



Australian Government
Department of Health

AUSTRALIAN TECHNICAL ADVISORY GROUP ON IMMUNISATION (ATAGI) - LESSONS LEARNT

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My talk today...

- A brief history of ATAGI and how it operates;
- Key challenges that ATAGI has faced;
- Changes that were made to make it function more effectively; and
- Future plans for ATAGI.



History of ATAGI

- **1997** – ATAGI is established.
- **2004** - Immunisation policy structure and price setting mechanisms are reviewed.
- **2005** - ATAGI is restructured, new arrangements for listing vaccines on the National Immunisation Program (NIP) are introduced.
- **2014** - New process for appointing members (advertised call for members through an expression of interest) is implemented.
- **2015** - A transparent Conflict of Interest (Col) policy for ATAGI members is established.



Role of ATAGI

- **Technical advice to:**
 - Minister for Health;
 - research funding bodies (through the Department); and
 - Pharmaceutical Benefits Advisory Committee (PBAC).
- **Produce:**
 - Australian Immunisation Handbook.
- **Consult:**
 - Collaborate with different peak bodies involved with immunisation e.g. the National Immunisation Committee, the Communicable Disease Network Australia and the Advisory Committee on Safety of Vaccines.



ATAGI Membership

- Twelve voting members
(including the Chair)
- Five non-voting members
(including an National Centre for Immunisation Research and Surveillance representative)
- Rolling process of renewal based on half membership turnover every two years.

