ROYAL COLLEGE OF PHYSICIANS OF IRELAND

National Immunisation Advisory Committee

MEETING DETAILS	
Date (Venue)	27.11.2023 (Online via MS Teams)

ITEM	SUMMARY
Introductions	• Apologies • Goodbye and thanks to NIAC Chair, Dr Siobhán O'Sullivan • Goodbye and thanks to Dr Eavan Muldoon • Goodbye and thanks to Ms Essene Cassidy, finishing up December 2023 • Welcome to new Chair and Deputy Chair
Statement of Interests	None declared
SARS-CoV-2 (COVID-19)	**1. Variant update, Epidemiology update** Overall cases and hospitalisations are decreasing in recent weeks. Stable number of COVID outbreaks and no recent increase in COVID related mortality. XBB.1.5 and XBB.1.5-like F456L* sub-lineages remain stable and dominant. WHO have declared BA 2.86 a variant of interest as the numbers of cases are slowly increasing across Europe. Uptake of COVID booster doses at 51.7% in those aged 70 years and older, 20.3% in those aged 50-69 years and 30.3% in those aged 50 years and older. **2. Primary series vaccination** • New EMA dosing recommends one dose for children aged ≥ 5 years, and one dose in younger children with history of COVID (three doses in those with no prior SARS-CoV-2 infection). International recommendations reviewed. Existing NIAC recommendation is for three doses in those <5 years and two doses in those ≥ 5 years. • Primary series vaccination uptake rates ranged from 100% of those aged ≥ 70 years, approximately 70% in those 12-19 years and 13% of younger children. • Immunogenicity data in children demonstrated that a single dose yielded a higher response in children with previous omicron infection compared to 3 doses in COVID naïve children. • Support from the NIAC COVID working group to change the recommendation in line with EMA guidance.

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	Proposals for primary series vaccination of children: • For those aged 5 years and above the recommended primary series COVID-19 vaccination consists of a single age-appropriate dose of COVID-19 mRNA vaccine. **Agreed.** • For those aged 6 month to 4 years who require COVID-19 primary series vaccination, two doses of age-appropriate mRNA vaccine is recommended for all immunocompetent children. For those with a history of SARS-CoV-2 infection a single dose is recommended**.** **Agreed.** • For those with immunocompromising conditions age 6 months and above, two doses of an age-appropriate mRNA vaccine are recommended for primary series vaccination. A third dose may be administered following consultation with the relevant specialist physician. **Agreed.** • NIAC booster recommendations Most international recommendations focus on seasonal boosters. Consensus agreed to offer 'seasonal' booster recommendations and to remove the current recommendation for a shorter interval (4 month) first booster.
Herpes Zoster	**1. Update on HZ vaccination of older adults** • Absolute number of HZ cases increase from age 50 years and rise further with increased age. • Safety and immunogenicity data has been previously reviewed by the committee. • The current NIAC recommendation is for vaccination to be considered from age 50 years but is not funded. • Recommendations in terms of HZ vaccination and funding vary widely internationally. • German cost efficacy and modelling study suggested vaccine at 60 years has greatest effect in reducing HZ. Vaccination at 70 has greatest effect in reducing PHN. Overall outcome of study recommended vaccination at 60 years. Proposed HZ vaccination of older adults: NIAC proposal to introduce HZ vaccine at 65 years and over (based on current evidence and efficacy and feasibility with other vaccinations in older adults). **Agreed.** Suggestions to include a statement to prioritise older age cohorts in event of short supply and financial constraints, some committee members felt short supply was unlikely and it may be better to exclude such a statement. Committee agreed that recommendation for older adults should include a recommendation for a catch up campaign.

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	2. HZ Immunisation in immunocompromised persons • Those with a history of stem cell transplant are at highest risk of HZ (across all age cohorts). Those with solid organ transplants (SOT), haematological malignancies and uncontrolled HIV are also at significant risk. • Acceptable safety profile, VE of 72% in 18-49 years, and 68.2% overall, though little data on immunogenicity. • Only three countries word-wide both recommend and fund the HZ vaccine in the immunocompromised ≥18 years of age. Proposed NIAC HZ recommendation in the immunocompromised: 1. Immunisation of adults aged 50 years and over with immunocompromising conditions with RZV due to increased risk of HZ. **Agreed.** 2. Immunisation of HSCT recipients aged 18 years and over with RZV due to high risk of HZ. **Agreed.** 3. RZV is licensed for use in those aged 18 years and over who are at increased risk of HZ. There may be some other patients with immunocompromising conditions (including SOT recipients, those with haematological malignancies and uncontrolled HIV) aged 18 to 49 years, who would benefit from immunisation with RZV, in consultation with their treating specialist. **Agreed. Phrase wording to consider immunisation in this cohort.**
Epidemiology updates	• RSV continues to circulate at high levels with cases increasing each week. Increase of 18% in RSV hospitalised cases and 36% in notified cases. Highest impact in children aged 0-4 years. Growth rate is slowing in younger age groups. • Influenza cases are stable and currently circulating at low level. Majority of cases are influenza A. Vaccination uptake of 62% in those >65 years and 10.8% in children. It's too early to estimate vaccine effectiveness. • Invasive meningococcal disease. There were 37 cases of IMD this year to date including 2 deaths. 15 cases of SgB, 1 SgW, 12 SgY and 9 cases of unknown serogroup. 7 cases in those aged ≤ 9 years. Six new cases reported since September 2023. Increase in cases in 20-24 year olds (incidence rate in this cohort 0.7/100,00 in 2023 compared to 0.4/100,000 in 2022).
Chapter Updates	All updates published and available.
Vaccine injury redress scheme	Work ongoing with the redress scheme.