



Australian Technical Advisory Group on Immunisation (ATAGI)

Summary of the 113th meeting, 19 and 20 June 2025

Respiratory syncytial virus (RSV)

- Australia's RSV prevention program includes free RSV vaccine (Abrysvo) under the National Immunisation Program (NIP) for pregnant people from 28 weeks of pregnancy to protect their newborn baby from RSV, and free nirsevimab (a long-acting monoclonal antibody against RSV) for eligible infants through state and territory funded programs. These immunisation products help protect newborn babies from RSV. [ATAGI's recommendations for RSV prevention](#) are on the Australian Immunisation Handbook website.
- Recent Australian studies have shown that [RSV immunisation products are very effective](#) and have led to a substantial decrease in RSV-related hospitalisations in infants. The NCIRS website has [data on uptake of RSV immunisation products](#).
- ATAGI reviewed data from the Therapeutic Goods Administration (TGA) on reports of [administration errors relating to RSV immunisation products](#). Most of these errors did not lead to any adverse events, but the potential consequences of these errors could include inadequate immunological protection, cost impacts, inconvenience and reduced confidence in vaccination more broadly.
- ATAGI have recently released a statement on [RSV immunisation product administration errors](#), which provides advice on the management of a range of possible administration errors, including when a repeat dose is needed.
- ATAGI urges providers to be aware of the three different RSV products that are available in Australia and their different indications for use.

Measles

- ATAGI noted with concern the ongoing notifications of measles in Australia and overseas.
- The [Australian Health Protection Committee statement on measles](#) highlights four priority areas to address measles – on-time vaccination for children, catch-up vaccination for children and adults, all relevant vaccinations for overseas travellers, and nationally consistent information for healthcare providers and the public.
- [Infants who are travelling overseas can receive their first dose of measles vaccine from 6 months of age](#) to protect them during travel. All states and territories offer this vaccine for free to eligible infants.
- Infants will also need to receive the two recommended doses at 12 months and 18 months of age, as per the primary measles schedule. See the [Australian Immunisation Handbook](#) for more details.

- Adolescents and adults born during or since 1966 are recommended to receive 2 doses of measles-containing vaccine.
- Individuals who are unsure of their immunisation status are safe to receive an additional dose of measles-containing vaccine. See the [Measles | The Australian Immunisation Handbook](#) for more details.

Pertussis

- ATAGI noted the increase in pertussis notification rates in Australia since 2024.
- ATAGI reviewed data on pertussis epidemiology and vaccination coverage that will inform a review of the pertussis vaccine schedule in Australia. Further analysis will include data on hospitalisations due to pertussis and timeliness of vaccination across the life-course.

Influenza

- ATAGI received an update on the 2025 influenza vaccination program.
- As of 8 June 2025, Australia had received 12.7 million doses of influenza vaccines (around 7.5 million for NIP cohorts and the remainder for the private market). A total of 7.4 million doses had been administered so far for the 2025 influenza season, and around 28% of these were administered in pharmacies.

Pneumococcal disease

- The ATAGI reviewed and endorsed the final report on adult pneumococcal modelling that was developed to help inform the optimal pneumococcal vaccination schedule in Australia.
- ATAGI reviewed and discussed draft advice to the department on the optimal pneumococcal vaccination schedule for adults. The advice considers the pneumococcal vaccines available in Australia and recommended ages for vaccination in adults.

COVID-19

- ATAGI received an update on the COVID-19 vaccination program from the department. Members were pleased to note that a high proportion of adults in residential aged care had received a COVID-19 vaccine dose in the past 12 months.
- Older age continues to be the biggest risk factor for severe COVID-19, and residents of aged care homes are an important group that can be protected through vaccination.

Mpox

- Mpox cases in Australia have been decreasing, although mpox transmission is still occurring in Australia and other countries.
- ATAGI recommends pre-travel vaccination for anyone (regardless of sexual orientation or gender identity) who may undertake sexual risk activities during travel to countries with mpox transmission. More information is available in ATAGI's [clinical guidance on the use of mpox vaccines](#) and the [mpox chapter of the Australian Immunisation Handbook](#).