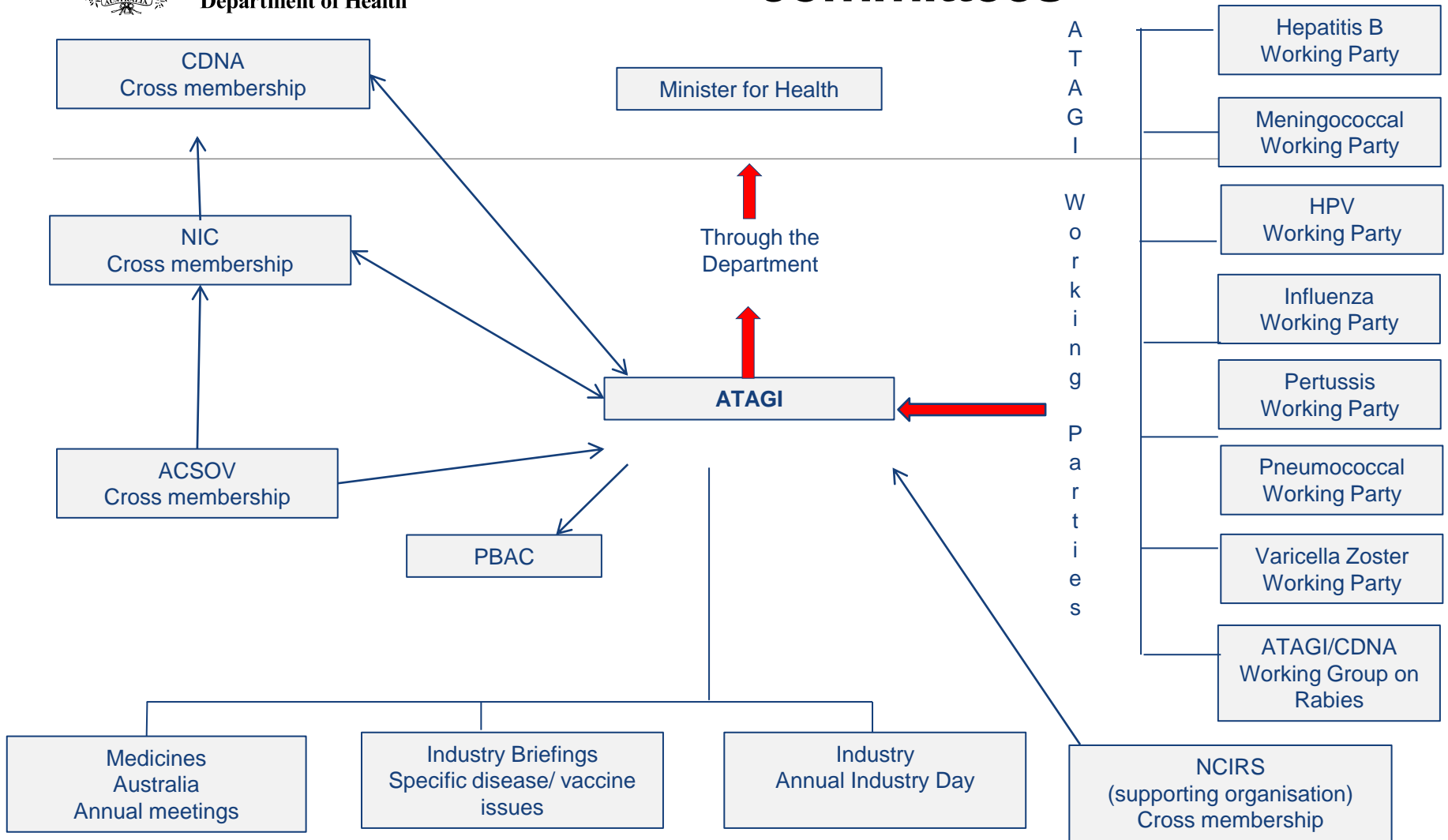


Meetings

- Two-day face-to-face meetings are held in Canberra three times a year (February, June and October), with additional teleconferences as required.
- Annual ATAGI Industry Day held in June.
- Annual meetings with Medicines Australia in October.
- Ad-hoc joint meetings as required e.g. Communicable Disease Network Australia.



ATAGIs relationship with other committees





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National Centre for Immunisation Research and Surveillance (NCIRS) role

Funded by the Department of Health to provide:

- Technical support for ATAGI;
- Technical advice to the Immunisation Branch;
- Technical writing for the Handbook;
- Conduct programme reviews and evaluations; and
- Secretariat for ATAGI working parties



Some Recent ATAGI achievements

- **Advice to PBAC resulting in positive recommendations for:**
 - HPV vaccine for males and females aged 12-13 years;
 - 18 month pertussis booster; and
 - Herpes zoster vaccine for older Australians.
- **Influenza**
 - Vaccination on NIP for Aboriginal and Torres Strait Islander children aged 6 months to less than 5 years; and
 - Annual advice for providers on the use of influenza vaccines available in the Australian market.
- **CDNA**
 - Input to various Series of National Guidelines (SoNGs); and
 - Advice on vaccination associated with outbreaks.
- **Pertussis update to the Australian Immunisation Handbook**
 - In response to pertussis epidemic affecting young children maternal pertussis vaccination was recommended and the Handbook was updated.



Australian Immunisation Handbook

- 10th edition (published Feb 2013).
- 2014 moved to annual updates, published online.
- 2015 evaluation of the Handbook amongst health care providers.
- Clinical advice for health professionals on the safest and most effective use of vaccines in their practice.
- Negotiated new process with NHMRC for approval for changes/updates to Handbook.
- Planning to make a digital version of the Handbook interactive.

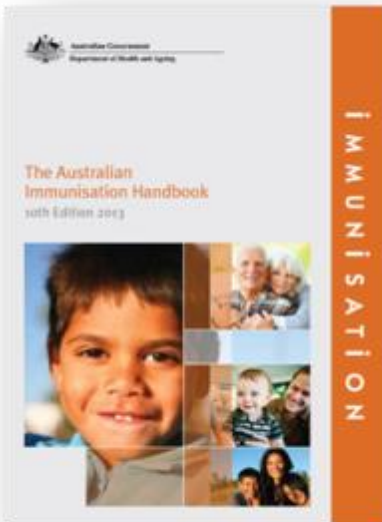


Australian Immunisation Handbook Evaluation

- The Handbook was evaluated in 2015.
- The evaluation included focus groups, in depth interviews and a quantitative survey.
- A range of immunisation providers participated in the evaluation.
- Findings:
 - the Handbook is well regarded and trusted;
 - many providers still rely heavily on the hard-copy; and
 - improving the online version may encourage providers to use it, particularly with the move to annual updates.



