Australian Technical Advisory Group on Immunisation (ATAGI)

46th Meeting

13 & 14 October 2011

ATAGI BULLETIN

- The Australian Technical Advisory Group on Immunisation (ATAGI) 46th face-to-face meeting was held on 13 and 14 October 2011 in Canberra.
- ATAGI reviewed the data on vaccination coverage from the Australian Childhood Immunisation Register. Members noted that high immunisation coverage rates had been achieved for most vaccines on the National Immunisation Program in Australia.

Immunisation coverage report: as at 30 June 2011 Vaccines included in the definition of 'fully immunised': DTP, poliomyelitis, Haemophilus influenzae type b (Hib), Hepatitis B and MMR	
Age range	Percentage of children fully immunised
Children aged between 12 to less than 15 months	90.3
Children aged between 24 and less than 27 months	92.8
Children aged between 60 and less than 63 months	89.6

Data source: Australian Childhood Immunisation Register (ACIR)

Coverage = number of children vaccinated/no of children on the ACIR*100

- ATAGI considered the safety and efficacy of bringing forward vaccines currently given at four years of age to three years of age in line with the expanded Healthy Kids Check, which will bring forward the target age of the check from four to three years of age. ATAGI agreed that revising the age of immunisation to coincide with the expanded Healthy Kids Check would not be a desirable change to the schedule, however, also agreed that the change in timing of the Healthy Kids Check, would not have a significant effect on immunisation rates as the Medical Benefits Scheme (MBS) Healthy Kids Check is not considered the dominant route for this age group to be vaccinated.
- ATAGI noted progress with the implementation of the recommendations arising from the *Horvath Review on adverse events associated with Panvax* and Fluvax. Professor Terry Nolan is a member of the Horvath Review's Implementation Steering Committee which was established in August 2011. At its first meeting on 9 August 2011, the Steering Committee established a Working Party of Experts (WPoE) to undertake a number of key tasks which include defining surveillance objectives and establishing protocols and procedures for managing adverse events following immunisation. Professor Nolan and Professor David Isaacs were endorsed as ATAGI's nominees on the WPoE.
- ATAGI's Haemophilus influenzae type b (Hib)/Meningococcal working party provided an update on its review of the serogroup B meningococcal vaccines and their potential use in Australia.

- The advice provided by the human papillomavirus (HPV) working party in its review of CSL's re-submission to the Pharmaceutical Benefits Advisory Committee (PBAC) to extend the use of Gardasil[®], a quadrivalent HPV vaccine, to adolescent males was endorsed. The advice was forwarded to the PBAC for consideration at its meeting on 2 4 November 2011.
- ATAGI agreed to reconstitute its influenza working party to enable it to provide advice on the use of trivalent seasonal influenza and pandemic vaccines (including advice on the use of adjuvanted pandemic influenza vaccine). This follows the release of the Australian Government's review of Australia's health sector response to the 2009 pandemic (H1N1). The report, Review of Australia's Health Sector Response to Pandemic (H1N1) 2009: Lessons Learned, is available at www.health.gov.au (enter 'Pandemic influenza review' in the search field).
- ATAGI noted that the World Health Organization had recommended that the composition of the 2012 trivalent seasonal influenza vaccine would be the same as that used in the 2010 and 2011 influenza seasons. ATAGI agreed that a review of clinical advice for immunisation providers regarding the administration of 2012 trivalent seasonal influenza vaccines should also be undertaken with a focus on children. This advice is available at www.immunise.health.gov.au
- ATAGI discussed a number of strategies to reduce pertussis infection in young children, particularly those less than six months of age. Notwithstanding the ACIP (US) CDC's recommendation to vaccinate pregnant women, ATAGI concluded that although there is indirect evidence that maternal immunisation should be beneficial, further data on safety and efficacy would be required before it could recommend routine use of a pertussis-containing vaccine during pregnancy. ATAGI also agreed that further data were needed before changes could be recommended to the childhood vaccination schedule for pertussis. In addition, ATAGI considered revaccination options for adults and certain risk groups and agreed that recommendations be included in the 10th edition of the Australian Immunisation Handbook.
- Following reviews undertaken by the joint Therapeutic Goods Administration (TGA) and ATAGI Pneumovax 23[®] adverse event working group and the Pneumococcal working party the ATAGI endorsed new recommendations for the revaccination of adults. The recommendations are published on the Immunise Australia website at www.immunise.health.gov.au
- ATAGI noted that a new 13-valent pneumococcal conjugate vaccine, Prevenar 13® replaced Prevenar® on the National Immunisation Program from 1 July 2011 and that from 1 October 2012, eligible children who had completed a primary pneumococcal vaccination with Prevenar were able to receive a supplementary dose of Prevenar 13. ATAGI reaffirmed its recommendation that a supplementary dose of Prevenar 13, currently available to children at risk of developing invasive pneumococcal disease, also be made available to Aboriginal and Torres Straight Islander children residing in high risk jurisdictions. Further information about the availability of Prevenar 13 is available on the Immunise Australia website at www.immunise.health.gov.au

- ATAGI endorsed its Rabies working party's draft advice to Communicable Diseases Network Australia regarding the use of rabies immunoglobulin (RIG) in Australia. The advice will be included in the 10th edition of the Australian Immunisation Handbook. The ATAGI rabies working party acknowledged the valuable input from Dr Charles Rupprecht, Director of the Rabies Program, Communicable Diseases Centre, United States of America.
- ATAGI noted the progress of the development of the 10th edition of the Australian Immunisation Handbook and discussed suggested changes to a number of chapters. ATAGI agreed that an additional meeting be held to further progress the draft handbook. ATAGI anticipated that a draft of the new edition would be available for public consultation in mid 2012 and published in late 2012.
- 2012 ATAGI meetings were scheduled for 23-24 February, 7-8 June and 11-12 October. ATAGI's Industry day will be held in Darwin on 22 June 2012, immediately following the Public Health Association of Australia's 13th Immunisation Conference which will be held from 19-21 June 2012.