AM-11:10 AM	Welcome and Introduction Submission of minutes of the NTAGI meeting held on December 10, 2020	Chairperson and Co-Chairpersons NTAGI
Agenda no. 1: Action Taken Report		
11:10 AM-11:15 AM	Agenda no. 1.1: Action taken report on the recommendations made in previous meeting of NTAGI held on December 10, 2020	JS-RCH
Agenda no. 2: STSC Meeting Discussion and Recommendations (closed session)		
11:15 AM-11:45 AM	**For Information Only:** Agenda 2.1: • JE Vaccines	Dr Rakesh Aggarwal, Chairperson, JE Working Group
	Agenda 2.2: **For Information Only:** • Dosing Interval of COVID-19 vaccines • COVID-19 Vaccination for lactating mothers and • COVID-19 Vaccines-Precautions and Contraindications **For Discussion:** • COVID-19 Vaccination in Pregnancy • Scientific criteria for importing COVID-19 vaccines • Additional doses of currently available COVID-19 vaccines being taken by some health professionals	Dr N K Arora Chairperson, COVID-19 Working Group
11:45 AM-12:30 PM	Discussion and Decision	
Concluding Remarks & Recommendations		
12:30 PM-12:40 PM	Concluding Remarks	Chairperson and Co-Chairpersons NTAGI
12:40 PM-12:45 PM	Recommendations	Chairperson and Co-Chairpersons NTAGI