

**Australian Technical Advisory Group on Immunisation (ATAGI)  
60th meeting  
16 and 17 June 2016**

**ATAGI BULLETIN**

The Australian Technical Advisory Group on Immunisation (ATAGI) 60th face-to-face meeting was held on 16 and 17 June 2016 in Canberra.

## **Pneumococcal disease**

### **Aboriginal and Torres Strait Islander adults**

- ATAGI reviewed data on the burden of pneumococcal disease in Aboriginal and Torres Strait Islander people. The gap between invasive pneumococcal disease in Indigenous and non-Indigenous Australians continues to increase, and the incidence in Aboriginal and Torres Strait Islander people at age 25 is similar to the incidence in non-Indigenous adults aged 65, for whom the vaccine is routinely funded.
- ATAGI considered revisions to the recommendations for clinical use of pneumococcal vaccines for Aboriginal and Torres Strait Islander adults to reduce disease burden and maximise uptake, and will seek consultation with key stakeholders on these issues. This work will be progressed by the Special Risk Groups Working Party.

### **Vaccine failures in fully immunised children**

- ATAGI reviewed data on vaccine failures in children who were fully immunised against pneumococcal disease. Although some vaccine failures are inevitable with any vaccine program, in cases of invasive pneumococcal disease due to serotypes that are present in the 13-valent vaccine but not in the 7-valent vaccine, the number of vaccine failures is substantially higher than the number of failures that occurred when the 7-valent vaccine was in use.
- In view of this, and apparently more favourable reports from England and Wales, using a later third dose (2+1), and the United States which has an additional booster dose at 12 months (3+1), ATAGI will review the overall impact of 13 valent PCV in children and adults with respect to the need for recommending schedule amendments at its next meeting in October.

## **Influenza**

- ATAGI discussed the epidemiology and disease burden of influenza in Australia. ATAGI agreed to review and produce a statement on options for the future of Australia's influenza vaccination program. This will encompass a focus on the life-course, consideration of a range of potential vaccination schedules and vaccine formulations in the Australian context, the evidence base to support them (including modelling), and the feasibility of implementation.
- ATAGI provided advice to the Department of Health on the timing of annual seasonal influenza vaccines. Demand for vaccine from consumers and immunisation providers is high in February and March, although the peak of the influenza season is usually in August. ATAGI noted some studies suggesting that vaccination closer to the peak of the season may be more effective, but there are limitations to those studies and the seasonal epidemic period is difficult to predict from year to year. ATAGI reiterated that, although being vaccinated in autumn (just before the start of the influenza season) is preferable, influenza continues to circulate throughout winter, and immunisation during winter can still provide protection.

- Accordingly, ATAGI emphasised the importance of communicating to consumers that July is not too late to be vaccinated against influenza each year.
- ATAGI aims to publish its influenza statement for the 2017 influenza season in late 2016 rather than February 2017, with the aim of reducing provider and consumer confusion about which influenza vaccine to administer/receive, and when.

## **Human papillomavirus (HPV)**

- The HPV Working Party presented a review of updated epidemiology of HPV disease in Australia, which was endorsed by ATAGI. These data highlight that the current HPV vaccine is highly effective. Since introduction, there have been substantial decreases in the rate and number of young women presenting with high-grade cervical abnormalities (the precursor to cervical cancer) and genital warts.

## **Pertussis**

- ATAGI endorsed postsubmission advice to the Pharmaceutical Benefits Advisory Committee (PBAC) on a pertussis-containing vaccine (Boostrix®, GSK) for use during pregnancy. The outcome of the PBAC meeting is expected to be available on 19 August 2016 and will be accessible from the PBAC outcomes website ([www.pbs.gov.au/info/industry/listing/elements/pbac-meetings/pbac-outcomes](http://www.pbs.gov.au/info/industry/listing/elements/pbac-meetings/pbac-outcomes)).
- ATAGI endorsed the updated terms of reference for the Pertussis Working Party.

## **Meningococcal disease**

- ATAGI discussed the increased incidence of invasive meningococcal disease caused by serogroup W in some states, with the largest increase in incidence to date seen in Victoria. Similar increased incidence has also occurred in some other countries, and both Chile and the United Kingdom have implemented national meningococcal quadrivalent (ACWY) vaccine programs.
- ATAGI will develop a public statement to advise consumers and providers that disease caused by serogroup W is rare, but there has been an increase in cases, and meningococcal quadrivalent ACWY vaccine is available in Australia (although not funded).
- An ATAGI meningococcal working group will consider the evidence and potential scenarios and options for a population-based vaccination program in adolescents (or other age groups) for the prevention and control of the emerging meningococcal W disease. ATAGI will provide its advice to the Communicable Diseases Network Australia (CDNA).

## **Bacillus Calmette–Guérin (BCG) vaccine supply**

- Dr Chris Coulter, Chair, National Tuberculosis Advisory Committee (NTAC), informed ATAGI of a shortage of BCG vaccine. Members discussed the need for a consistent supply of BCG vaccine to protect Australian children who are at high risk of tuberculosis or who travel to tuberculosis-endemic countries.
- ATAGI established a working group within the Special Risk Groups Working Party to progress these issues, and agreed to work with NTAC to review alternative BCG products for use in Australia.

