



Australian Government

Department of Health and Ageing

Australian Technical Advisory Group on Immunisation

ATAGI Bulletin

**#40th Meeting
4-5 June 2009**

- The Australian Technical Advisory Group on Immunisation (ATAGI) 40th face to face meeting was held on 4-5 June 2009 in Canberra.
- The ATAGI Members discussed the increased demand for all dTpa vaccines due to recent pertussis epidemic activity and jurisdictional initiatives. Members were informed that an adequate supply of dTpa vaccine continues to be available for National Immunisation Program requirements.
- The ATAGI Members endorsed the ATAGI Pertussis Working Party Terms of Reference.
- The ATAGI Members recommended that the scheduled 4th dose of pertussis vaccine can be administered from the age of 3 years and 6 months. It also noted that the current ATAGI recommendation permits the administration of the pertussis adolescent booster dose from the first year of high school (that is, from 11 years of age). The Working Party will continue to consider the case for inclusion of pertussis-containing vaccines in the National Immunisation Program (NIP) for persons over the age of 18 years (Attachment A).
- The ATAGI Influenza Working Party will report further at the next ATAGI meeting on the feasibility of implementing an influenza vaccination program in the <5 years age group, following further advice on possible program delivery options from the National Immunisation Committee.
- The ATAGI Members noted that under the National Immunisation Program in 2009, influenza vaccine will continue to be funded for all Australians 65 years and over, all Indigenous aged 50 years and over, and Indigenous people aged between 15-49 years who are medically at risk. The PBAC recommendation to move influenza vaccine for all those over the age of 6 months who are medically at risk from the PBS to the NIP is currently being considered by Government.
- The ATAGI Revaccination Working Party is currently drafting standard recommendations for revaccination in situations where the way in which a vaccine has been administered may have compromised its efficacy. These recommendations will promote national consistency in the management of cold chain breaches or other situations when there is uncertainty about prior vaccination efficacy.

- The ATAGI Members endorsed the draft report terms of reference of the Hib/Meningococcal Working Party (Attachment B) including consideration of the rationale for non-uniform Indigenous *Haemophilus Influenzae* type b vaccine use across jurisdictions and the need for carriage surveillance.
- The ATAGI Pneumococcal Working Party reported on its review of the impact of 23 valent pneumococcal polysaccharide vaccine (23vPPV) as a booster at 18-24 months of age in Indigenous children in Western Australia, the Northern Territory, South Australia and Queensland on invasive pneumococcal disease (IPD). ATAGI endorsed the conclusion that the impact of 23vPPV had been limited and that there was a need for higher valency conjugate vaccines to address the continuing differential in IPD between Indigenous and non-Indigenous children in these jurisdictions.
- The ATAGI MMRV/Zoster Working Party will revise the four chapters of the Immunisation Handbook referring to combined measles, mumps, rubella and varicella vaccines (MMRV) to ensure consistent recommendations that MMRV is administered at 18 months of age. This will minimise the slight excess risk of febrile convulsions recently documented in the USA with administration of MMRV at 12 months of age.
- The ATAGI Handbook Development Working Party continues to work on revisions to the Handbook to ensure consistency and improve its accessibility. This includes planning for the 10th edition of the *Australian Immunisation Handbook* and the development of a 'user friendly' PDA version of the Handbook.
- The ATAGI Members noted the amendments to Chapter 3.1 ABL and Rabies in the *Australian Immunisation Handbook* are currently awaiting approval from the National Health and Medical Research Council (NHMRC). These changes acknowledge that from late 2008, animal cases of rabies have been reported in Bali. Prior to this, Bali was considered to be free of rabies, although rabies was known to occur in other areas of Indonesia. It is proposed that post-exposure treatment is now necessary for any animal bite or scratch sustained in Indonesia including Bali.
- An amended version of Chapter 3.26 Zoster has now been made available on the *Australian Immunisation Handbook*, 9th Edition, website at <http://immunise.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook-zoster>. As a result of the inclusion of the updated Zoster vaccine chapter there are a number of minor amendments to several other chapters in the Handbook which will also be placed on the website.
- Further evidence regarding the currently licensed HPV vaccines was considered, and the National Immunisation Committee has been advised that ATAGI is available to provide further recommendations on utilisation if required.
- The ATAGI Members provided technical and expert advice on the development of a draft National Immunisation Strategy at the 40th meeting.
- The ATAGI Members are currently planning for confidential briefings from vaccine manufacturers on current vaccine development at a one day meeting prior to the next ATAGI meeting on 14 October 2009.
- The next ATAGI meeting is scheduled for 15 - 16 October 2009 in Canberra.

ATAGI Pertussis Working Party
Terms of Reference

1. Evaluate trends in the burden of disease from pertussis by age group in the context of historical vaccine uptake.
2. Consider the case for inclusion of pertussis-containing vaccines in the National Immunisation Program (NIP) with respect to disease impact and adverse events for persons over the age of 18 years overall and with specific reference to:
 - a. “cocooning” strategies to protect newborns
 - b. use of dT versus dTpa post tetanus exposure
 - c. protection against Tetanus and Diphtheria
 - d. use of dT versus dTpa at 50 years
 - e. use of dT versus dTpa at 60-65 years
3. Review the current NIP recommendations for pertussis-containing vaccines in persons under the age of 18 years with respect to disease impact and adverse events for:
 - a. Primary schedule at 2, 4 and 6 months
 - b. Booster dose at 4 years
 - c. Booster dose at 15-17 years
 - d. Protection against Tetanus and Diphtheria
4. If required, provide advice to the Department on suggested changes to the NIP schedule for pertussis – containing vaccines.

ATAGI Hib/Meningococcal Working Party
Recommendations agreed at 4&5 June 2009 ATAGI meeting

1. In Indigenous children in NSW, ACT, Victoria and Tasmania, and all non-Indigenous children both PRP-T and PRP-OMP vaccines are acceptable for the primary schedule and for booster doses.
2. In Indigenous children in NT, Queensland, WA and SA, a mixed schedule with primary PRP-OMP boosted by PRP-T are optimal on theoretical grounds if they can be delivered reliably. However homogenous PRP-T schedules have been associated with good Hib control in comparable populations in Canada and are likely to have similar effectiveness if PRP-OMP has limited availability.
3. If desirable on programmatic grounds, Hib boosting at 12 or 18 months is acceptable.
4. Given the rarity of invasive Hib disease in Indigenous and non-Indigenous children, surveillance of Hib carriage is desirable to detect any emerging trends in a timely fashion.
5. The Working Party name change to Hib/Meningococcal Working Party which better reflects the broadened terms of reference to enable inclusion of the quadrivalent conjugate meningococcal vaccines.