

Australian Technical Advisory Group on Immunisation (ATAGI)
48th Meeting
7–8 June 2012

ATAGI BULLETIN

- The Australian Technical Advisory Group on Immunisation (ATAGI) 48th face-to-face meeting was held on 7 and 8 June 2012 in Canberra.
- Professor Nolan, on behalf of members, extended his appreciation to the following members whose terms expired on 30 June 2012:
 - Ms Sue Campbell-Lloyd
 - Ms Stephanie Newell
 - Associate Professor Michael Nissen
 - Dr Rod Pearce
 - Ms Helen Pitcher
- Members welcomed the appointment by the Minister for Health, the Hon Tanya Plibersek MP, of the following new members to ATAGI from 1 July 2012:
 - Associate Professor Christopher Blyth
 - Ms Madeline Hall
 - Ms Karen Peterson
 - Ms Debra Petrys
 - Dr Greg Rowles
 - Professor Stephen Wesselingh
- ATAGI's membership and revised terms of reference are available on the [Immunise Australia website](#) (see '[Immunisation Advisory Bodies](#)').
- ATAGI welcomed the Government's decision, announced in the 2012–13 Budget, to provide \$1.1 million over four years to fund an extension of the current listing of Prevenar 13[®] to provide a fourth dose of pneumococcal conjugate vaccine for Aboriginal and Torres Strait Islander children aged 12–18 months in the Northern Territory, Queensland, South Australia and Western Australia as these jurisdictions have a high incidence of invasive pneumococcal disease.

Prevenar 13 has replaced Pneumovax 23[®] for this indication, as recommended by the Australian Technical Advisory Group on Immunisation and the Pharmaceutical Benefits Advisory Committee. The fourth dose of Prevenar 13 has in the last year been administered to eligible Aboriginal and Torres Strait Islander children under a supplementary program to Australian children aged 12 to ≤ 36 months who had completed a course of the 7-valent pneumococcal conjugate vaccine, Prevenar.
- ATAGI noted that its Influenza Working Party had held its first teleconference on 4 June 2012 and agreed the following priorities:
 - To examine vaccine efficacy, effectiveness and safety data from 2008 onwards related to the burden of disease for children under 5 years of age, in particular for Aboriginal and Torres Strait Islander children in this age cohort.
 - To review novel influenza vaccine formulations, including live adjuvanted seasonal and pre pandemic influenza vaccines, pandemic influenza vaccines; and pandemic response recommendations for the use of vaccine/s.

- ATAGI reviewed research on two and three dose schedules for human papillomavirus vaccines. While recent research indicates that two doses may have the same immunogenicity as three doses, further longer-term research on antibody persistence is required. ATAGI agreed that its current recommendation of three doses remain unchanged at this stage.
- ATAGI noted that a number of states and territories are ceasing their pertussis *cocooning programs*. ATAGI continues to recommend the administration of pertussis vaccine for those in close contact with young infants, as stipulated in the 9th and draft 10th edition handbooks. ATAGI discussed the current National Immunisation Program schedule and possible options to improve protection for those at high risk, including young infants and the elderly. ATAGI's pertussis working party will undertake further work on this issue.
- ATAGI considered the final report by Professor John Carlin and Dr Katherine Lee, Murdoch Children's Research Children's Institute, Melbourne "*Rotavirus vaccination and risk of intussusception: a case-series and a case-control analysis of confirmed cases from six states and territories of Australia, July 2007 to June 2010*" which examines the risk of intussusception after rotavirus vaccination. On the basis of the information provided, ATAGI is reviewing its advice in relation to the risk-benefit assessment of the risk of intussusception following vaccination versus the risk of rotavirus.
- ATAGI noted that Fluvax[®] (CSL Biotherapies), an influenza vaccine not currently registered for use in children under 5 years of age, had been inadvertently administered to a small number of children in this age cohort. At the request of Australia's Chief Medical Officer, Professor Chris Baggoley, an examination of the systematic causes that are contributing to use of the product outside its registered conditions of use is being undertaken in conjunction with the NSW Clinical Excellence Commission. ATAGI will review the results of this analysis when completed.
- ATAGI received an update on the implementation of the recommendations of the Horvath Review. ATAGI noted that Horvath Review Implementation Steering Committee had recommended the establishment of a Vaccine Safety Advisory Committee. Its terms of reference are currently being finalised.
- ATAGI reviewed a number of chapters for inclusion in the 10th Edition of the *Australian Immunisation Handbook*. The draft Handbook was endorsed for public consultation from 16 July 2012 to 15 August 2012.
- The final draft Handbook, incorporating any changes arising from the public consultation process, will be forwarded to the National Health and Medical Research Council (NHMRC) later in 2012 for the consideration of the NHMRC Council at its 193rd meeting scheduled in late November 2012. Pending endorsement by the NHMRC it is expected that the Handbook will be published and distributed to immunisation providers in 2013.
- Recent ATAGI advice published in the electronic version of the [9th edition of the Australian Immunisation Handbook](#) to include:
 - updated information in the *Australian bat lyssavirus infection and rabies* chapter to indicate that, since 2008 animal and human cases of rabies have been reported in Bali.
- The 49th ATAGI meeting will be held in Canberra on 11–12 October 2012.