

**Australian Technical Advisory Group on Immunisation (ATAGI)
55th meeting
16 and 17 October 2014**

ATAGI BULLETIN

- The Australian Technical Advisory Group on Immunisation (ATAGI) 55th face-to-face meeting was held on 16 and 17 October in Canberra.
- Professor Ross Andrews, ATAGI Chair, acknowledged the contributions of previous ATAGI members whose terms had recently expired (the previous ATAGI Chair, Professor Terry Nolan, AO, and members Dr Nicole Gilroy, Dr Joanne Molloy and Professor Peter Richmond) and welcomed new ATAGI members Dr Nigel Crawford, Professor David Durrheim and Associate Professor Helen Marshall.
- Representatives from ATAGI and the Department met with Medicines Australia on 15 October 2014 to discuss ATAGI's interactions with Industry, particularly the timeframes and procedures surrounding Pharmaceutical Benefits Advisory Committee (PBAC) submission advice from ATAGI.
- ATAGI was advised that, at the PBAC's July 2014 meeting, the PBAC did not recommend listing 4-component meningococcal B vaccine (Bexsero®, Novartis) on the National Immunisation Program (NIP), due to an unacceptably high and uncertain incremental cost-effectiveness ratio. Further information about the use of Bexsero on the private market can be found in the relevant ATAGI statement.
- The Communicable Diseases Network Australia (CDNA) provided an update on surveillance of vaccine-preventable diseases from 1 January to 22 August 2014.
- The National Immunisation Committee (NIC) advised that the new definition of 'fully immunised' includes meningococcal C and varicella, and that this definition will be used for the first time in reporting for the quarter ending 31 December 2014. The change in definition may result in an apparent drop in immunisation coverage of several percentage points due to varicella coverage being lower than that of other childhood vaccines. The new combined measles–mumps–rubella–varicella vaccine is expected to improve varicella coverage.
- ATAGI noted recent data on immunisation coverage in Aboriginal and Torres Strait Islander children compared with non-Indigenous children. ATAGI acknowledged the gap has been closed at two and five years of age but more work is needed to close the gap at one year of age. ATAGI noted that NIC's increased focus on improving data quality for Indigenous coverage is encouraging.
- ATAGI noted that immunity against varicella should not be assumed in those who report a history of chickenpox, given the uncertainty in diagnosis of the infection. As there are no safety issues with vaccine administration to an individual who has had the disease, vaccination with varicella-containing vaccine should be encouraged for all infants.

- Members discussed and endorsed ATAGI's postsubmission advice to the PBAC for Infanrix® (diphtheria–tetanus–acellular pertussis vaccine, GSK) on the NIP for children aged 18 months. This submission will be considered at the PBAC's November 2014 meeting.
- ATAGI discussed and endorsed the postsubmission advice to the PBAC for Zostavax® (herpes zoster [shingles] vaccine, bioCSL). This submission for adults aged 70–79 years will be discussed at the November 2014 PBAC meeting.
- ATAGI reviewed updated data on the impact of the childhood 13-valent pneumococcal vaccine program and the burden of pneumococcal disease in older Australians.
- ATAGI endorsed proposed revisions to the 10th edition of the *Australian Immunisation Handbook* for the 2015 annual update, which is planned for July 2015. It is anticipated that public consultation on major changes to the Handbook will commence in December 2014. It was noted that this is not a 'full review' of the Handbook, rather only select changes.
- Members discussed the evidence and issues relating to maternal immunisation against pertussis during pregnancy, and agreed to update recommendations in the 10th edition Handbook. This update will be open for public consultation in December 2014 as per the processes for the Handbook that are required by the National Health and Medical Research Council, and will state that vaccination of pregnant women against pertussis in the third trimester of every pregnancy is preferred for optimal protection of the mother and newborn. Postpartum vaccination of the mother will be recommended if the mother was not vaccinated against pertussis in the third trimester of pregnancy.
- ATAGI endorsed the terms of reference and membership of the newly reconvened Human Papillomavirus Working Party, and the joint CDNA–ATAGI Working Group on Rabies.
- Members noted the key recommendations and commentaries from various National Immunisation Technical Advisory Groups and also the World Health Organization Strategic Advisory Group of Experts (SAGE) on Immunisation.
- The 56th meeting of ATAGI is scheduled for 19 and 20 February 2015 in Canberra.

Notes

- ATAGI's membership and terms of reference are available on the Immunise Australia website at 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 (see 'Australian Immunisation Handbook 10th Edition 2013').
- The ATAGI statement on the use of Bexsero can be found on the Immunise Australia website at www.immunise.health.gov.au.