

## National Immunisation Advisory Committee

MEETING DETAILS	
<b>Date (Venue)</b>	31.01.2022 (Teams)

ITEM	SUMMARY
<b>Introductions</b>	
<b>Statement of Interests</b>	Committee members who have not completed their conflict of interest forms for 2022 were encouraged to complete and return them.
<b>SARS-CoV-2 (COVID-19)</b>	<ul style="list-style-type: none"> <li>• Virus update – Omicron remains the predominant strain; the BA.2 lineage of Omicron is becoming more prevalent in the UK</li> <li>• Vaccine rollout – 95% of the eligible population have had a full primary series; 96% have had 1 dose; and the uptake of the booster vaccine is attenuating, particularly in younger age groups. Of the 5-11 years age group, first dose vaccine uptake is approximately 25%, with most of the uptake among the older ages in this cohort.</li> <li>• Recommendations were submitted to the DOH regarding Nuvaxovid as an alternative primary or booster vaccine for individuals with contraindications to, or who have declined, an mRNA vaccine. The NIO is considering how to integrate Nuvaxovid into the vaccine programme to implement NIAC guidance.</li> <li>• Evaluation of the benefit risk profile for booster vaccine for those aged 12-15 years is ongoing with attention to those at higher risk of severe disease.</li> <li>• Chapter 5a – the chapter was updated (update 29) and is available online.</li> </ul>
<b>Bacillus Calmette-Guérin (BCG)</b>	Draft BCG vaccination recommendations were presented for discussion focusing on definition of target group. It was agreed BCG availability is required for a small select group. Those most at risk include infants and young children under 5 years of age where exposure cannot be avoided, and long stay international travelers to high prevalence destinations who may be in close contact with cases of TB. Inclusion of consideration of BCG for healthcare workers who are at high-risk of exposure to drug-resistant TB cases was also discussed.

<b>Influenza</b>	<ul style="list-style-type: none"> <li>• There has been a slight increase recently in the number of notified cases. There have been 62 lab-confirmed cases this influenza season, mostly influenza A, and there have been some deaths. Uptake data for the vaccine are not yet available.</li> </ul>
<b>Human Papilloma Virus (HPV) Vaccine</b>	<ul style="list-style-type: none"> <li>• The Committee has been reviewing the evidence on reducing the HPV vaccine schedule from two to one dose for persons aged 9-14 years. The Committee will be meeting again in May and presentation and discussion of the evidence by a JCVI representative has been arranged.</li> <li>• The DOH asked NIAC to consider the evidence of clinical effectiveness and population-wide benefit of providing HPV vaccines to girls and boys in secondary schools who were eligible to receive the HPV vaccination while in 1<sup>st</sup> year, but did not receive it, and for the current cohort of girls up to age 25 years who have left secondary school and did not receive HPV vaccination when they were eligible.</li> <li>• Data on the safety, immunogenicity, durability and effectiveness of HPV vaccination among different subsets of women and men was presented and discussed.</li> <li>• A response to the DOH will be drafted for circulation and comment. While the evidence on safety and clinical effectiveness can be summarised, whether extension of the National programme would be associated with a population wide benefit will require an HTA.</li> </ul>
<b>Primary Immunisation Schedule</b>	This work is ongoing.
<b>Chapter Updates</b>	<p>Chapter 18 – changes were made to the recommended schedules for pre- and post-exposure prophylaxis for rabies. Additionally, intramuscular administration was specified as the recommended route of administration for rabies vaccination, but intradermal administration may be used by suitably qualified and experienced vaccinators for pre-exposure prophylaxis only.</p> <p>Chapter 23 – the section on Shingrix was expanded and the recommendations for the use of ZVIG for post-exposure prophylaxis were rationalised.</p>
<b>Varicella Zoster</b>	HIQA’s HTA appraising cost effectiveness of the chickenpox vaccine is scheduled for completion by the end of 2022 and will inform NIAC recommendations.
<b>Vaccine injury redress scheme</b>	Continued to advocate for introduction of scheme. An update will be sought.