Summary of recent issues considered by four national immunisation technical advisory groups (NITAGs) and WHO immunisation-related advisory committees

Prepared by the National Centre for Immunisation Research & Surveillance (NCIRS)

Period of review: 06/05/2020 – 01/09/2020

Contents

1 Advisory Committee on Immunization Practices (ACIP), USA

1.1 ACIP meeting: 24-25 June 2020

- Agenda and live presentation slides of this meeting: https://www.cdc.gov/vaccines/acip/meetings/index.html
- Full minutes of the June 2020 meeting are pending. Therefore, this summary has been developed from the presentation slides and video recordings, available at https://www.cdc.gov/vaccines/acip/meetings/slides-2020-06.html
- Note that deliberations related to COVID-19 vaccines are summarised in a separate NITAG summary focus on COVID-19.
- Immunisation Schedule: https://www.cdc.gov/vaccines/schedules/index.html

Meningococcal vaccines

- **Issue under consideration: MenQuadfi** was **approved** by the FDA **23 April 2020 in ≥ 2 years.**
- ACIP considered whether MenACWY-TT should be available as an option for MenACWY vaccination **according to currently recommended dosing and schedules** in the Vaccines for Children (VFC) program.
- Background: MenACWY vaccines have been recommended for adolescents and persons at increased risk since 2005. Three MenACWY conjugate vaccines currently available: MenACWY-D (**Menactra**), MenACWY-CRM (**Menveo**) and MenACWY-TT (**MenQuadfi**) [new]
  - Note: Nimenrix (MenACWY-TT) is not currently licensed in USA
- **MenQuadfi (MenACYW-TT)** is a quadrivalent (ACWY) meningococcal vaccine conjugated to tetanus toxoid (approximately 55 µg) – Sanofi Pasteur is the vaccine sponsor
  - Currently approved for use in individuals aged ≥2 years, but studies to support expansion of age indication to include infants as young as 6 weeks of age are in progress
  - Supply will become available in the US in 2021

MenQuadfi: Evidence to Recommendations Framework (GRADE) and Workgroup Considerations

- **Question**: Should MenQuadfi be included as an option for meningococcal ACWY vaccination according to currently recommended dosing and schedules?
- **Persistence of immune response:**
  - 1 study evaluated immune persistence to MenQuadfi 3 years after vaccination with primary dose of MenQuadfi or Nimenrix (not licensed in USA) - % seroresponders not reported

  Coadministration**:**
  - Both PCV13 and MenACWY vaccines recommended for individuals with certain medical conditions (e.g. asplenia)
  - 1 study assessed coadministration of MenQuadfi and PCV13 in toddlers – No evidence of immune interference between MenQuadfi and PCV13.

  Immune interference due to coadministration with routine adolescent vaccines:
  - 1 study assessed coadministration in 10-17y age group.
  - Response to 4vHPV vaccine: non inferior
  - Response to dTpa vaccine: 3 of 4 pertussis antigens did not meet criteria for noninferiority in MenQuadfi coadministration study
    - Decreased dTpa immune response demonstrated in previous studies of coadministration with MenACWY vaccines - GMT ratios for MenQuadfi similar when compared to co-administration with currently recommended MenACWY vaccines
    - Clinical significance unknown
- **Benefits and Harms:** Work group felt that desirable effects outweigh undesirable effects

- **Values, Acceptability, and Feasibility:** 86.6% vaccination coverage for at least 1 dose of MenACWY vaccine among adolescents demonstrates that target population values and accepts intervention; feasible with current vaccination platforms (Limited data on uptake among other individuals recommended to receive MenACWY vaccine). Not expected to differ for MenQuadfi.
- **Resource Use:** Resource allocation will not be substantively affected by inclusion of MenQuadfi as an option for MenACWY vaccination
- **Work Group interpretation:** MenQuadfi should be included as an option for meningococcal ACWY vaccination according to currently recommended dosing and schedules among licensed age groups.
- **No ACIP vote as no changes to recommendations are proposed**

