

National Immunisation Advisory Committee

MEETING DETAILS	
Date (Venue)	29.01.2024 (Online via MS Teams)

ITEM	SUMMARY
Introductions	<ul style="list-style-type: none"> • Apologies • Welcome and introduction to Dr Julie Lucey (Faculty of Paediatrics) and Dr Ruth O’Riordan (IDS). • NIAC are seeking a nomination from someone with expertise in Medicine for the Elderly for the Institute of Medicine member position, and a lay-person representative to join the Committee.
Statement of Interests	None declared
SARS-CoV-2 (COVID-19)	<ul style="list-style-type: none"> • Epidemiology update Week 3 demonstrated a decrease in case numbers, hospitalisations and deaths. This trend is reflected throughout the EU. COVID-19 and influenza cases peaked over Christmas. The incidence of new COVID-19 infection is generally trending downwards, though less testing is being performed. The vast majority of COVID-19 related mortality is in those aged ≥ 65 years. Older adults, the immunocompromised and those with co-morbidities remain at risk. • Variant update The JN.1 sub-lineage of BA.2.86, is the dominant variant and is responsible for >75% of cases in recent weeks. • Vaccination updates XBB.1.5 monovalent mRNA vaccine booster elicits robust neutralizing antibodies against emerging SARS-CoV-2 variants, with vaccine efficacy against hospitalization of between 70.7% and 75.3% in European data. Vaccination offers protection

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	<p>against severe disease for up to 9 – 12 months, waning faster in immunocompromised sub-populations. Protection lasts up to 14 months in natural infection, with hybrid immunity better than vaccine or natural immunity alone. There is 89% hybrid immunity in those aged under 30 years but it is lower in older age groups (72% in those ≥ 80 years). Vaccine uptake in those ≥ 70 years was 40% for the Spring 2023 booster and 59% for the Autumn 2023 booster.</p> <ul style="list-style-type: none"> • 2024 Spring vaccination recommendations <p>The COVID-19 working group proposal was brought to the committee for discussion. The spring booster is recommended for the following groups-</p> <ol style="list-style-type: none"> 1. Those living in long term care facilities for older adults. 2. Those aged 80 years and older. 3. Those aged 5 years and older with immunocompromising conditions associated with a suboptimal response to vaccination. <p>Access to a spring vaccine should be available for those aged 70-79 years who following discussion with a healthcare provider request vaccination. NIAC recommend a 6-month interval where possible and the spring vaccination campaign should aim for completion by the end of April 2024. mRNA Comirnaty Omicron XBB.1.5 vaccine is the preferred vaccine for use in this booster campaign.</p>
<p>Respiratory Viral Update</p>	<ul style="list-style-type: none"> • RSV <p>RSV notifications and hospitalisations continue to trend downwards. Infants under one year of age and older adults are most affected. RSV hospitalisation trends this season were at an extremely high level, surpassing the 2022/23 season.</p> <ul style="list-style-type: none"> • Influenza <p>Influenza cases and ICU admissions and deaths remain low this season and continue to decrease. There are higher rates of hospitalisation in children and the elderly. Influenza A is the predominant circulating strain, and influenza activity remains high overall in the EU region.</p> <ul style="list-style-type: none"> • International update on RSV prevention

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	<p>i. Infants</p> <p>Maternal vaccine is recommended and available in the US, though there is currently no real-world effectiveness data published. Not aware of current use in any EU country.</p> <p>Spanish (Galicia) data is available on the effectiveness of nirsevimab RSV monoclonal antibody (mAb). The NIRSE-GAL study evaluated effectiveness of nirsevimab administered to three cohorts – (1) infants born during the RSV season ('seasonal'), within the first 24 hours of life, (2) infants on entry into their first RSV season ('catch-up'), and (3) high-risk patients.</p> <p>Uptake in the 'seasonal' and 'catch-up' cohorts was approximately 92% and 80%, respectively. Though RSV positivity remained high, hospitalisation rates and ICU admissions were dramatically lower than previous seasons.</p> <p>The logistics of implementation in Ireland were discussed.</p> <p>ii. Older adults</p> <p>No effectiveness data yet for licensed vaccines. Safety data will be available shortly. Studies on immunocompromised adults are underway.</p> <p>In October 2023, NIAC recommended the introduction of nirsevimab. A proposal was brought to the committee to preferentially recommend nirsevimab over maternal vaccination for the upcoming 2024/2025 RSV season.</p> <p>Newborn infants born within the RSV season should be prioritised for receipt of nirsevimab in the event of a shortage in supply.</p> <p>Committee updated by DOH that they have requested that the NIO examine possible avenues for implementation of nirsevimab for the 2024/2025 season.</p>
Epidemiology updates	<ul style="list-style-type: none"> Invasive meningococcal disease. <p>There were 42 cases of IMD in 2023 (16 of which were SgB), including 3 deaths. Four of the 16 cases of SgB were aged 15-19 years.</p> <p>There have been 4 cases of IMD this year to date 1 of which was SgB (week 2) and resulted in the death of a 17 year old (in an adolescent). Trends between 2017 to 2024 identified 15 to 24 year olds at the highest risk of IMD from SgB, after infants</p>

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	<p>less than 1 year of age. In 2023, the rate in those aged 15-19 years was 1.2/100,000. These figures should prompt further assessment and consideration of additional vaccination of adolescents. Typing of all recent SgB infections may be beneficial to assess if linked and if vaccine preventable strains. Suggestion to look at incidence rates of MenB by season rather than by calendar year. Plan to review Epi-year data and bring MenB back to next Committee meeting.</p> <ul style="list-style-type: none"> • Measles <p>Outbreaks continue to increase internationally. No cases have been identified to date in 2024 in Ireland, and one household cluster of cases in 2023. There is sub-optimal uptake of MMR-1 (primary immunisation) and MMR-2 (school-aged booster) with significant regional variation. Just over 10% of adults are seronegative for measles. An incident management team is being established to improve vaccination coverage in at risk populations.</p>
Chapter Updates	<ul style="list-style-type: none"> • Chapter 4 is now finalised • All updates published and available.
Vaccine injury redress scheme	Work ongoing within DOH with the redress scheme.