Communications



National Immunisation Program Schedule
From 1 July 2013

Age group	Vaccine
Birth	• Hepatitis B (Boost) ¹
4 months	• Diphtheria, tetanus, acellular pertussis (DTPa), Haemophilus influenzae type b, poliovirus (oral) (DTPa/IPV/IPV) • Pneumococcal conjugate (PCV7) • Rotavirus ²
6 months	• Diphtheria, tetanus, acellular pertussis (DTPa), Haemophilus influenzae type b, poliovirus (oral) (DTPa/IPV/IPV) • Pneumococcal conjugate (PCV7) • Rotavirus ²
18 months	• Diphtheria, tetanus, acellular pertussis (DTPa), Haemophilus influenzae type b, poliovirus (oral) (DTPa/IPV/IPV) • Pneumococcal conjugate (PCV7) • Rotavirus ²
4-6 months	• Measles, mumps, rubella and varicella (MMRV) • Diphtheria, tetanus, acellular pertussis (DTPa) and haemophilus influenzae type b (DTaP) • Malaria, meningitis (MM2) (in the past only; MMR2 vaccines are not given in Australia)
10 years	• Hepatitis B (Boost) ¹ • Tetanus (T) • Pertussis (P) • Poliovirus (IPV) • Diphtheria, tetanus and acellular pertussis (DTPa) (in the past only)
15 years and over	• Hepatitis B (Boost) ¹ • Tetanus (T) • Pertussis (P) • Poliovirus (IPV) • Diphtheria, tetanus and acellular pertussis (DTPa) (in the past only)
18 months and over	• Hepatitis B (Boost) ¹ • Tetanus (T) • Pertussis (P) • Poliovirus (IPV) • Diphtheria, tetanus and acellular pertussis (DTPa) (in the past only)
20 years and over	• Hepatitis B (Boost) ¹ • Tetanus (T) • Pertussis (P) • Poliovirus (IPV) • Diphtheria, tetanus and acellular pertussis (DTPa) (in the past only)
65 years and over	• Shingles (Z) • Poliovirus (IPV) • Pneumococcal polysaccharide (PPV23)

¹ Please refer to nearby for further information.

Endorsed ATAGI 59


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Australian Technical Advisory Group on Immunisation (ATAGI) advice for immunisation providers regarding the administration of seasonal influenza vaccines in 2016

This document provides recommendations on the use, where not contraindicated, of seasonal influenza vaccines that are available in Australia in 2016. Additional advice on the use of influenza vaccines can be found in The Australian Immunisation Handbook 10th edition available on the [Immunise Australia website](#)¹.

Key points

- Annual vaccination is the most important measure to prevent influenza and its complications.
- Both quadrivalent influenza vaccine (QIV) and trivalent influenza vaccine (TIV) formulations are available in Australia in 2016. Age restrictions apply according to vaccine brand (refer to Table 1).
- ATAGI recommends the use of QIVs in preference to TIVs. However, TIVs are an acceptable alternative, particularly if QIVs are not available (refer to *Choosing between QIVs and TIVs*).
- Certain QIVs are funded on the National Immunisation Program (NIP) in 2016 for the following groups:
 - Aboriginal and/or Torres Strait Islander children aged 6 months to <5 years
 - Aboriginal and/or Torres Strait Islander persons aged ≥15 years
 - All adults aged ≥65 years
 - All persons aged ≥6 months who have a medical condition which increases the risk of influenza complications (refer to Table 3)
 - Pregnant women (during any stage of pregnancy).
- Influenza vaccination is also strongly recommended, but not funded, for other groups who are at increased risk of influenza and its complications (refer to *Other groups for whom influenza vaccination is strongly recommended*).

Seqirus (previously bioCSL) Fluvax[®] brand TIV is NOT recommended for use in children aged <9 years.



Key challenges that ATAGI has faced

- Balancing the National Immunisation Program Schedule to ensure vaccines are given at the optimal time versus an ever expanding schedule;
- Areas of low coverage which does not protect the individual or create herd immunity;
- Vaccine pipeline from submission to program roll out can take some time;
- Ensuring up to date immunisation information is disseminated in a timely fashion;
- Balancing perceived conflict of interest of members and the need to ensure the most qualified people can provide expert advice;
- Immunisation needs of specific populations where there is high burden of disease but where the cohort is so small a vaccine company would not put in a submission; and
- Anti vaccination lobby.