Influenza

- **2019/2020 influenza season**
  - Summary of 2019-2020 influenza season
    - 2 consecutive waves: 1st mainly influenza B/Victoria viruses; 2nd driven by influenza A (H1N1)
    - Paediatric deaths reported to CDC for 2019-2020 season: 185 (*As of 13 June 2020)
  - Prelim adjusted vaccine effectiveness against medically attended influenza, US Flu VE Network 2019-20 (8,844 enrolled (29 Oct 2019 – 26 March 2020), 5 sites)
    - 2,743 (31%) influenza RT-PCR positive; 6,121 (69%) influenza RT-PCR negative
    - Any influenza: 39% (95% CI 32-45); A(H1)pdm09 31%; B/Victoria: 44%
    - VE against influenza A/H1N1pdm09 by age group: all ages: 31%; 6m-8y: 22% (not sig); 2-17y: 29% (not sig); 18-49y: 28%; 50-64y: 45%; >=65y: 38%
    - VE against influenza B/Victoria by age group: all ages: 44%; 6m-8y: 38%; 2-17y: 39%; 18-49y: 44%; 50-64y: 39% (not sig); >=65y: 42% (not sig)
  - Important protection against influenza B virus given severity of 2019-20 season for children
    - 185 paediatric deaths reported: 71 influenza A; 114 influenza B
  - Influenza virologic surveillance:
    - Private labs: Influenza B viruses dominated early in the season, in time increasing presence of Influenza A viruses, by end of the season cases roughly divided between A and B viruses.
    - Public labs: overall predominant viruses were H1N1pdm09 and B Victoria
  - Protection against A/H1N1pmd09 virus lower than previous seasons, investigation of contributing factors ongoing
  - **Safety**: no new safety concerns identified for any influenza vaccine types; CDC conducted near real time sequential monitoring in Vaccine Safety Datalink, no new safety concerns (5.8 mil doses).
  - **Clinical trial: Clinical Immunisation Safety Assessment (CISA) Project, safety of RIV4 vs. IIV4 in Pregnant Women** – no substantial safety concerns identified.
- **WG Considerations and Proposed 2020-21 Recommendations**
  - Core recommendation remains unchanged: annual influenza vaccination recommended for all persons aged 6 months and older who do not have contraindications
  - 2020-21 Primary updates: 1. US influenza vaccine viral composition; 2. Inclusion of 2 recently licensed vaccines
    - **Fluzone High-Dose Quadrivalent**: Sanofi Pasteur (Nov 2019), ≥65 years
    - **Fluad Quadrivalent:** Seqirus (Feb 2020), ≥65 years
  - LAIV: Contraindications and Precautions table:
    - Asplenia, cochlear implant and active CSF leak included in contraindications in Table 2.
      - Study: Vaccine Adverse Event Reporting System (VAERS) – review of Live Attenuated Influenza Vaccine (LAIV) in special populations. July 1990 – March 2020; no age restrictions; primary US reports; 2 search methods used (medical dictionary for regulatory activities; text string search).

- (1) asplenia or sickle cell disease: Asplenia/splenectomy: 1 adult, death report

Planning for Influenza Vaccination, 2020-2021 Season

- Increasing seasonal influenza vaccine coverage to decrease healthcare utilization, 2020-2021
  - Increasing influenza vaccine coverage will decrease stress on the healthcare system: decrease doctor visits and hospitalizations; decrease individuals needing diagnostic testing
  - Focus on adults at higher risk from COVID-19: staff/residents of long-term care facilities; adults with underlying illnesses and African-Americans; adults who are part of critical infrastructure
- *Refer to the ACIP meeting minutes for more details*

