

Australian Technical Advisory Group on Immunisation (ATAGI)

49th Meeting

11 – 12 October 2012

ATAGI BULLETIN

- The Australian Technical Advisory Group on Immunisation (ATAGI) 49th face-to-face meeting was held on 11 and 12 October 2012 in Canberra.
- Professor Nolan, on behalf of members, welcomed Ms Kim Albrecht, Acting National Immunisation Programme Manager, Ministry of Health New Zealand, and Dr Nikki Turner, Director, New Zealand Immunisation Advisory Centre, who attended the meeting to facilitate an exchange of information on current and emerging issues.
- Ms Albrecht and Dr Turner provided an overview of the New Zealand's immunisation program and New Zealand's National Immunisation Register (NIR), which was established in 2005. The NIR includes children at birth can be linked to the parent's GP of choice. It also produces automatically generated immunisation precall message for the child's first immunisation.
- Information was also provided on recent outbreaks of :
 - pertussis, which had similar notification rates (per 100,000) as Australia. In response to this outbreak New Zealand recommended a cocooning strategy which included vaccination from the third trimester of pregnancy. Data was not available on uptake during pregnancy.
 - measles (in west Auckland) after unimmunised travellers returned to are area with low immunisation coverage.
 - meningococcal C disease which among New Zealanders of European background occurs mainly in teenagers, and in Maori and Pacific Islanders occurs mainly in young children. In New Zealand vaccination against meningococcal C disease is recommended but not funded.
 - The 2012 influenza season in New Zealand was unusual and included different strains and age distributions in different geographical areas. Circulating strains in some areas also changed over time. The influenza vaccination period was extended.
- Professor Nolan also welcomed Dr Benjamin Cowie, infectious diseases physician and epidemiologist, Victorian Infectious Diseases Research Laboratory. Dr Cowie provided an overview of the current epidemiology of hepatitis B. Internationally, hepatitis B is a major health issue. It is estimated that there are ~350 million people with chronic hepatitis B; more than 700,000 deaths annually; the 10th leading cause of death; and the 2nd most important carcinogen, after tobacco. In Australia it is estimated that there are 209,000 people with chronic hepatitis B. Most primary liver cancer is attributable to chronic viral hepatitis and this cancer is the most rapidly increasing cause of cancer death in Australians.

- Modelled impact of Australia's vaccination program on incident and chronic hepatitis B shows that under current vaccination uptake, the number of incident infections in Australia is predicted to have peaked in 2000 and plateaued at ~2,000 notifications per year - representing a 75 per cent reduction by 2050 compared with a no-vaccination.
- Although vaccination will have a negligible impact on the number of people with chronic hepatitis B, it was agreed that ATAGI should focus its attention on priority populations who would benefit from hepatitis B vaccination. These include:
 - people from culturally and linguistically diverse backgrounds
 - Aboriginal and Torres Strait Islander peoples
 - children born to mothers with chronic hepatitis B
 - unvaccinated adults at higher risk (eg men who have sex with men, sex workers, people who inject drugs, people in custodial settings, partners and household contacts of people with chronic hepatitis B, prisoners, people living with HIV or hepatitis C).
- ATAGI agreed to establish a hepatitis B working party to review and report on the: current data on the epidemiology and disease burden of hepatitis B infections; current evidence on the efficacy, immunogenicity and safety of hepatitis B vaccines; and current recommendations for hepatitis B-containing vaccines.
- ATAGI welcomed the extension of the Human Papillomavirus (HPV) Vaccination Program to include males. From early 2013, the HPV program will be delivered as an ongoing school-based program to both females and males aged 12-13 years. A catch-up program for males aged 14-15 years will run over two years. Information on the establishment of the HPV program is available on the HPV School Vaccination Program website at www.hpv.health.gov.au
- A HPV implementation working group has been established to provide advice on the need for an enhanced safety monitoring for adverse events following HPV vaccination in males. ATAGI noted the draft HPV implementation working group membership and terms of reference and made a number of suggestions to ensure a more co-ordinated approach.
- ATAGI agreed to expand the terms of reference for the measles, mumps, rubella and varicella (MMRV) working group to include the provision of advice on herpes zoster.
- A joint Therapeutic Goods Administration (TGA) –ATAGI working group has been established to provide advice to the department on an enhanced adverse event surveillance protocol that could be used to provide an indicator on the safety of seasonal influenza vaccines. It was anticipated that the system could be in place for the 2013 influenza season.

- Dr Christine Selvey provided a report on behalf of Communicable Disease Network Australia (CDNA). ATAGI noted:
 - an outbreak of measles in NSW from an importation by an overseas traveller, including high notification rates in the 15–19 year age group;
 - that the 2012 influenza season involved high numbers of notifications over a prolonged period; that the change in circulating strain from H1N1 to the predominance of influenza A (H3N2), the age distribution of influenza notifications showed a bimodal trend with peaks in those aged 0-4 years and in those aged 70 years or over, with a small peak among those aged 30-44 years. This age distribution is more reflective of traditional pre-pandemic seasons.
 - that the Australian pertussis outbreak is waning nationally, although Tasmania continues to report higher numbers of cases.

- National Immunisation Committee (NIC) agreed to include immunisation coverage data from ACIR in its reports to ATAGI.

- ATAGI approved the final draft of the 10th Edition of the Australian Immunisation Handbook (the Handbook). The Handbook will be considered for endorsement by the National Health and Medical Research Council (NHMRC) at its meeting in November 2012. Pending endorsement by the NHRMC it is anticipated that the Handbook will be available to immunisation providers in late March 2013.

- ATAGI held a meningococcal B industry day on 10 October 2012 with Novartis Vaccines and Pfizer Australia attending. The industry day was held to foster constructive, open discussions between the ATAGI and representatives from interested pharmaceutical companies on the use of meningococcal B vaccines in Australia.

- The 50th meeting of ATAGI is scheduled to be held in Canberra on 21 and 22 February 2013.