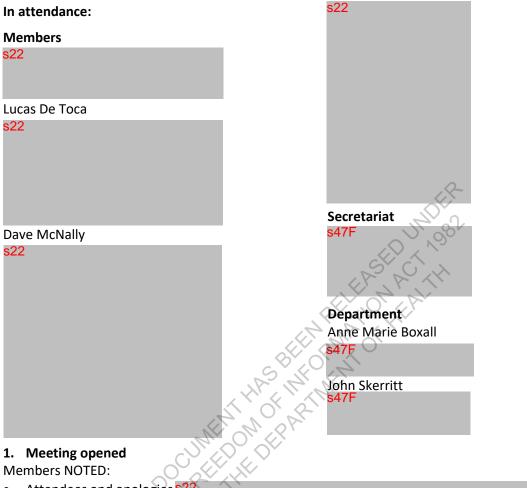
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Australian Technical Advisory Group on Immunisation (ATAGI) COVID Working Group Working Group Meeting #15 by Videoconference 27 April 2022, 1:00-2:30PM AEST Outcomes



- Attendees and apologies \$22
- 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
 - o 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
 - o 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
 - o decision making in healthcare should follow best practice
 - o 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.
 - o 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 2nd 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	NCIRS	Complete
expanded groups for 2nd (winter) booster		
Provide update to Disability AG on consideration of evidence	Co-Leads/ ATAGI	In progress
for 2nd (winter) booster recommendations as appropriate	COVID-19 Secretariat	

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 <u>clinical guidance</u> and <u>public communications</u> 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.