

National Immunisation Advisory Committee

MEETING DETAILS	
Date (Venue)	30.01.2023 (Teams)

ITEM	SUMMARY
Introductions	Committee members including new members were welcomed and departing committee members thanked for their contributions.
Statement of Interests	No conflicts of interest declared.
SARS-CoV-2 (COVID-19)	Update provided. While more immune evasive, highly transmissible variants are circulating they do not appear to be associated with increase in disease severity. XBB.1 accounts for ~7% of isolates. Countries are keen to simplify vaccination schedules. May move to annual/biannual vaccination for most with additional booster vaccines for highest risk groups. Very high community seropositivity rates in Ireland are contributing to protection. Dosing schedule for 'new entrants' and very elderly will need consideration.
HPV	Literature review and meta-analysis findings presented to Committee. Good evidence to support vaccination for CIN2+. Weaker evidence for CIN1 although consistent trends towards benefit in all reports. Vaccine safety is well established. Discussion regarding making recommendations, that although based on the best available evidence, may not secure funding the concern that this could reinforcing existing health inequalities. NIAC's remit remains to provide advice to the CMO while the issue of funding remains separate and is not the remit of NIAC. Agreement that recommendation for CIN2+ be maintained. Further review regarding vaccination for those with CIN1 will be undertaken.
Varicella	Epidemiology updated. Number of outbreaks increased in 2022. Vaccine not currently in PCI schedule. Vaccination would reduce the negative consequences for children (pain, secondary infections, school absences) and related effects on family and society. As numbers arriving from low prevalence countries to Ireland increase, adult outbreaks can be anticipated. Resultant infections among HCWs have the potential to impact service delivery adversely. Based on the evidence for safety and effectiveness of VZV vaccine and societal impact there was consensus to include strong recommendation for the inclusion of VZV vaccine in childhood schedule.

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Meningococcal Disease	Epidemiology update presented. Monitoring to continue.
Primary Childhood Immunisation Schedule	Overview of proposed changes presented, discussed and agreed. Recommendation document to be finalised and submitted to DOH
Influenza	Cases, hospitalisations, ICU admissions and deaths declining. Vaccine uptake of ~15% among children – plan to move to vaccination in schools to increase uptake. Uptake >75% in those aged 65 years and older.
Hepatitis A	Epidemiology update presented. No change in recommendations indicated.
Respiratory Syncytial Virus (RSV)	Substantial work required to develop advice for the CMO/DOH regarding the novel RSV vaccines. Working group to be convened. Addition of co-opted members with specific areas of expertise likely to be required
Chapter Updates	The following chapters have been updated: Chapter 3 – Immunisation of the Immunocompromised, Chapter 5a – COVID-19, Chapter 8 – Hepatitis A.
Vaccine Injury Redress Scheme	Continued to advocate for introduction of scheme. Await status report from DOH.