Coronavirus Disease 2019

Maintaining and Strengthening Childhood Vaccination during the COVID-19 Pandemic

- CDC Interim Guidance for Immunisation Services During COVID-19 Pandemic
  - Vaccination is an **essential medical service** for all children and adolescents, ideally in the medical home. **Administer all due or overdue vaccines according to routine immunisation schedule during the same visit.** Implement strategies to catch patients up on vaccines (start with newborns, infants and children up to age 24 months, young children, then adolescence)
  - Includes guidance for the safe delivery of vaccines (e.g. use of PPE, physical distancing)
- Substantial disruptions to outpatient medical care, nearly 70% reduction in outpatient visits, starting to rebound. **Paediatrics among hardest-hit specialties** (62% reduction in outpatient visits by 5 April 5).
- Increases in outpatient visits across all paediatric age groups in May compared to April, but remains well below baseline; some signs of recovery in routine childhood vaccination since May.
  - By 10 May, paediatric outpatients visits: highest in children <2 years lowest in 3-5 year olds
- Disruptions to routine childhood vaccination - weekly decreases in Vaccines for Children program provider orders for paediatric vaccines – December 23, 2019-May 10, 2020. Reductions in vaccines order starting mid March (same for Measles containing vaccines)
- Primary care practices under stress: economic struggles, reduced staffing, low patient volume may affect preventive care services
- CDC activities with immunisation programs and partners to support routine childhood vaccination
  - Monitor vaccination service delivery to inform targeted interventions
  - Support: providers through development of guidance/support materials; catch-up vaccination through reminder/recall systems; access to vaccines by identifying gaps in VFC provider network and increasing funding for VFC vaccine purchase and operations; identification of policy interventions to support healthcare providers
  - Communicate: vaccination importance to parents, providers, partners; VFC info for families
  - Plan back-to-school vaccination activities during the summer; influenza vaccination in the fall
  - CDC is supporting healthcare providers to deliver childhood vaccines
    - Ensure providers are aware of available financial support through the Provider Relief Fund and how to apply for funding – As of June 9, now available to Medicaid and CHIP providers
    - Promote catch-up vaccination through dissemination of information on best practices for reminder/recall, including refocusing of immunization program quality improvement activities
    - Disseminate guidance on the safe delivery of vaccines during the COVID-19 pandemic
  - CDC is communicating the importance of well-child and vaccination visits
    - Encourage parents to return for well-child visits
    - Use reminder/recall systems to help children get up to date as quickly as possible
    - Discuss the safety protocols put in place to ensure patients can be safely vaccinated
  - CDC is promoting awareness of Vaccines for Children (VFC) program among parents
    - Prior to pandemic, ~50% of U.S. children eligible to receive free vaccines through VFC (more may be eligible now due to recent loss insurance or increased economic hardship - parents of

these children may not be aware of VFC); partners/ providers can improve vaccine access by increasing awareness and enrolment in VFC program.
    - School vaccination requirements provide a critical checkpoint for children's vaccination status
        - Many children need to receive vaccines during the summer to stay up-to-date and comply with school vaccination requirements
        - Important back-to-school vaccine clinics take place this summer (opportunity for vaccination)
        - If circumstances do not allow all children to receive needed vaccines, jurisdictions should consider extending provisional enrolment or grace periods to give children time to come into compliance without being penalised or resorting to an exemption

1.2 Additional ACIP meetings focused on COVID-19 vaccines

Additional meetings were held on:

- 29 July 2020 https://www.cdc.gov/vaccines/acip/meetings/slides-2020-07.html
- 26 August 2020 https://www.cdc.gov/vaccines/acip/meetings/slides-2020-08.html

Details on the content covered in these meetings are summarised in a separate NITAG summary on COVID-19 related considerations. Briefly, the following topics were covered:

- Introduction; Overview of COVID-19 vaccine clinical trials
- Considerations for FDA licensure vs. Emergency Use Authorization of COVID-19 vaccines;
- Considerations for vaccine implementation
- Epidemiology of COVID-19 in essential workers, including healthcare personnel;
- COVID-19 vaccine prioritization: work group considerations;
- Evidence to Recommendations framework and Work Group next steps
- Coronavirus Disease 2019 (COVID-19) Vaccines
    - mRNA-1273 Clinical Development;
    - Pfizer/BioNTech COVID-19 mRNA vaccine Clinical Development
- Overview of post-marketing safety surveillance
- Epidemiology of individuals at increased risk of COVID-19 disease
- Modelling allocation strategies for the initial COVID-19 vaccine supply
- Prioritization and Work Group next steps

1.3 Newly published or updated recommendations

1.3.1 Hepatitis A vaccine recommendations

- Prevention of Hepatitis A Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices, 2020
- Published in MMWR, 3 July 2020: https://www.cdc.gov/mmwr/volumes/69/rr/rr6905a1.htm
- HepA vaccine recommendations have changed as follows:
    - Vaccination of **all children and adolescents aged 2–18 years who have not previously received HepA vaccine** is recommended
    - Vaccination of all persons aged ≥1 year infected with **HIV** is recommended
    - Vaccination of persons with **chronic liver disease** is recommended
    - Vaccination of **pregnant women at risk for HepA infection** is recommended
    - Vaccination during **hepatitis A outbreaks** of persons aged ≥1 year who are at risk for HepA infection or who are at risk for severe disease from HepA is recommended
    - Vaccination in **settings providing services to adults in which a high proportion of persons have risk factors for HepA infection** is recommended
    - Vaccination of persons who receive blood products for clotting disorders (e.g., haemophilia) is no longer recommended.

- New CDC clinical guidance is provided for the vaccination of the following: infants aged 6–11 months traveling outside the US, persons aged >40 years, persons with immunocompromising conditions, and persons with chronic liver disease planning on traveling, persons with HIV infection, pregnant women, postexposure prophylaxis and vaccination during outbreaks.