Increasing ATAGI's functioning

- The Department of Health implemented a new process of membership applications and appointment to attract new and continually high calibre members.
- Implemented a new Conflict of Interest policy which has greater transparency and these are now published on the Immunise Australia website.



Future plans for ATAGI

- Establishment of a Strategic Priorities Group which will identify gaps and areas for improvement;
- Aboriginal and Torres Strait Islander populations have been identified as population cohorts of highest need;
- Establishing a process for modelling to identify which population cohorts will provide the greatest protection either directly or indirectly;
- Publication of evidence based summaries and other pieces of work;
- Collaborate with other NITAGs on evidence based summaries;
- Document processes such as those outlined in the SIVAC evaluation tool; and
- Collaborate at a regional level.



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THANK YOU

Resources:

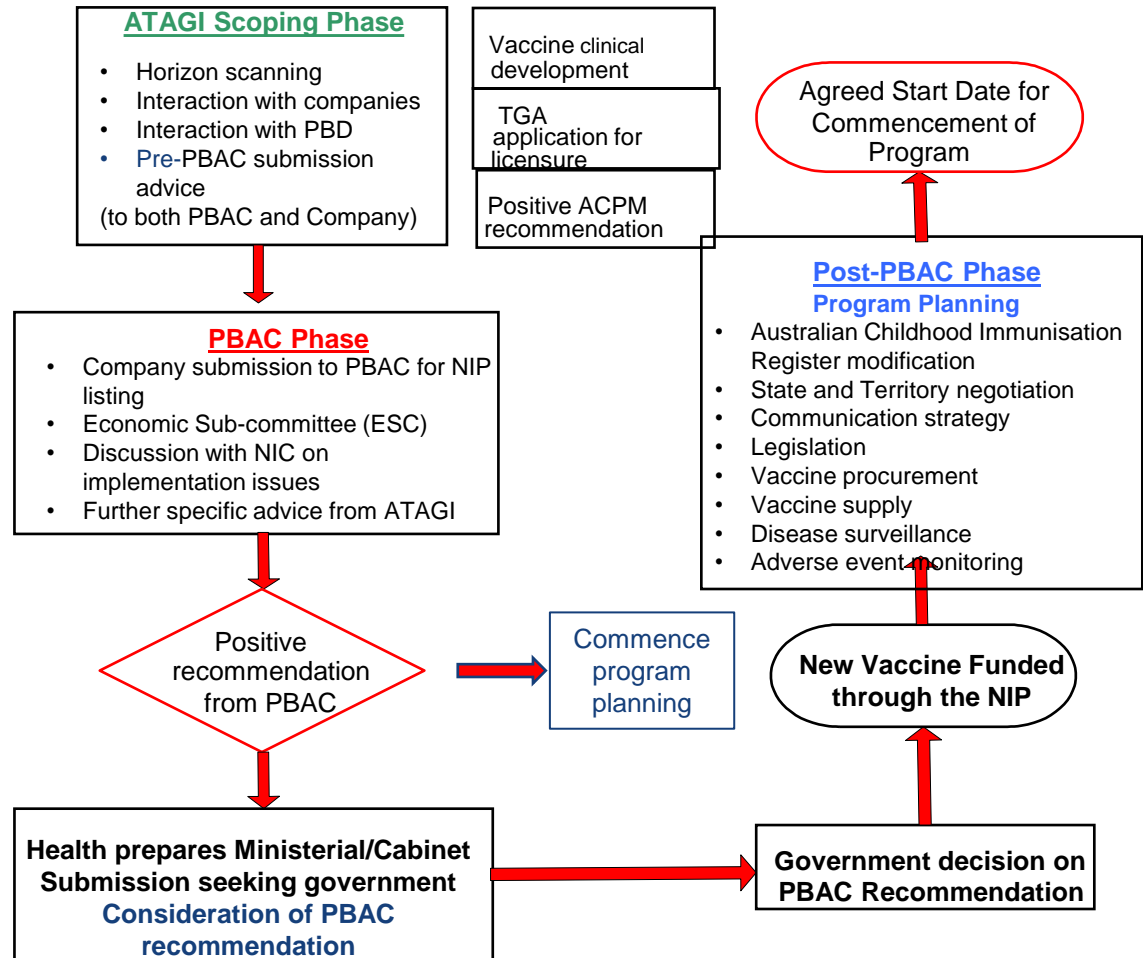
Immunise Australia Program: www.immunise.health.gov.au



