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**Australian Technical Advisory Group on Immunisation (ATAGI) COVID Working Group  
Working Group Meeting #15 by Videoconference  
27 April 2022, 1:00-2:30PM AEST  
Outcomes**

**In attendance:****Members**

s22

Lucas De Toca

s22

Dave McNally

s22

s22

**Secretariat**

s47F

**Department**

Anne Marie Boxall

s47F

John Skerritt

s47F

**1. Meeting opened**

Members NOTED:

- Attendees and apologies s22
- Acknowledgement of country
- No new declarations of interest.

**2. Outcomes and actions from last meeting**

Members NOTED outcomes are available on SharePoint for review.

**3. Disability advisory group presentation**

Members:

- WELCOMED s22 from the COVID-19 Disability Advisory Group to provide a presentation on people with disabilities and COVID-19 considerations for ATAGI
- NOTED information on number of people with disability in Australia and issues accessing integrated health care
- NOTED in Australia approximately 4 million (18% of population) people with a disability (PWD) however, often views of people with a disability are siloed and have problems with datasets
  - 99% of people with a disability (PWD) under 65 years of age live in households, not care accommodation

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- NOTED evidence shows that PWD experience increased risk of both contracting COVID-19, serious disease or death
  - international evidence regarding impact of COVID-19 highlights the need to focus on people with disability as a broader group for special consideration
- NOTED studies of primary health care needs demonstrates people with intellectual disability have more comorbidities and PWD experience elevated markers for premature ageing
- NOTED the challenges for family carer health and disability support workers during pandemic
- DISCUSSED challenges with current ATAGI 2nd (winter) booster dose advice, for example
  - majority of PWD aged <65 reside at home not in care settings, degree of risk not based on one factor such as eligibility for government programs such as NDIS or residential status
- NOTED ATAGI's current process is to consider available evidence as well as first principles where evidence not available and consider implications for healthcare providers, i.e., balance between providing clear, evidence-based advice and a patient centred approach
- NOTED issues for ATAGIs consideration
  - decision making in healthcare should follow best practice
  - evidence base is usually lacking (diverse groups and lack of capacity in data systems)
  - vaccination and other COVID mitigation strategies shouldn't follow a siloed approach
  - Complex needs deserve complex consideration, not easily able to be distinguished by one factor, e.g., living situation
- DISCUSSED that decision making is best done in partnership between people with disability and their trusted health care professional (usually their GP, developmental paediatrician, trusted physician).

### *Boosters review – medically at risk*

#### Members:

- NOTED presentation from NCIRS on updated evidence for high-risk groups not currently included in winter dose (2nd booster) recommendations:
  - Key policy questions: should the winter dose be expanded to:
    - Patients with disability not in residential care?
    - Patients younger than 65 years with co-morbid conditions?
    - Do recommendations need to be expanded considering uncertainty of COVID-19 epidemiology leading into winter?
  - review of risk factors for severe disease in individuals with a disability:
    - data predominately of risk in unvaccinated (instead of fully vaccinated inc. boosters), pre-Omicron period
    - main findings highlight generally higher risks of infection, hospitalisation and mortality in disability groups; limited studies suggest higher risk in severe/profound disability, down syndrome, residential settings.
  - review of risk factors for severe disease in fully vaccinated individuals:
    - Similar severe disease risk factors in vaccinated vs unvaccinated individuals
    - Age is largest contributor, co-morbid conditions also associated, but lesser extent than age
    - Increasing numbers of comorbid conditions associated with increased risk.
- DISCUSSED if there is sufficient evidence to recommend broadening 2<sup>nd</sup> booster doses to in disability groups and people <65 years with comorbid conditions
- AGREED that despite some limitations, there is clear evidence of increased risk of death, complications for both disability group and people <65 with comorbidities (consistent across multiple studies)
- AGREED there is rationale for permissive recommendations similar to CDC approach especially coming into winter and DISCUSSED possible approach, noting the wording and context would be crucial

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- NOTED potential considerations about relying on studies from Delta or pre-vaccination period and implications
- DISCUSSED need for a framework for risk, using a nuanced approach that considers prior doses, absolute vs relative risk
- DISCUSSED options for an individual approach where patients discuss with healthcare provider, noting this approach has pros and cons; possibility to use age as an approach?
- AGREED NCIRS would begin drafting 2-3 options for committee consideration and a framework/matrix for consideration.

Action item	Responsible officer(s)	Progress
NCIRS to draft 2-3 options for committee consideration of expanded groups for 2nd (winter) booster	NCIRS	Complete
Provide update to Disability AG on consideration of evidence for 2nd (winter) booster recommendations as appropriate	Co-Leads/ ATAGI COVID-19 Secretariat	In progress

*Boosters review – 12-15 year old age group*

Members NOTED item will be deferred to next meeting.

**4. For endorsement**

*Vaccination post infection*

Members ENDORSED the updated content for the [clinical guidance](#) and [public communications](#) wording regarding vaccination post-infection.

**5. Other business / issues to raise (if required)**

*Pfizer grey caps – Taskforce*

Members NOTED item will be deferred to next meeting.

**6. Next meeting** – Wednesday 4 May 2022 – 1:00 PM

Members NOTED the next ATAGI COVID-19 WG meeting will be held 4 May 2022, 1:00-2:30 PM

**Meeting Closed:** 2.35 PM.

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