

National Immunisation Advisory Committee

MEETING DETAILS	
Date (Venue)	24.07.2023 (Online via MS Teams)

ITEM	SUMMARY
Introductions	<ul style="list-style-type: none"> • Apologies • Dr Sarah Geoghegan introduced as incoming Clinical Lead, commencing in September. • Dr Deirdre Foley introduced as incoming Medical Secretary.
Statement of Interests	No conflict of interest declared.
RSV	<ul style="list-style-type: none"> • It was noted that a request had been received from the Chief Medical Office in the Department of Health to provide an evidence synthesis in relation to recently approved vaccines and monoclonal antibodies for RSV. • Data was presented in respect of safety and clinical efficacy of RSV immunisation in infants and older adults. • Infants: Data on Nirsevimab (long-acting monoclonal antibody) and maternal RSV vaccination suggests that both have acceptable safety and efficacy. These options should be subject to additional cost analysis and programmatic considerations. Potential strengths of a universal infant RSV immunisation programme were discussed. Programmatic considerations such as timing and location of monoclonal antibody administration were highlighted. The need for monoclonal antibody for premature infants regardless of maternal vaccination was also discussed. It was stated that a maternal vaccine and administration of a monoclonal antibodies both posed their own programmatic challenges • Older adults: RSV morbidity and mortality increases considerably with age. Two vaccines are approved by EMA and FDA - Arexvy (GSK) and Abrysvo (Pfizer). • Good efficacy in RCTs to date, but a small number of inflammatory neurological events were reported for both vaccines. ACIP 2023 suggested vaccination with single dose (of either vaccine) demonstrated moderate to high efficacy in preventing symptomatic RSV-associated illness.

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	<ul style="list-style-type: none"> There was agreement that the evidence supported RSV vaccination for those aged 65 years and over, with vaccination prior to RSV season. In the case of limited vaccine availability, it was agreed that priority should be given to those with underlying conditions and the oldest old on the basis of their risk profile. Updated draft recommendations to be circulated to the Committee for review.
SARS-CoV-2 (COVID-19)	<ul style="list-style-type: none"> It was noted that there were no major changes to report regarding circulating SARS-CoV-2 variants at present. One variant (EG.5) is under monitoring for increased growth (though there is no indication of more severe disease or increased transmissibility at this time). An update was provided by the COVID working group. General downward trend in COVID-19 incidence, though there has been an increase in recent weeks in those aged ≥ 65 years. Uptake is decreasing with each subsequent booster offered. Recent evidence suggests that co-administration of COVID and flu vaccines may blunt immune response against SARS-CoV-2 but not influenza. The clinical relevance of these findings is unclear and coadministration is still recommended due to the overall public health benefit associated with maximising uptake. Following examination of the epidemiological and hospitalisation data as well as consideration of the current available evidence in respect of available/soon to be available vaccines, there was a consensus that revision of the recommendations for Autumn 2023 is not required. A response to the CMO's request is being drafted and will be shared with the Committee for their review. Transition to newly adapted XBB monovalent vaccines is recommended once they become available in Ireland. Timely administration of a vaccine (either bivalent or monovalent) remains an important public health consideration. The importance of timely procurement of monovalent vaccines to align with the flu vaccination campaign this year was highlighted.
Varicella	<ul style="list-style-type: none"> HSE query regarding VZV vaccination in those living in congregate settings accommodating international migrants was reviewed by the Committee prior to the meeting. Comments and feedback were discussed. Recommendations will be issued to CMO, with correspondence to HSE to follow. NIAC advise two doses of varicella vaccine at least four weeks apart for non-immune individuals living in congregate settings accommodating international migrants without a definite history of varicella, proof of immunity, or vaccination (from 12 months of age).
Dengue	<ul style="list-style-type: none"> Due to time constraints, this topic will be reviewed at our next meeting.
Epidemiology update	<ul style="list-style-type: none"> A brief update was provided on influenza and hepatitis A circulation. Influenza season is over, minimal cases since late Spring. Hepatitis A levels have been relatively low, with no outbreaks in the Traveller community this year.

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	<ul style="list-style-type: none"> • A general update was given on meningococcal disease from HPSC. There has been an increase in serogroup Y, in particular in older age-groups. There have been no cases of MenC since Jan 2021. Overall, there has been a downward trend in IMD case numbers since 1999. Data from 2023 is suggestive of a return to a pre-pandemic level of IMD cases and deaths. • Overall incidence of serogroup B IMD reduced dramatically since introduction of vaccination, most cases of serogroup B are now occurring in adolescents aged 15-19 year olds. (2022: 2.6 per 1000,000 and year to date 1.0 per 100,000) Noted highest incidence rate is in 15-19 year old age group, NIAC will continue to keep this under review and reassess need for Men B vaccine in adolescents. • Need to promote vaccine uptake in areas with low uptake. • Need to raise awareness of symptoms of IMD and importance of prompt medical assessment and treatment.
Vaccine injury redress scheme	<ul style="list-style-type: none"> • A discussion between the CMO and a number of healthcare representatives, including NIAC, explored the pros and cons of a vaccine injury scheme. There was consensus amongst the group that such a scheme should be established. The CMO indicated that a recommendation would be made to the Minister for Health in the near future.
Chapter updates	<ul style="list-style-type: none"> • Reviewed by Committee, no objections noted.