

**Australian Technical Advisory Group on Immunisation (ATAGI)**  
**61st meeting**  
**13 and 14 October 2016**

**ATAGI BULLETIN**

The Australian Technical Advisory Group on Immunisation (ATAGI) 61st face-to-face meeting was held on 13 and 14 October 2016 in Canberra.

**Pertussis**

- The Pharmaceutical Benefits Advisory Committee (PBAC) has requested advice from ATAGI on the clinical place and effectiveness of the vaccines currently listed on the National Immunisation Program (NIP) schedule aimed at preventing pertussis disease. This request was prompted by the inclusion of a diphtheria-tetanus-acellular pertussis (dTpa) vaccine dose at 18 months in the NIP from 2016 and the recommendation that adult-formulated dTpa vaccine for pregnant women be included in the NIP in future. This advice will potentially inform a review by the PBAC of the cost-effectiveness of the overall pertussis vaccine schedule.
- ATAGI endorsed the Pertussis Working Party's plan for conducting this review for the PBAC (including the review's scope), and providing guidance on key parameters and additional outputs for mathematical modelling.

**Pneumococcal disease**

- The PBAC has requested advice from ATAGI on the clinical place and effectiveness of 23-valent pneumococcal polysaccharide vaccine (23vPPV) on the NIP with a view to potentially informing a review of the cost-effectiveness of 23vPPV compared with no vaccine. This review should include the use of 23vPPV as currently specified in the NIP schedule (i.e. in children and Aboriginal and Torres Strait Islander adolescents medically at risk and in adults with and without risk factors). The PBAC noted that any outcomes of the review of 23vPPV may have implications for the 13-valent pneumococcal conjugate vaccine (13vPCV) listing.
- ATAGI discussed potential schedule changes for pneumococcal vaccines for Aboriginal and Torres Strait Islander adults, Aboriginal and Torres Strait Islander children with additional risk factors, non-Indigenous adults, and adults with at-risk conditions.
- The Pneumococcal Working Party presented a summary of evidence on 13vPCV failures. ATAGI noted that the 13vPCV program has significantly reduced the burden of invasive pneumococcal disease (IPD) due to additional types in the vaccine (especially the predominant type, 19A) in Australia since it was introduced in 2011. However, data on IPD from the National Notifiable Disease Surveillance System indicate that Australia's 3+0 vaccine schedule has a persistently higher number of 13vPCV vaccine failures in the second year of life compared with the United States (which includes an additional booster dose at 12 months as a 3+1 schedule), or England and Wales (which gives the third dose of 13vPCV at 12 months in a 2+1 schedule). A paper outlining the impact of 13vPCV in Australia has recently been published (<http://cid.oxfordjournals.org/content/early/2016/10/21/cid.ciw720.abstract?keytype=ref&ijkey=MhuRwCCbRjR9fgu>) The working party will be reviewing additional data,

particularly with respect to the potential for breakthrough cases in the first year of life under a 2+1 schedule, in evaluating the strength of the evidence for any change to the currently recommended 3+0 schedule.

### **Meningococcal disease**

- Members discussed the increased incidence of invasive meningococcal disease caused by serogroup W in some states, and the report and recommendations that ATAGI had provided in response to a request for advice from the Communicable Diseases Network Australia (CDNA).
- The Department of Health is monitoring reports of invasive meningococcal disease closely, including establishing a group with a focus of examining the current epidemiology and coordinating responses to meningococcal W disease at the national level.
- ATAGI will continue to contribute to this response.

### **Influenza**

- ATAGI reviewed the evidence for influenza vaccine effectiveness in relation to time since vaccination. There is no evidence to suggest that being vaccinated early in the influenza season provides better protection against influenza than being vaccinated later in the season. Protection may decrease over time and early vaccination needs to be balanced with having the highest level of protection during the peak periods of influenza virus circulation. ATAGI recommends that influenza vaccination is encouraged throughout the entire influenza season, and emphasises that it is never too late to be vaccinated.
- To improve coordination of advice on influenza vaccination, the 2017 annual ATAGI influenza statement and the influenza Handbook chapter update will be published simultaneously.

### **Rabies**

- The ATAGI–CDNA Rabies Working Group identified a number of areas relating to the management of potential rabies and Australian Bat Lyssavirus exposure which require consideration and/or review. ATAGI and the CDNA will progress these reviews through the rabies Handbook chapter and the CDNA Series of National Guidelines for Public Health Units as relevant.

### **Special Risk Groups Working Party**

- ATAGI discussed feedback from consultation with Aboriginal and Torres Strait Islander health stakeholders on vaccination schedules for the prevention of pneumococcal disease, influenza and hepatitis B. Respondents were overwhelmingly supportive of recommendations to increase access to pneumococcal and influenza vaccines for Aboriginal and Torres Strait Islander people, based on burden of disease and likely improved uptake for these vaccines. The working party will continue to review recommendations for hepatitis B vaccine and serological testing for Aboriginal and Torres Strait Islander Australians.