1.3.2 Influenza vaccine recommendations –Published in MMWR 3 July 2020

- Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices — United States, 2020–21 Influenza Season
- Published in MMWR, 21 August 2020: https://www.cdc.gov/mmwr/volumes/69/rr/rr6908a1.htm
- Updates include:
  - Vaccine composition changes (namely strain components)
  - Licensure of QIV-HD and aQIV for persons aged ≥65 years
  - Discussion on contraindications and precautions, use of LAIV and use in persons with egg allergy

---

2 Immunisation Advisory Centre (IMAC), New Zealand

2.1 PTAC Considerations

Meetings were held on:

- 20-21 February 2020 https://www.pharmac.govt.nz/assets/ptac-record-2020-02.pdf
  - PTAC noted and agreed with the Immunisation Subcommittee's recommendations at their 15 October 2019 meeting (summarised in the previous NITAG summary)
- 22 May 2020 (no vaccine-specific considerations) https://www.pharmac.govt.nz/assets/ptac-record-2020-05.pdf
- 18 June 2020 (no vaccine-specific considerations) https://www.pharmac.govt.nz/assets/ptac-record-2020-06.pdf
- August 2020 – minutes not yet available; includes consideration of an application for influenza vaccination for people aged ≥65 years (no further details provided)

2.2 Other updates

2.2.1 National Immunisation Schedule changes as of 1 July 2020

- Shift from a 3+1 schedule (given at age 6 weeks and 3 and 5 months) to a 2+1 schedule (given at age 6 weeks and 5 months) of PCV10; 3+1 schedule of PCV13 for high risk children unchanged
- Brand changes:
  - Energix B 20mcg will replace HBVaxPro (5mcg, 10mcg and 40mcg)
  - Varivax will replace Varilrix at the 15 month and 11 year schedule point, and for special groups from 12 months of age
  - Boostrix (dTpa) will replace ADT booster for people aged 7 years and older
- Note from 1 October, the schedule in the 2nd year of life will include 2 visits at age 12 and 15 months (currently only scheduled at age 15 months)
  - Current schedule at 15 months – 4 vaccines: Hib, MMR, PCV10, varicella
  - Schedule as of October –
    - 2 vaccines at 12 months: MMR & PCV10
    - 3 vaccines at 15 months: Hib, MMR and varicella (MMR previously given at age 4 years)

---

3 Joint Committee on Vaccination and Immunisation (JCVI), UK Department of Health

3.1 JCVI Meeting: 3 June 2020

- A summary of the JCVI meeting held on 3 June 2020 is provided below
- Draft minutes, June 2020: https://app.box.com/s/iddfb4ppwkmtjusir2tc/file/691486511316
- Additional JCVI Extraordinary Meetings on COVID-19 Immunisation prioritisation held (these are summarised in a separate summary of NITAG discussions on COVID-19 vaccines):
  - 7 May 2020 https://app.box.com/s/iddfb4ppwkmtjusir2tc/file/680505467104
  - 6 July 2020 https://app.box.com/s/iddfb4ppwkmtjusir2tc/file/709006236802
- HPV sub-committee of the joint committee on vaccination and immunisation – 21 May 2020 https://app.box.com/s/600veu6zr6s3gjvx8mkt/file/696777313927

HPV vaccination

- Evidence on the use of a single dose schedule of HPV vaccine was reviewed in the context of school closures and impact on the delivery of the HPV program
- There was good evidence (up to 10 years post vaccination) on vaccine effectiveness against infection and disease, and duration and stability of the antibody response following a single dose of 2vHPV and 4vHPV, in spite of lower antibody responses compared with 2 doses
- Less data are available for 9vHPV – no data on vaccine effectiveness; RCTs have been initiated
- In-confidence data raised concerns over whether a single dose of 9vHPV was sufficiently protective for non-4v-9vHPV vaccine types; protection was considered likely to be non-inferior to 1 dose of 4vHPV for the 4vHPV vaccine types
- Data from the WHO International Agency for Research on Cancer on 10 years of data of an RCT stopped prematurely in India were reviewed – girls aged 10-18 years were recruited to the study in 2009 with approximately 4,000 receiving a single dose and roughly 4,000 receiving 2 doses (0,2 months and 0, 6 months) and 3 doses (0, 2 and 6 months) of 4vHPV; key results from 4,500 participants compared with age-matched controls of unvaccinated married cohorts include:
  - Inferior antibody titres to HPV16/18 for single dose compared with 2 or 3 doses, but antibody kinetics were similar
  - HPV16/18 incident infection was three times higher in unvaccinated women compared with vaccinated women, with incidence being the same in the one, two and three dose arms
  - Persistent infection of HPV16/18 was 24 times higher among unvaccinated women than vaccinated women (2.4% vs 0.1%) after 10 years of follow up
  - Adjusted VE for 1 dose against incident and persistent HPV 16/18 infection after 10 years was 92% and non-inferior compared to 2 or 3 doses
  - CIN2 and CIN3 detection rates were low, with 4 in unvaccinated women and none in vaccinated women positive for HPV16/18
  - Antibody and neutralising antibody titres were non-inferior in 15-18 year old girls who received 2 doses vs 3 doses
- Participants will be followed until at least 2026, with data expected from 5,000 cervical samples
- JCVI concluded that the evidence strongly indicated that a single dose of 4vHPV would provide protection over a long period of time, and there was no evidence to indicate this would fade between 10 and 15-years post vaccination
- JCVI agreed that the evidence supports excellent protection from a single dose, and that this should be prioritised when delivery of the HPV program is resumed; administering a single dose of 4vHPV to those who missed the first dose in the 2019/20 cohort and those in next years cohort will be prioritised