PBAC processes for NIP listing of vaccines

Disease Surveillance

- PBD: Pharmaceutical Benefits Division
- PBAC: Pharmaceutical Benefits Advisory Committee
- PBS: Pharmaceutical Benefits Scheme
- TGA: Therapeutic Goods Administration



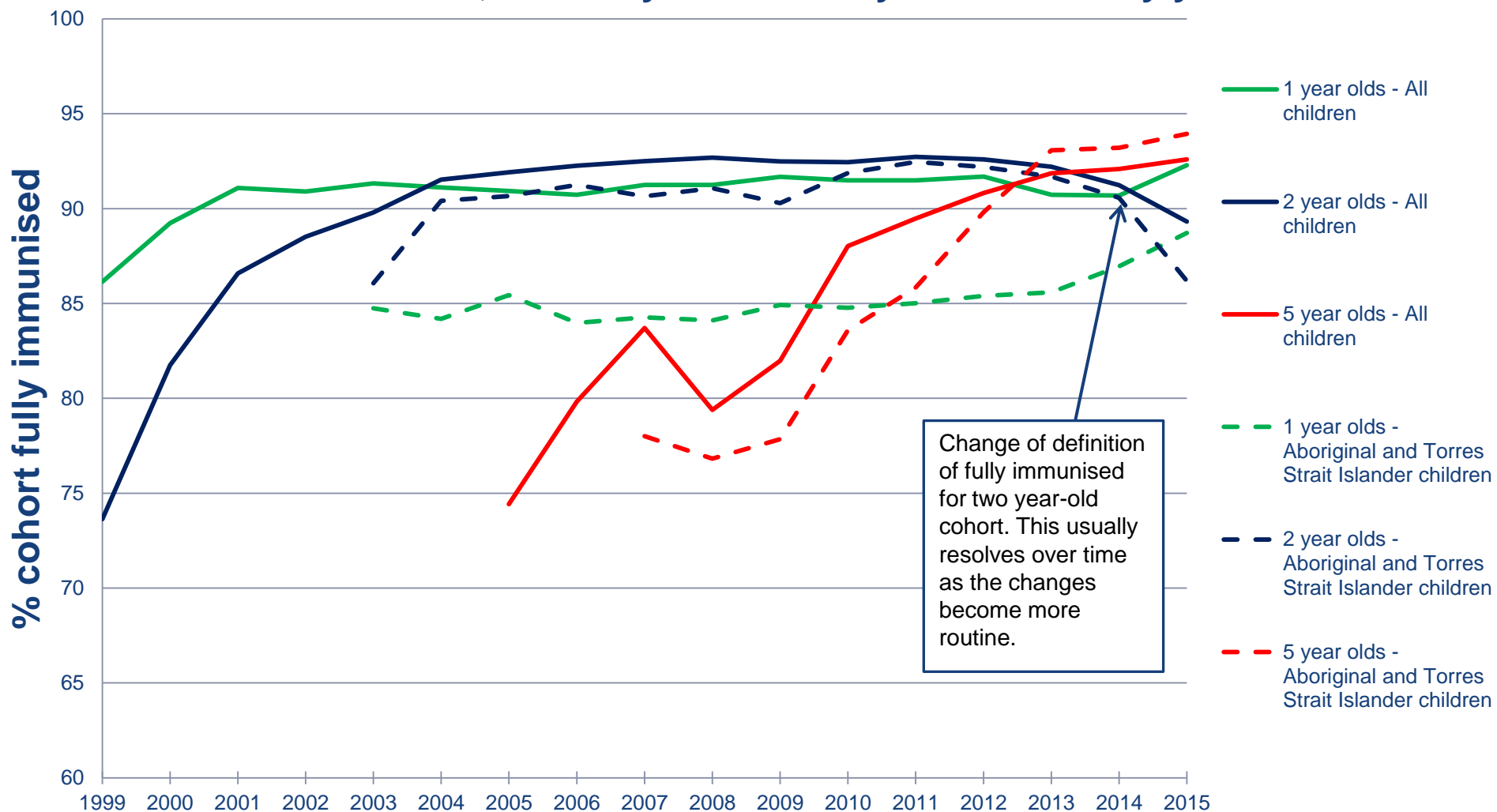


Aboriginal and Torres Strait Islander coverage rates March 2016 quarter – highest and lowest PHNs

	1 year olds	2 year olds	5 year olds
Highest Coverage PHN	100% Northern Sydney (NSW)	93.6% Central and Eastern Sydney (NSW)	100% Murrumbidgee (NSW) & Gippsland (VIC)
Lowest Coverage PHN	76.5% Perth North (WA)	77.1% Perth South (WA)	80.0% Grampians and Barwon South West (VIC)