## **Bacillus Calmette–Guérin (BCG) vaccine supply**

- ATAGI discussed ongoing issues regarding lack of supply of BCG vaccine, noting the need for a more secure supply of BCG.
- ATAGI will work closely with CDNA to ensure a co-ordinated response to this international issue.

## **Priorities for the NIP**

- ATAGI considered a range of vaccines identified as priorities for the NIP, and agreed that equity is critical for assessing vaccines for the NIP. Equity includes consideration of the needs of Aboriginal and Torres Strait Islander people, as well as groups not achieving the same health benefits from the NIP, including recent arrivals, refugees and socially disadvantaged groups, who may or may not be covered by state-based programs.

## **ATAGI–PBAC interaction**

- Professor Andrew Wilson, Chair of the PBAC, joined ATAGI members for a discussion about the relationship between ATAGI and the PBAC. Members agreed that the PBAC’s request for ATAGI advice on the pertussis and pneumococcal vaccine schedules was welcome. A range of options were discussed for strengthening this relationship and improving the way ATAGI provides its advice to the PBAC.

## **Australian Immunisation Handbook**

- ATAGI endorsed minor changes to Handbook chapters for the 2017 annual update and noted there are no Category 2 changes requiring public consultation.
- The Department of Health is continuing to consider digital options for future updates and editions of the Handbook.

## **Strategic vision for ATAGI**

- ATAGI endorsed a document outlining its strategic intent. ATAGI’s vision is to protect all Australians from vaccine-preventable diseases. The objectives of uptake, safety and effectiveness are underpinned by communication and engagement, implementation and equity, and international collaboration, with a foundation of evidence-based advice. The final strategic intent document will be published on the Immunise Australia website.

## **NITAG evaluation tool**

- As part of the recommendations from the first meeting of the Global National Immunization Technical Advisory Groups (NITAGs) Network in May 2016, ATAGI and the Department of Health are planning a performance evaluation of ATAGI using the NITAG evaluation tool. Work will be progressed by ATAGI’s Strategic Directions Working Group.

## **ATAGI publications**

- ATAGI discussed how its work could be made publicly available, and discussed an initial framework for the types of ATAGI publications and their characteristics. Further detail is

required on what types of information may be published and in what format, and a working group was established to progress these issues.

### **New Zealand Government Pharmaceutical Management Agency**

- ATAGI welcomed visitors from New Zealand's Pharmaceutical Management Agency, Dr Scott Metcalfe and Dr Stuart Dalziel. Dr Metcalfe and Dr Dalziel described the functions and relationships of New Zealand's immunisation advisory bodies and how recommendations and funding decisions are made. ATAGI was particularly interested in the graphs that clearly demonstrated how New Zealand has closed the gap in childhood immunisation coverage since 2009, with the percentage of children fully immunised at 2 years of age being close to 95% in all ethnic groups and socioeconomically disadvantaged groups.

### **No Jab, No Pay and No Jab, No Play**

- ATAGI discussed the Australian Government's No Jab, No Pay and the Victorian Government's No Jab, No Play measures, which relate to childhood immunisation requirements. While it was noted there is strong community support for these measures, ATAGI noted that they may have unintended consequences for some special risk groups. Members were advised that an evaluation of these measures is currently under way and ATAGI will be informed of the results.

### **Vaccination coverage**

- ATAGI was pleased to note that immunisation coverage rates for the most recent quarter show that seven of the eight jurisdictions have achieved more than 90% coverage for Aboriginal and Torres Strait Islander children for the first time. A large increase in immunisation coverage was seen for both Indigenous and non-Indigenous children in the most recent quarter. ATAGI commended these results.
- ATAGI also noted that the Australian Childhood Immunisation Register expanded to become the Australian Immunisation Register on 30 September 2016.

### **MAVIG meeting**

- The Chair reported that members of ATAGI had met with representatives of Medicines Australia Vaccine Industry Group (MAVIG), the day prior to ATAGI. The meeting discussed the process for seeking and receiving advice from ATAGI, Industry Days and ATAGI's Conflict of Interest policy.

### **Summary of decisions of key immunisation technical advisory groups of interest**

- Members noted the report from the National Centre for Immunisation Research and Surveillance (NCIRS) summarising recent deliberations and recommendations from the Strategic Advisory Group of Experts on Immunization of the World Health Organization, and NITAGs of the USA, UK, Canada and New Zealand.

## Notes and resources

- ATAGI's membership, terms of reference and conflict of interest information 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).
- The summary of decisions of key immunisation technical advisory groups of interest report will be available on the NCIRS website at [www.ncirs.edu.au](http://www.ncirs.edu.au).
- Information on NITAGs worldwide is available on the NITAG Resource Centre website at [www.nitag-resource.org](http://www.nitag-resource.org).
- Next ATAGI meeting: Thursday 16 February to Friday 17 February 2017. The meeting agenda will be published on the Immunise Australia website shortly before the meeting.