



# Australian Technical Advisory Group on Immunisation (ATAGI)

## Summary of the 119th meeting, 11 February 2026

### Influenza

- ATAGI endorsed the 2026 influenza statement and updated influenza chapter of the Australian Immunisation Handbook (the Handbook), which will be published late February 2026 and early March 2026 respectively.

### Meningococcal disease

- ATAGI noted that the Pharmaceutical Benefits Advisory Committee (PBAC) had been asked to review the eligibility for Bexsero® meningococcal B vaccine on the National Immunisation Program (NIP) at the [March 2026 PBAC meeting](#).
- ATAGI reviewed and discussed data on the recent epidemiology of invasive meningococcal disease in Australia. Despite declines in laboratory-confirmed disease and serogroup B notification rates since the early 2000s, there remains a disproportionate burden of disease in infants aged <12 months, children aged <2 years, adolescents aged 15 to 19 years, and First Nations children and adolescents.
- ATAGI received a presentation from Adelaide University on the effectiveness of Bexsero against meningococcal B disease and cross-protection against gonococcal infection.

### Other ATAGI business

- ATAGI received a presentation from the National Aboriginal Community Controlled Health Organisation (NACCHO) on immunisation priorities and opportunities for First Nations people. ATAGI welcomed ongoing collaboration with NACCHO and will be establishing a new subgroup to consider next steps for ATAGI.
- ATAGI discussed the draft 2026 annual statement on immunisation. [Previous annual statements](#) are available on the department's website.
- ATAGI reviewed and discussed its advice to the PBAC for upcoming immunisation products.
- ATAGI noted the recent significant changes to the childhood vaccination schedule in the United States, in which the number of antigens in vaccines recommended for all children has been reduced from 17 to 11. ATAGI emphasised that the [ATAGI decision-making process for developing clinical recommendations in the Australian Immunisation Handbook](#) involves rigorous review of scientific evidence and data, as well as consideration of implementation issues and societal values. The National

Centre for Immunisation Research and Surveillance (NCIRS) website also has more information about [how vaccine decisions are made in Australia](#).

- ATAGI noted that the United States and the United Kingdom do not recommend a dose of hepatitis B vaccine at birth, compared to Australia. ATAGI noted that this dose at birth is part of a system-wide public health approach implemented in Australia to protect infants in case of missed maternal screening or early-life exposure to hepatitis B. This is described in ATAGI's [statement on the importance and safety of hepatitis B vaccine at birth](#). Preventing exposure and maintaining high vaccination coverage are critical to achieving Australia's strategic goal of [eliminating hepatitis B as a public health threat by 2030](#).
- ATAGI will continue to consider new and emerging evidence in its ongoing review of Australian immunisation recommendations.
- ATAGI noted that the National Health Amendment (Passive Immunological Products) Bill had been introduced in Parliament. This bill expands the definition of a vaccine in the *National Health Act 1953* to include products that confer disease protection through passive immunity, such as immunising monoclonal antibodies. If the amendment is passed, this will allow passive immunisation products to be listed on the NIP through the same process as vaccines.

## Resources

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