Australian Government
Department of Health, Disability and Ageing

Australian Technical Advisory Group on Immunisation (ATAGI)

Summary of the 120th meeting, 19 and 20 March 2026

Immunisation coverage

- ATAGI reviewed data on immunisation coverage and noted with concern the continuing decrease in coverage rates for children and adolescents. ATAGI emphasised the importance of receiving **every dose** in the schedule **on time** to protect children and adolescents against serious diseases.
- Data on immunisation coverage are available on the department website and the National Centre for Immunisation Research and Surveillance (NCIRS) website.
- Consumers and health professionals can access information and tools to help make decisions about vaccination through the immunisation topic on the department website and Sharing Knowledge about Immunisation (SKAI).
- The department is also developing new publicly available data dashboards that use data from the Australian Immunisation Register (AIR) to report on respiratory vaccines, childhood vaccination, adolescent vaccination and older Australians' vaccination. The dashboards are undergoing public consultation until 31 March 2026.

Behavioural and social drivers of vaccination

- ATAGI received a presentation from the World Health Organization (WHO) on the challenges for national immunisation technical advisory groups (NITAGs) in sustaining confidence in immunisation policy. The WHO developed the BeSD framework and tools, which can be used to help understand the behavioural and social drivers that affect vaccine uptake.
- Australia is a world leader in conducting serial surveys on behavioural and social drivers of vaccination through the National Vaccination Insights project. Data are available from the 2024 and 2025 surveys for childhood vaccination and adult influenza vaccination, as well as strategies to address barriers to vaccination.
- Data on behavioural and social drivers can be used alongside immunisation coverage data to address areas of low coverage using tailored and targeted solutions.

Pertussis

- ATAGI received a presentation on pertussis vaccination coverage and the costs associated with pertussis in adults in Australia. Pertussis causes a significant burden of disease in adults, but testing, awareness and vaccination in adults are low.
- ATAGI received a presentation on a study on seroprevalence of antibodies to diphtheria, tetanus and pertussis in Australian blood donors.

- In the Australian Immunisation Handbook, adults aged 65 years and over are recommended to receive a dose of pertussis vaccine if their last dose was more than 10 years ago. Also, adults who need a tetanus vaccine are recommended to receive a diphtheria–tetanus–pertussis vaccine for the additional benefit of protection against pertussis.
- ATAGI encourages immunisation providers to be aware of the vaccines that are recommended across the life-course. Older adults are recommended to receive vaccines for COVID-19, diphtheria, influenza, pertussis, pneumococcal disease, RSV (respiratory syncytial virus), tetanus and shingles. Not all of these vaccines are funded under the National Immunisation Program for older adults.

Influenza

- ATAGI received a presentation from the Australia–Aotearoa Consortium for Epidemic Forecasting and Analysis (ACEFA) on scenario modelling of the potential population impact of a school-based seasonal influenza immunisation program using an intranasally delivered live-attenuated influenza vaccine (LAIV). The model outcomes suggest that vaccinating school-aged children with LAIV may also help to reduce influenza hospitalisations in other age groups, including older adults.
- ATAGI received a presentation on a study that explored community preferences for an influenza–COVID-19 combination vaccine in older adults in Australia.
- ATAGI reviewed and discussed draft considerations for assessing influenza–COVID-19 combination vaccines, including evaluation of vaccine platform, frequency of strain updates, safety and immunogenicity.
- ATAGI received a presentation from Moderna on an mRNA-based seasonal influenza vaccine candidate in adults.

RSV (respiratory syncytial virus)

- ATAGI noted that a new monoclonal antibody for prevention of RSV disease in infants (clesrovimab) had been registered by the Therapeutic Goods Administration (TGA). ATAGI received a presentation from the sponsor on updated data from clinical trials on clesrovimab.
- ATAGI received a presentation on an observational study on the burden of adult hospital admission due to RSV in Queensland.
- ATAGI reviewed and discussed updates to the RSV chapter of the Australian Immunisation Handbook, including clarifying actions following vaccine administration errors with RSV immunisation products, and clarifying wording regarding timing of administration of RSV immunisation products and co-administration with other vaccines.

Measles

- ATAGI received a presentation from Professor Kim Mulholland on global challenges in measles control.
- Measles continues to be a high priority in Australia – 181 measles cases were notified during 2025, which is 3.2 times higher than the previous year and twice as high as the 5-year mean.

- ATAGI has not recommended any changes to the primary schedule for measles-containing vaccine but will continue to review data on measles in infants and the youngest age at which an infant can receive a pre-travel measles-containing vaccine.

Australian bat lyssavirus (ABLV)

- ATAGI received an update from the joint ATAGI and Communicable Diseases Network Australia (CDNA) working group on ABLV. The working group is reviewing information to determine any updates to the Australian Immunisation Handbook.

Vaccines and antimicrobial resistance (AMR)

- ATAGI received presentations on Australia's policy and programs to prevent AMR (including Australia's National Antimicrobial Resistance Strategy – 2020 and Beyond and the Antimicrobial Use and Resistance in Australia (AURA) surveillance system), as well as international settings and research on AMR.
- ATAGI discussed the role of vaccines in preventing AMR. Existing vaccines can:
    - prevent diseases that would need antimicrobial treatment, reducing antimicrobial use
    - reduce disease severity, which can reduce antimicrobial use
- prevent some primary viral infections, which are often inappropriately treated with antibiotics and can also lead to secondary bacterial infections that require antibiotic treatment.

  New or improved vaccines can prevent diseases that are becoming difficult to treat or are untreatable due to AMR.

- Members discussed how these considerations could be incorporated into ATAGI's advice and publications.

ATAGI publications

- ATAGI reviewed and discussed updates to the Australian Immunisation Handbook, including a draft of a new chapter on serological testing to inform vaccination decisions, and progress on a review of the evidence and recommendations in the hepatitis B chapter.
- ATAGI discussed the draft 2026 annual statement on immunisation. Previous annual statements are available on the department's website.
- ATAGI reviewed and discussed the draft targeted review on pneumococcal disease, which is being developed with input from the NCIRS Aboriginal and Torres Strait Islander Leadership Committee.
- ATAGI noted the development of a provider bulletin, which will be published on the department's website after each ATAGI face-to-face meeting to highlight the key issues from the meeting that are relevant for immunisation providers.

Departmental updates

- ATAGI received an update from the TGA on vaccines that are currently under evaluation for registration in Australia.
- ATAGI received an update from the CDNA on notifications of vaccine-preventable diseases in Australia from 1 January to 31 December 2025.

Other ATAGI business

- ATAGI received a presentation from the Public Health Agency of Canada on the use of artificial intelligence (AI) to facilitate evidence collection and synthesis and guideline development.
- ATAGI noted a summary from NCIRS on key topics discussed by other NITAGs in their recent meetings, as well as developments in 'living evidence' guidelines and the use of AI, with relevance for the Handbook.
- ATAGI discussed its work planning from a strategic perspective. Key areas include addressing declines in vaccination coverage, improving communication and transparency, setting priorities and taking a thematic approach to ATAGI's work, and ensuring quality, consistency and availability of data to inform decisions. A range of actions were proposed for consideration by the department.
- ATAGI reviewed a dashboard of vaccines in the development pipeline.

Resources

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