Immunisation coverage

- ATAGI reviewed data on immunisation coverage and noted the continuing decrease in coverage rates for childhood immunisation.
- ATAGI emphasised the importance of receiving every dose in the childhood schedule on time to protect young children against serious diseases. Data on immunisation coverage is available on the [department website](#).

International updates and National Technical Advisory Groups (NITAGs)

- ATAGI welcomed a delegation from Vietnam, who had been invited to observe this meeting. ATAGI was honoured to host the delegation and emphasised the importance of collaboration with regional NITAGs.
- ATAGI completed the [NITAG Maturity Assessment Tool](#) (NMAT). The NMAT is a practical planning, monitoring and evaluation tool to guide NITAG development and strengthening.
- It uses 7 key indicators: establishment and composition; independence and non-bias; resources and secretariat support; operations; decision-making process; integration into the policy-making process; and stakeholder recognition. Completing the tool highlighted some areas for improvement for ATAGI.
- ATAGI received an update from Professor Kim Mulholland on recent considerations of the World Health Organization Strategic Group of Experts on Immunisation (WHO SAGE).
- ATAGI noted a summary from the National Centre for Immunisation Research and Surveillance (NCIRS) on key topics discussed by other NITAGs in their recent meetings.

ATAGI publications

- ATAGI reviewed and endorsed changes to the [Australian Immunisation Handbook](#), including standardising terminology for vaccine dose intervals and clarifying catch-up arrangements for diphtheria, tetanus and pertussis vaccines.
- ATAGI endorsed the final targeted review on vaccination for people who are immunocompromised, which will be published in due course.

Departmental updates

- The [National Immunisation Strategy for Australia 2025–2030](#) was published on 12 June 2025. With a vision of a healthier Australia through immunisation, the strategy sets a mission to reduce the impact of vaccine-preventable diseases through high uptake of safe, effective and equitable immunisation across the lifespan of the Australian population.
- ATAGI received an update from the TGA on vaccines that are currently under evaluation for [registration in Australia](#).
- ATAGI received an update from the HTA Review Implementation Advisory Group, whose role is to advise government on implementation of the [HTA Review recommendations](#).

- The department informed ATAGI that it is conducting a strategic functional and administrative review that will include ATAGI's declaration of interest processes, terms of reference, resourcing and other administrative arrangements.
- A key objective of the review is to evaluate the efficiency and effectiveness of the ATAGI's administrative and operational processes. The review is planned to conclude in November 2025. ATAGI discussed its framework for members' declarations of interest and potential improvements.
- ATAGI participated in an ideation workshop to inform the department's Immunisation Sustainability Review. The review aims to determine the return on investment of the NIP, provide an economic model to inform future funding decisions and develop funding options to support long-term sustainability of the NIP. The review will be completed by 30 June 2026.
- ATAGI received an update on the use of artificial intelligence (AI) in the department, including how this might be used in the future for data analysis.

Other ATAGI business

- Members noted that this was the final meeting for Professor Crawford, Professor Giles and Professor Cheng, as their terms on ATAGI expire on 30 June. ATAGI members and the department gave their sincere thanks to the outgoing members for their valuable contributions to ATAGI and immunisation over many years. New ATAGI members are in the process of being appointed and will join ATAGI from the 114th meeting in August 2025.
- ATAGI noted the successful Horizon Scanning and Industry Day (HSID) held in May 2025. ATAGI had received updates from a range of vaccine manufacturers in the region on their upcoming vaccine products. HSID is an important mechanism for monitoring vaccines in the pipeline that will require ATAGI consideration over the next 1 to 2 years.
- ATAGI held a joint meeting with the Communicable Diseases Network Australia (CDNA). Members discussed the epidemiology and vaccination programs for measles, mpox and RSV.
- ATAGI reviewed and discussed its advice to the PBAC for several upcoming immunisation products.

Resources

- ATAGI's membership, terms of reference and declaration of interest information is available on the [Department of Health, Disability and Ageing website](#).