# Australian Technical Advisory Group on Immunisation (ATAGI)

## Summary of the 114th meeting, 14 and 15 August 2025

### Measles

* ATAGI reviewed data on measles cases in infants and timing of the first dose of measles-containing vaccine, as part of their ongoing review of the primary measles schedule review. Further data will be considered at ATAGI 116.
* The [Australian Health Protection Committee statement on measles](https://www.health.gov.au/news/ahpc-statement-on-measles) highlights 4 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](https://immunisationhandbook.health.gov.au/contents/vaccine-preventable-diseases/measles#children) to protect them during travel. They still need to also receive the 2 recommended doses at 12 months and 18 months of age. See the [Australian Immunisation Handbook](https://immunisationhandbook.health.gov.au/contents/vaccine-preventable-diseases/measles) for more details.
* Adolescents and adults born during or since 1966 are recommended to have received 2 doses of measles-containing vaccine. See the [Australian Immunisation Handbook](https://immunisationhandbook.health.gov.au/contents/vaccine-preventable-diseases/measles#adolescents-and-adults) for more details.

### RSV (respiratory syncytial virus)

* ATAGI received a presentation from the United Kingdom (UK) Health Security Agency on the UK’s RSV vaccination program in older adults.
* ATAGI reviewed the evidence on the risk of Guillain–Barré syndrome (GBS) following vaccination with RSV vaccine in older adults. Given the potential severity of RSV infection and the rarity of GBS following RSV vaccine, ATAGI concluded that the benefit–risk balance remains strongly in favour of vaccination. ATAGI also concluded that it is safe for people who have a history of GBS to receive RSV vaccine, following a discussion with their immunisation provider.

### Australian bat lyssavirus (ABLV)

* ATAGI noted the [recent death of a person in Australia from ABLV](https://www.abc.net.au/news/2025-07-04/what-is-lyssavirus-rare-bat-disease-australia/105489394) following a bat bite several months previously. As part of the thorough investigation of this case, ATAGI reviewed their [recommendations for post-exposure prophylaxis](https://immunisationhandbook.health.gov.au/contents/vaccine-preventable-diseases/rabies-and-other-lyssaviruses#vaccination-after-potential-exposure-to-rabies-virus-or-other-lyssaviruses-postexposure-prophylaxis) in the Australian Immunisation Handbook.
* ATAGI will establish a working group with members from the Communicable Diseases Network Australia (CDNA) to determine any potential updates to the Australian Immunisation Handbook.

### Vaccine administration errors

* ATAGI noted information from the Therapeutic Goods Administration (TGA) on instances of Infanrix hexa being administered without reconstituting the Hib pellet in the vaccine vial. Infanrix hexa is a combination vaccine that consists of both a pre-filled syringe and a vial containing a lyophilised pellet. The vaccine must be reconstituted by adding the entire contents of the syringe to the vial and shaking until the pellet dissolves.
* ATAGI urges providers to be aware of the need to reconstitute Infanrix hexa before administration, and to implement practical measures in their workplace to minimise the risk of vaccine administration errors.

### Departmental updates

* ATAGI received an update from the TGA on vaccines that are currently under evaluation for [registration in Australia](https://www.tga.gov.au/resources/prescription-medicines-under-evaluation).
* ATAGI received an update from the CDNA on notifications of vaccine-preventable diseases in Australia and overseas.
* ATAGI received an update from the department on a range of projects that are underway to review ATAGI’s processes, reform the National Immunisation Program (NIP) and implement the [National Immunisation Strategy](https://www.health.gov.au/resources/publications/national-immunisation-strategy-for-australia-2025-2030?language=en).

### Other ATAGI business

* ATAGI welcomed Professor Katie Flanagan and Associate Professor Katherine Gibney to their new roles as ATAGI Co-Chairs.
* ATAGI welcomed new members Professor Paul Kelly, Mr Thomas Clayton, Dr Alan Leeb and Dr Sarah McGuinness.
* ATAGI reviewed and discussed its advice to the Pharmaceutical Benefits Advisory Committee (PBAC) for upcoming immunisation products.
* Members noted with sadness the recent passing of Professor David Isaacs, a former ATAGI member and leader in the infectious diseases community. Professor Isaacs was considered the father of paediatric infectious diseases in Australia, and was a generous mentor, colleague and friend to many. Members paid tribute to him and his lasting legacy.
* ATAGI expressed solidarity with colleagues at the United States Centres for Disease Control and Prevention (US CDC), particularly in relation to the recent shooting at the CDC offices in Atlanta, as well as the difficult political circumstances for immunisation in the US at this time.

### Resources

* ATAGI’s membership, terms of reference and declaration of interest information is available on the [Department of Health, Disability and Ageing website](https://www.health.gov.au/committees-and-groups/australian-technical-advisory-group-on-immunisation-atagi?language=und).