

**Australian Technical Advisory Group on Immunisation (ATAGI)
64th meeting
12 and 13 October 2017**

ATAGI BULLETIN

The Australian Technical Advisory Group on Immunisation (ATAGI) 64th face-to-face meeting was held on 12 and 13 October 2017 in Canberra.

Pneumococcal disease

- ATAGI reviewed data on invasive pneumococcal disease (IPD) in Aboriginal and Torres Strait Islander people. Incidence of IPD continues to increase in every age group of Aboriginal and Torres Strait Islander people, further increasing the disparity in the burden of IPD between Aboriginal and Torres Strait Islander people and non-Indigenous Australians. This seems to be related to both serotype replacement and increasing burden of IPD generally.
- Serotype replacement indicates a continuing role for the 23-valent pneumococcal polysaccharide vaccine in high-risk groups, including Aboriginal and Torres Strait Islander people. Members noted that uptake of the recommended pneumococcal conjugate booster dose in the second year of life for Aboriginal and Torres Strait Islander people is not high, and this could be improved.

Meningococcal disease

- ATAGI discussed the ongoing increase in cases of meningococcal disease nationally, and the current outbreak of meningococcal W disease in remote Aboriginal and Torres Strait Islander communities in the Northern Territory. ATAGI is continuing its review of the meningococcal chapter of the *Australian Immunisation Handbook*, which will be updated in 2018.
- ATAGI noted the updated fact sheet from the National Centre for Immunisation Research and Surveillance (NCIRS) and frequently asked questions for providers on meningococcal disease, which provide interim advice until the meningococcal chapter of the *Australian Immunisation Handbook* is updated. A link will be added to the Handbook chapter webpage to direct readers to the NCIRS resources.

Pertussis

- ATAGI discussed further input in response to the Pharmaceutical Benefits Advisory Committee's request for advice on the pertussis immunisation schedule.

Human papillomavirus (HPV)

- ATAGI endorsed clinical advice to school-based vaccination providers to support the transition from a 3-dose schedule of 4-valent HPV vaccine to 2-dose schedule of 9-valent HPV vaccine, for adolescents aged 9–14 years. This program is anticipated to start from January 2018.

Influenza

- ATAGI noted that, while there was geographic variation, national influenza activity in the 2017 influenza season was higher than average, with a peak that lasted for a number of weeks. An earlier season onset and introduction of rapid testing (leading to increased identification of cases) have contributed, in part, to this increase. Although the number of hospitalisations was high, the clinical severity of disease in hospitalised patients was within the historical range.
- ATAGI noted that the Minister for Health has tasked the Australian Government Chief Medical Officer to investigate ways to improve seasonal influenza outcomes in aged care facilities, in light of the significant incidence of influenza in these facilities in 2017.
- ATAGI noted that all items relating to influenza will be considered at a special ATAGI meeting in November 2017.

Zoster

- ATAGI discussed and endorsed terms of reference for the reconvened Varicella Zoster Working Party.
- Members discussed the continuing reports of disseminated herpes zoster following zoster immunisation in immunocompromised people. ATAGI drew attention to the pre-vaccination checklist for Zostavax® administration, available on the [Immunise Australia website](#). The checklist template can also be imported into GP practice software.

Australian Immunisation Handbook

- Members were informed that, between January and September 2017, the *Australian Immunisation Handbook* home page had been viewed 305 000 times. The top 10 viewed pages were the vaccine-preventable diseases home page, meningococcal disease, hepatitis B, pre-vaccination procedures, special risk groups, vaccine administration, pertussis, vaccine procedures home page, influenza and pneumococcal disease.
- ATAGI noted that the public consultation process on the updated recommendations for the infant pneumococcal schedule was complete, and 26 comments had been received from 14 individuals or groups. ATAGI discussed the comments and endorsed updates to the recommendations following public consultation for submission to the National Health and Medical Research Council (NHMRC).
- ATAGI endorsed new recommendations for the HPV chapter of the *Australian Immunisation Handbook* to be available for public consultation in November 2017 to enable submission to the NHMRC.

ATAGI processes and business

- The Department and ATAGI continued to review and discuss ATAGI's conflict of interest policies and determinations. In particular, ATAGI reiterated that all requests for ATAGI advice or information should be sought through the ATAGI Secretariat, and that ATAGI advice is only provided through ATAGI as a whole, not individual members.

- ATAGI discussed how to facilitate information flow between ATAGI and the Communicable Diseases Network Australia to maximise efficiency and knowledge sharing.

Other issues in vaccines and immunisation

- ATAGI noted Professor Peter McIntyre's upcoming retirement and expressed its sincere thanks for his valuable contribution to ATAGI and to immunisation policy in Australia over many years.
- ATAGI was informed that the Measles Elimination Committee has been expanded to also include rubella, in preparation for Australia undergoing certification for rubella elimination in 2018.
- ATAGI noted a verbal report of the recent Global National Immunization Technical Advisory Group Network conference, held in Berlin, Germany, in June 2017.
- Representatives from the Australian Digital Health Agency presented an update on the Australian Medicines Terminology (AMT) review of vaccine editorial rules, which was supported by an ATAGI working group. ATAGI expressed its appreciation for the new standardised and consistent rules, which will simplify and clarify vaccine terminology in the AMT, and make the descriptions more intuitive and clinically useful.

Summary of decisions of key immunisation technical advisory groups of interest

- Members noted the report from the NCIRS summarising recent deliberations and recommendations from the Strategic Advisory Group of Experts on Immunization of the World Health Organization, and national immunisation technical advisory groups (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](#) (refer to 'Immunisation Advisory Bodies').
- The *Australian Immunisation Handbook* is available on the [Immunise Australia website](#).
- The summary of decisions of key immunisation technical advisory groups of interest report will be available on the [NCIRS website](#).
- Information on NITAGs worldwide is available on the [NITAG Resource Centre website](#).
- Next ATAGI meeting: Thursday 15 February to Friday 16 February 2018. The meeting agenda will be published on the Immunise Australia website shortly before the meeting.