Australian Technical Advisory Group on Immunisation (ATAGI)

Summary of the 122nd meeting, 10 June 2026

Diphtheria

- ATAGI received an update on recent cases of cutaneous and respiratory diphtheria in the Northern Territory and Western Australia. The latest epidemiological updates are available on the Australian CDC website.
- The ATAGI statement on diphtheria vaccination in outbreak settings is now available on the Department of Health, Disability and Ageing website.

RSV (respiratory syncytial virus)

- ATAGI received a presentation on RSV prevention in infants. In Australia, infants can be protected against RSV either through maternal vaccination during pregnancy or immunisation of the infant with nirsevimab after birth. The presentation included data on preferences for RSV protection, and noted that providing both options likely maximises coverage and protection for infants in Australia.
- ATAGI noted that key drivers of vaccination preferences in pregnant people are awareness (of both RSV disease and RSV immunisation products), cost (both products are free in Australia) and safety (both products have been assessed as safe).
- Immunisation providers need clear information to guide discussions with consumers and help them make informed decisions. The Sharing Knowledge about Immunisation (SKAI) website provides credible information about vaccines and vaccine-preventable diseases to support conversations between community members and healthcare professionals. It makes evidence-based information easier to access, and provides respectful and helpful answers to common questions about vaccination.
- ATAGI's recommendations for RSV prevention are on the Australian Immunisation Handbook website.

Meningococcal disease

- ATAGI noted a review of the epidemiology of invasive meningococcal disease (IMD) in Australia from 2000 to 2024. Despite declines in laboratory-confirmed IMD notification rates since the early 2000s, there remains a higher burden of disease in infants aged <12 months, young children aged 12 to 23 months, adolescents aged 15 to 19 years, and Aboriginal and Torres Strait Islander children. Serogroup B IMD has declined substantially since 2000 despite the absence of a nationally funded vaccine program at the population level. Noting that a number of jurisdictions fund

meningococcal B vaccination programs for infants and adolescents. However, serogroup B continues to account for the majority of notified cases in 2024.

ATAGI publications

- ATAGI reviewed and discussed information on serological testing to inform vaccination against rubella in pregnant people and vaccination against hepatitis A in people who are immunocompromised. These reviews will inform potential future updates to the Australian Immunisation Handbook.
- ATAGI reviewed the final draft of its targeted review on pneumococcal disease, which the department aims to publish in 2026.

Other ATAGI business

- ATAGI reviewed and discussed its advice to the Pharmaceutical Benefits Advisory Committee (PBAC) for upcoming immunisation products.
- ATAGI received an update from the department on immunisation programs. The 2026 Federal Budget included substantial funding for immunisation programs, including $41.2 million over 4 years to expand the National Immunisation Program Vaccinations in Pharmacy (NIPVIP) Program to include children under 5 years of age, and $20 million to enhance and continue the national childhood immunisation campaign. The department will also be working with Services Australia to implement an SMS reminder system for overdue childhood vaccinations. The department launched a new communication campaign on winter vaccinations for older adults. The maternal vaccinations campaign is ongoing.

Resources

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