

## National Immunisation Advisory Committee

MEETING DETAILS	
Date (Venue)	27.03.2023 (Teams)

ITEM	SUMMARY
<b>Introductions</b>	Apologies.  Committee members including new members were welcomed and departing committee members, Dr Kevin Connolly and Dr Breeda Neville, were thanked for their contributions.
<b>Statement of Interests</b>	No conflicts of interest declared.
<b>SARS-CoV-2 (COVID-19)</b>	Summary of WHO – Sage deliberations re COVID-19 future strategy reported to the Committee  NIAC’s 2023 COVID-19 vaccination strategy recommendations document reviewed and submission to CMO approved by the Committee.
<b>Mpox</b>	Epidemiology and vaccine effectiveness data reviewed.  Discussion re questions received from DOH pertaining to: <ul style="list-style-type: none"> <li>○ relative benefits of intradermal (ID) and subcutaneous (SC) vaccine administration</li> <li>○ Need for booster vaccination</li> <li>○ Need for vaccination post infection</li> </ul> Evidence that ID and SC administration both immunogenic with more reactogenicity post ID. SC preferred for routine vaccination in absence of supply constraints. Antibody levels will wane over time but given current epidemiology routine booster vaccination not indicated. May be considered for those if there is ongoing risk when more evidence on the need/benefit of booster vaccines is available.  No evidence to support need for vaccination following infection.
<b>HPV</b>	Role of HPV vaccination for those treated with CIN 1+ reviewed and outcome of discussions with CervicalCheck reported. Modification of current

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	<p>recommendation to take account of the high rate of spontaneous resolution of CIN1 approved by the Committee.</p>
<p><b>Varicella Zoster Virus (VZV)</b></p>	<p>It was noted that NIAC recommendations re inclusion of VZV vaccine in the National Programme have been submitted to the CMO.</p> <p>HIQA Expert Advisory Group to meet next week, with varicella HTA anticipated to conclude in April but a period of public consultation is scheduled to follow, this may delay final decision re VZV vaccine inclusion.</p>
<p><b>Meningococcal</b></p>	<p>As requested by the DOH, detailed meningococcal C (menC) epidemiology was reviewed and impact of dropping the six month MenC vaccine dose from the Primary Immunisation Schedule considered.</p> <p>MenC vaccine, introduced in Ireland in 2000 led to the near elimination of invasive MenC disease. In 2015-19 a small transient increase in case numbers in Ireland was noted. The introduction of adolescent MenC vaccination (MenC vaccine in 2015, MenACWY in 2019) and its impact on MenC circulation likely further aided control of menC. While COVID-19 public health restrictions may have played a role in limiting case numbers, the decline from the peak in 2017 antedated their institution and cases have not increased since their easing.</p> <p>As in Netherlands, the adolescent meningococcal vaccine impacts the circulation of MenC and plays a significant role in the protection of infants including those not yet vaccinated.</p> <p>Having reviewed the evidence, the current proposed changes to the Primary Immunisation Schedule were endorsed.</p> <p>Close monitoring of the epidemiology will continue. The possibility of cross protection from the MenB vaccine will be explored, with data on MenB vaccine cross-protection against MenC infection to be requested from Meningococcal Reference laboratory.</p>
<p><b>Primary Immunisation Schedule</b></p>	<p>Proposed schedule to address discontinuation of the Hib/MenC combination vaccine and addition to VZV vaccine submitted to CMO.</p> <p>CMO query raised pertaining to MenC in those aged under one year to be addressed (see above).</p>

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<b>Influenza</b>	<p>Data re influenza vaccine programme this season presented with good uptake for those aged 65 and older (&gt;75%) however disappointing low uptake among those aged 2-17 years (15.4%). Need to integrate 'flu' vaccine for children to the school programme to optimise uptake. NIO working to gather more granular data to facilitate targeted approach and to reduce barriers to vaccination.</p> <p>Outlined that future consideration will be given for coordination of influenza and COVID-19 vaccination programmes.</p>
<b>Hepatitis A</b>	No change.
<b>HepB</b>	<p>EMI query received and being addressed. Further clarification of dose requirements for the high dose vaccine for people living with HIV being sought.</p> <p>Noted that a minor update is required to Immunisation Guidelines chapter.</p>
<b>RSV</b>	<p>RSV working group convened with representatives from virology, paediatrics, ID and microbiology. May be need to co-opt non-Committee members based on their expertise, with Consultant in Neonatal paediatrics noted.</p> <p>Aim to address the role of RSV prophylaxis at both end of the age spectrum.</p>
<b>Chapter Updates</b>	<p>The following have been updated since the last meeting: Anaphylaxis guidance, Chapter 5a (COVID-19) and Chapter 13a (Mpox).</p>
<b>Vaccine Injury Redress Scheme</b>	Update from DOH requested.