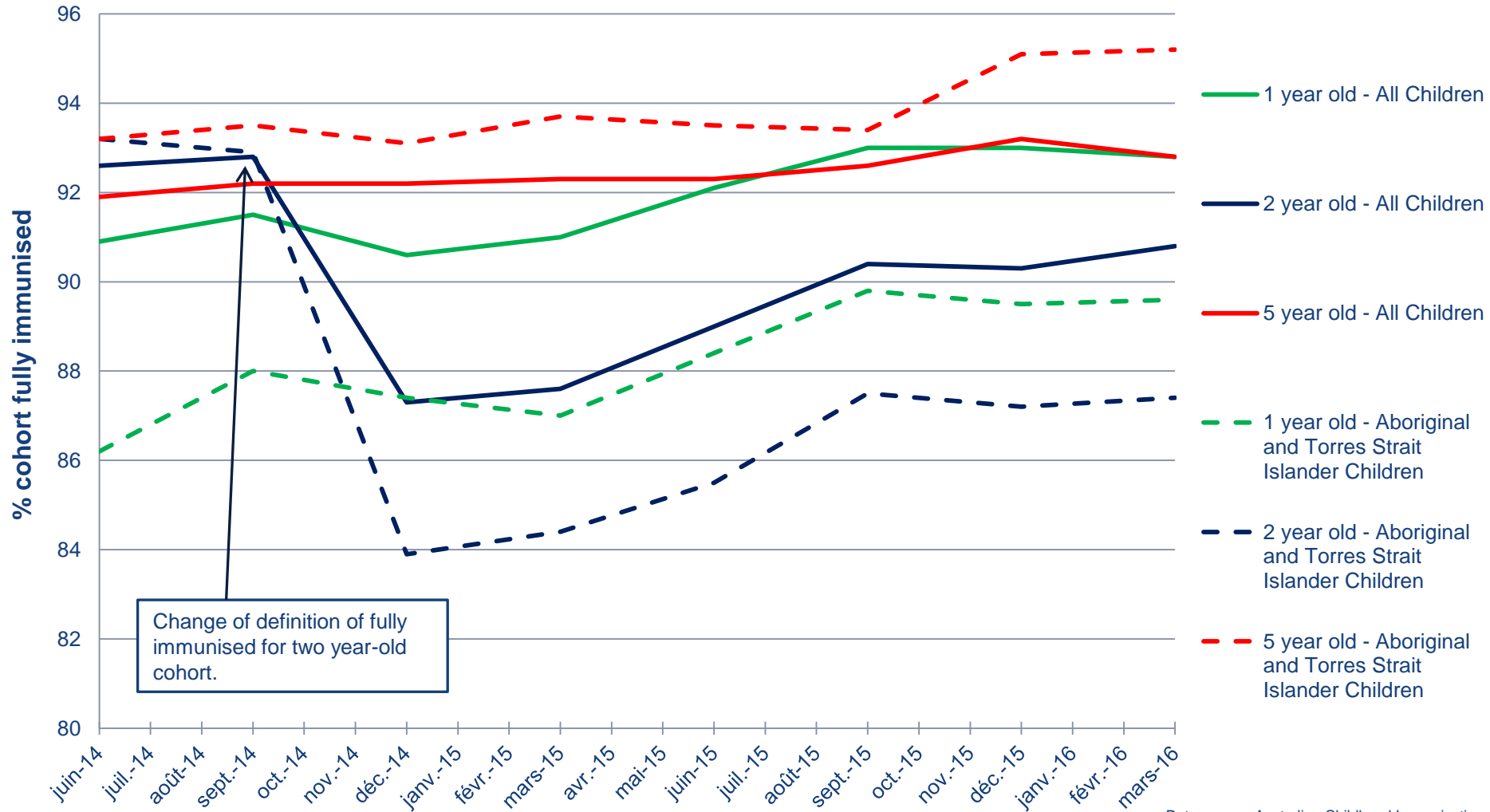


Per cent of 1, 2 and 5 year olds fully immunised by year





Per cent of 1, 2 and 5 year olds fully immunised by quarter

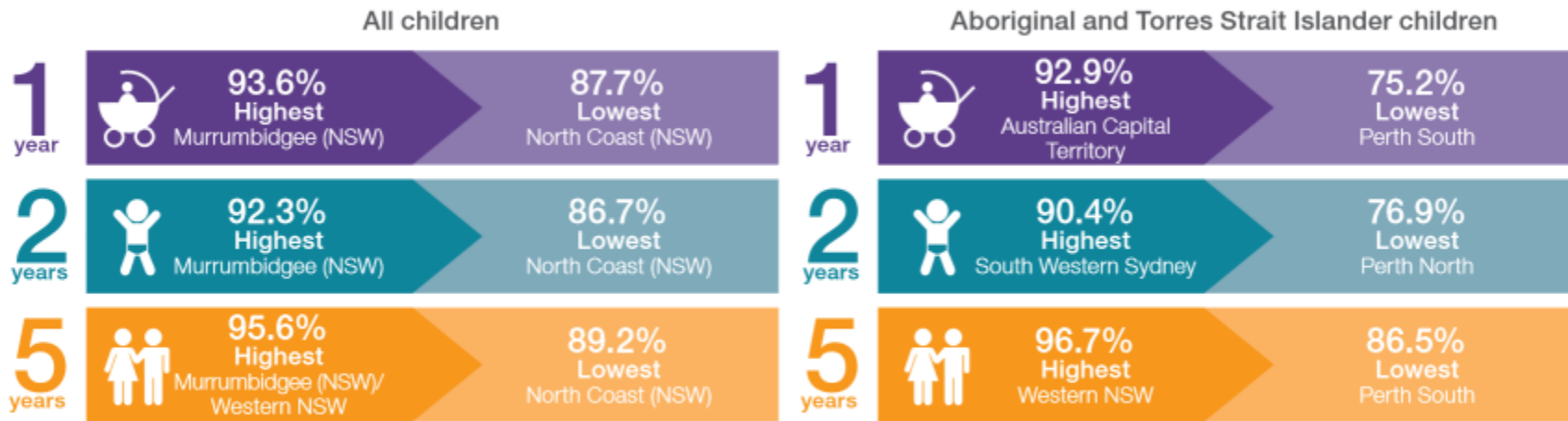


Data source: Australian Childhood Immunisation Register



Immunisation uptake

Figure 1: Primary Health Network areas with the highest and lowest child immunisation rates, 2014–15



Sources and references can be found in this report in 'About the data' (page 12) or in the Technical Note at www.myhealthycommunities.gov.au/publications

Visit www.myhealthycommunities.gov.au for more detailed results

65
years

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Highest

??
Lowest

50
years

??
Highest

??
Lowest



National Map of Statistical Area level 3

-
1 year old immunisation coverage rates for the first quarter of 2016

Coverage datasets are publicly available on the Immunise Australia website

Data source: Australian Childhood Immunisation Register

