

**Australian Technical Advisory Group on Immunisation (ATAGI)  
53rd meeting  
20 and 21 February 2014**

**ATAGI BULLETIN**

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- The Australian Technical Advisory Group on Immunisation (ATAGI) 53rd face-to-face meeting was held on 20 and 21 February 2014 in Canberra.
- ATAGI endorsed its written advice to the Chief Medical Officer regarding the establishment of national targets for vaccination coverage under the National Immunisation Program (NIP). The advice recommends that, for each NIP vaccine that is included in the definition of ‘fully immunised’, coverage should reach at least 95% overall (aspirational target) and at least 90% in each Medicare Local geographic area.
- ATAGI was advised that the Pharmaceutical Benefits Advisory Committee (PBAC) did not recommend the inclusion of the 4-component meningococcal B vaccine (Bexsero®, Novartis) on the NIP Schedule for the prevention of meningococcal B disease in infants and adolescents at its November 2013 meeting. Bexsero will be available on the private market from 5 March 2014. ATAGI is finalising its statement on the use of Bexsero, which will be published on the Immunise Australia website ahead of the private market launch.
- Members discussed and endorsed ATAGI’s postsubmission advice to the PBAC regarding Zostavax® (herpes zoster vaccine, bioCSL).
- ATAGI endorsed the Hepatitis B Working Party’s report on hepatitis B immunisation policy for Indigenous Australians. The report considered the epidemiology and burden of disease of hepatitis B among Indigenous Australians, and estimated the impact of a vaccination program for non-immune Indigenous Australians aged 15 years or older. The Department will consider the recommendations of the report.
- Members reviewed the latest evidence from the Pertussis Working Party on pertussis vaccination in infants and adolescents, including mathematical modelling. ATAGI agreed that the adolescent dose of pertussis vaccine is valuable to maintain herd immunity, and that the case for reintroducing an 18-month dose continues to strengthen. The Department will arrange an ATAGI briefing with Industry to present this evidence.
- The Pneumococcal Working Party presented the latest evidence on the impact of 13-valent pneumococcal conjugate vaccine on invasive pneumococcal disease. Compared with 2009–10, the incidence of pneumococcal disease caused by serotypes that are included in the vaccine has substantially decreased in children under 2 years, children under 5 years and adults aged 65 or older. Preliminary estimates suggest that the vaccine is more than 95% effective against most serotypes.
- In an update from the Advisory Committee on the Safety of Vaccines, ATAGI noted the progress towards minimising the use of bioCSL Fluvax® influenza vaccine in children under 5 years and actions to be undertaken and actions to be taken during the 2014 influenza season. This includes warnings on the vaccine packaging and online education programs. Members were advised that reminder information had been distributed to providers in a letter from the Chief Medical Officer. The ATAGI influenza statement will

be published on the Immunise Australia website before the commencement of the influenza season.

- The Department advised ATAGI that the enhanced AEFI surveillance for measles–mumps–rubella–varicella (MMRV) vaccine had not detected a higher incidence of febrile seizures or any unexpected adverse events. Data from the Paediatric Active Enhanced Disease Surveillance (PAEDS) network show that febrile seizures are most common in children aged 12–24 months (accounting for 45% of febrile seizures in children under 5 years) and during the cooler months (June–September). The data indicate that receiving MMRV as the second dose of measles-containing vaccine does not increase the risk of febrile seizures.
- ATAGI noted that corrections to the *Australian Immunisation Handbook*, 10th edition, had been approved by the National Health and Medical Research Council (NHMRC) and incorporated into the online version in January 2014.
- The Communicable Diseases Network Australia presented ATAGI with a summary of vaccine-preventable disease notifications for the period 1 January to 31 December 2013.
- ATAGI noted the World Health Organization’s proposed revision to the International Health Regulations (2005), Annex 7, to remove the recommendation for a booster dose of yellow fever vaccine. The revision will be considered at the Sixty-seventh World Health Assembly in May 2014.
- The Department advised members that the National Immunisation Strategy and an update to the consumer information booklet, *Understanding childhood immunisation*, have been published on the Immunise Australia website.
- ATAGI was advised by the Department that the Minister for Health has extended the terms of six ATAGI members from 31 December 2013 to 30 June 2014. Expressions of Interest will be sought from experts in the field of immunisation to fill these positions from 1 July 2014.
- The 54th meeting of ATAGI will be held on 24 and 25 June 2014 in Canberra.

#### *Notes*

- ATAGI’s membership and terms of reference are available on the Immunise Australia website at [www.immunise.health.gov.au](http://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](http://www.immunise.health.gov.au) (see ‘Australian Immunisation Handbook 10th Edition 2013’).