## **Mumps**

- Members noted that the outbreak of mumps in Western Australia (which commenced in March 2015 and primarily affected vaccinated Aboriginal adolescents and young adults in the north of the state) has been successfully controlled, and appears close to resolution. ATAGI expressed an interest in the lessons learned from the outbreak and the response, so that they can be applied at a national level, if required.
- ATAGI agreed that further research, including a range of immunological studies, should be undertaken to investigate the reasons for the outbreak and inform potential responses.

## **Special Risk Groups Working Party**

- ATAGI endorsed the terms of reference of the Special Risk Groups Working Party.
- The Special Risk Groups Working Party will progress recommendations for vaccination schedules for Aboriginal and Torres Strait Islander people through consultation with Indigenous health stakeholders. Consultations will include updated vaccination recommendations and schedules for the prevention of pneumococcal disease, influenza and hepatitis B, and will also be submitted to the states and territories through the CDNA.

## **Seroprevalence assays**

- The National Centre for Immunisation Research and Surveillance (NCIRS) informed ATAGI that seroprevalence of polio neutralising antibodies by age in Australia is lower now for some serotypes than in 1996–99, before the oral poliovirus vaccine was replaced with inactivated polio vaccine in 2005. The implications of this are unclear, but ATAGI agreed on the importance of continuing to monitor polio seroprevalence.
- ATAGI will review data on age-specific prevalence of measles neutralising antibody, undertaken because of evidence of decreased levels of IgG antibody in some age groups, at its next meeting in October 2016.

## **Australian Burden of Disease Study 2011**

- The Australian Institute of Health and Welfare (AIHW) presented data from the Australian Burden of Disease Study 2011, focusing on the burden of vaccine-preventable diseases in Aboriginal and Torres Strait Islander people. The study provides estimates of the fatal and nonfatal burden of around 200 diseases and injuries, including pneumococcal disease, influenza and hepatitis B, using the disability adjusted life years (DALY) measure. A report on the results for the Aboriginal and Torres Strait Islander population is expected to be published by the AIHW in late September 2016.

## **Australian Immunisation Handbook**

- ATAGI reviewed a range of minor changes to Handbook chapters for the 2017 annual update.
- ATAGI will conduct a comprehensive review of the pneumococcal chapter, which will require public consultation.
- The Department of Health is continuing to consider digital options for future updates and editions of the Handbook.

## **Industry Day 2016**

- The ATAGI Industry Day 2016 was held on Wednesday 15 June 2016 in Canberra. Industry representatives were invited to present to ATAGI on new and emerging vaccines, new technologies for assessing immunity, research updates on registered vaccines, improvements in delivery technologies, and timelines for vaccine submissions to the PBAC. ATAGI thanked the participating companies for their contributions.

## **First meeting of the global network of NITAGs**

- An ATAGI representative attended the first meeting of the Global NITAG Network (GNN), held in Annecy, France, on 11–12 May 2016. Recommendations from the meeting included the following:
  - A formal but voluntary GNN should be created.
  - The NITAG Resource Centre should service an online platform to share resources.
  - The board and secretariat should mobilise resources to support the network.
  - There should be a pool of trained evaluators.
  - NITAGs should document evaluations and share results.
  - NITAGs should engage in peer-to-peer support for evaluation.

## **Strategic vision for ATAGI**

- ATAGI continued to discuss its strategic vision, and agreed that key objectives are uptake, safety, effectiveness, implementation, communication and engagement. A working group is progressing these issues, and will present an update at the next ATAGI meeting.

## **Research priorities**

- The ATAGI Chair reported on a meeting with the Chief Executive Officer of the National Health and Medical Research Council (NHMRC) to discuss research priorities. ATAGI's terms of reference include providing advice to research funding bodies regarding the status of current immunisation research and areas where additional research is required.
- ATAGI will continue to work with the NHMRC to develop potential research questions and criteria for funding assessment.

## **Summary of decisions of key immunisation technical advisory groups of interest**

- Members noted the report from the NCIRS on recent deliberations and recommendations from the Strategic Advisory Group of Experts on Immunization of the World Health Organization, and NITAGs of the USA, UK, Canada and New Zealand.

## **Notes and resources**

- ATAGI's membership, terms of reference and conflict of interest information are available on the Immunise Australia website at [www.immunise.health.gov.au](http://www.immunise.health.gov.au) (see 'Immunisation Advisory Bodies').
- The *Australian Immunisation Handbook* is available on the Immunise Australia website at [www.immunise.health.gov.au](http://www.immunise.health.gov.au)

- The summary of decisions of key immunisation technical advisory groups of interest will be available on the NCIRS website at [www.ncirs.edu.au](http://www.ncirs.edu.au)
- Information on NITAGs worldwide is available on the NITAG Resource Centre website at [www.nitag-resource.org](http://www.nitag-resource.org)
- Next ATAGI meeting: Thursday 13 October to Friday 14 October 2016. The meeting agenda will be published on the Immunise Australia website shortly before the meeting.