

Australian Technical Advisory Group on Immunisation (ATAGI)
52nd meeting
10–11 October 2013

ATAGI BULLETIN

- The Australian Technical Advisory Group on Immunisation (ATAGI) 52nd face-to-face meeting was held on 10 and 11 October 2013 in Canberra.
- The National Health Performance Authority has sought advice on whether there should be national targets for vaccination coverage under the National Immunisation Program (NIP), to accompany its reports on immunisation coverage. The Department of Health is seeking advice from the Australian Health Protection Principal Committee (AHPPC) and ATAGI. ATAGI recommended that 90% immunisation coverage in each subdivision would be the minimum target, with an aspirational target of 95% — this is the level required to maintain herd immunity against measles, and aligns with WHO's efforts to eradicate measles in the Western Pacific Region. This advice will be considered by the Department.
- In an update from the National Immunisation Committee, ATAGI noted progress towards replacing the General Practice Immunisation Incentive report and continued efforts to review and align due and overdue rules for childhood vaccines in the Australian Childhood Immunisation Register.
- ATAGI discussed the ATAGI Hepatitis B Working Party's draft report on hepatitis B vaccination for Indigenous Australians. ATAGI agreed that, given the evidence presented by the working party, extending the cohort for the hepatitis B vaccination to include non-immune Indigenous adults should be considered.
- ATAGI considered the Influenza Working Party's evaluation of the risk of severe influenza for people with alcoholism (chronic liver disease), Down syndrome and obesity and the likely benefits of influenza immunisation. ATAGI agreed that there appears to be sufficient evidence of similar cost-effectiveness for people with these conditions, as those covered the medically at-risk group currently eligible for annual influenza vaccination under the NIP.
- Members discussed and endorsed ATAGI's postsubmission advice to the Pharmaceutical Benefits Advisory Committee (PBAC) for Bexsero® (meningococcal B vaccine, Novartis).
- ATAGI considered the Pertussis Working Party's review of pertussis epidemiology, disease burden and evidence of waning immunity in 2–4 year olds. ATAGI agreed that there was potentially a public health case to consider a pertussis vaccine booster at 18 months on the NIP, and ATAGI, with the Department will seek to present industry with this evidence. ATAGI also awaits further data and evaluation from the United Kingdom to inform discussion of maternal pertussis vaccination.
- ATAGI reviewed early data on the impact of the childhood program of 13-valent pneumococcal conjugate vaccine on invasive pneumococcal disease in adults. The data indicate a significant reduction in disease caused by serotypes that are included in the vaccine, including serotype 19A. The Pneumococcal Working Party continues to consider a 2+1 dose schedule.

- ATAGI reviewed the latest evidence on the burden of disease caused by herpes zoster and the impact of the childhood varicella immunisation program on zoster disease.
- ATAGI was advised by the Department that implementation of the recommendations from the Horvath Review under the Implementation Steering Committee and the Working Party of Experts concluded on 30 June 2013. As a result of this process, important improvements have been made in surveillance and response to adverse events following immunisation (AEFI), including:
 - establishment of the Advisory Committee on the Safety of Vaccines;
 - development of a core data set for reporting AEFI;
 - development of AEFI case definitions;
 - development of publications reflecting the agreed principles and objectives, and protocols for action and communication relating to AEFIs; and
 - better understanding of adverse events reporting by both consumers and health professionals.
- ATAGI was advised that the Department has provided funding to support the formalisation of a network of state-based adverse events following immunisation clinics and clinicians, as part of the enhanced surveillance for AEFI with human papillomavirus (HPV) vaccine. This 12-month pilot is aimed at increasing collaboration and participation, and facilitating standardised reporting of AEFI to the Therapeutic Goods Administration.
- ATAGI noted the data presented on febrile seizures resulting from measles-containing combination vaccines as part of the enhanced safety monitoring plan for measles–mumps–rubella–varicella (MMRV) vaccine. The surveillance and analysis methods used are robust enough to detect a potential safety signal associated with MMRV vaccination and no safety signals detected to date.
- The pilot program for influenza enhanced surveillance and safety, conducted during the 2013 influenza season, was well received by parents and health professionals, and the data collected appeared to be reliable enough that any safety signal could be detected early. Safety outcomes reported show a low rate (6% following dose one and 7% following dose two) for fever and only one febrile convulsion (in a child with a known seizure disorder). This data confirms the expected safety profile of influenza vaccines in children aged 6 months to <10 years and that the 2010 experience in Australia was brand specific.
- ATAGI reviewed the progress of the update of the Australian Health Management Plan for Pandemic Influenza with respect to vaccination policy provision, and will continue to contribute to its further development.
- ATAGI endorsed corrections to the Handbook 10th Edition for National Health and Medical Research Council (NHMRC) approval and noted that the Department would consider a proposed process for annual online updates.

Notes

- ATAGI's membership and terms of reference are available on the [Immunise Australia website](http://www.immunise.health.gov.au) at www.immunise.health.gov.au (see 'Immunisation Advisory Bodies').
- The *Australian Immunisation Handbook* is available on the [Immunise Australia website](http://www.immunise.health.gov.au) at www.immunise.health.gov.au (see 'Australian Immunisation Handbook 10th Edition 2013').