- Consideration will be given to deliver the second dose of 4vHPV alongside doses of MenACWY and dT-IPV vaccines which also had to be caught up
- Data on 2 years of immunogenicity of a single dose 9vHPV schedule from RCTs will be available later in 2020 and in 2021; JCVI will deliberate and conclude on advice on 9vHPV use in the next 1 to 2 years

Update on the 2018/2019 influenza season

- Moderate impact season, with influenza levels below those seen in 2018/2019
- A/H3N2 was dominant, with 79% belonging to the 3C.3a genetic clade (same as the vaccine strain)
- All A/H1N1 strains and 43 of 44 influenza B strains characterised were genetically similar to vaccine strains
- 80% of those aged ≥65 years received aTIV and 80% of those in risk groups received QIV; uptake of LAIV in pre-school children was slightly lower than the previous season, but the same or higher among school-aged children
- Results from a test-negative case control study indicated overall adjusted VE of 42.7% (95%CI: -27.8 to 54.5%) and 31.2% (95%CI -10.3 to 47.2%) for A/H3N2
- Among adults, the point estimates of the VE were higher for cell-based QIV but confidence intervals overlapped (data not provided)

Flublok® influenza vaccine

- A recombinant vaccine produced in an insect cell line, which can potentially avoid issues of VE associated with egg adaptation
- Authorisation for use of Flublok expected in November 2020; JCVI will consider its use for 2021/22
- JCVI noted that the safety of Flublok was similar to that of other vaccines, but that a potential Parvovirus B19 vaccine produced in insect cells had been withdrawn because of adverse events

Horizon Scanning

- Manufacturers and research institutions provided new information on 44 vaccines in clinical development – delays in some clinical trials were expected due to the COVID-19 pandemic
- Sanofi Pasteur has made a submission on their hexavalent vaccine, with research into concomitant administration with Bexsero now underway

COVID-19 Horizon scanning

- Details on this discussion can be found in a summary of NITAG discussions on COVID-19 vaccines
- Briefly, JCVI discussed the following:
    - Immune responses to SARS-CoV-2
    - Vaccines in development, with some results from clinical trials
    - Outstanding questions around safety, immunogenicity and efficacy of any vaccine, especially in older adults, those with underlying conditions and children
    - The need to reduce complexity of a vaccination program (particularly overcomplicating risk groups) to ensure efficient and effective delivery
    - Acceptability of any COVID-19 vaccine and the need for communication
    - The need for data on co-administration of SARS-CoV-2 vaccines with influenza and pneumococcal vaccines, which is particularly important if the timelines for influenza and SARS-CoV-2 vaccination overlapped

3.2 Newly published or updated statement/recommendations

3.2.1 Delivering HPV vaccination during COVID-19

- Published 16 July 2020: https://www.gov.uk/government/publications/delivery-of-the-hpv-vaccine-and-impact-of-school-closures-statement-from-the-jcvi/joint-committee-on-vaccination-and-immunisation-statement-on-the-delivery-of-the-hpv-vaccine
- Statement regarding JCVI's June 2020 discussion on use of single dose 4vHPV in the national program
- The priority is for all eligible children to receive at least the first dose of vaccination; the interval between the first and second dose can be extended by a number of years without compromising protection or boosting effect of the second dose
- Details on the rationale for this recommendation are summarised above

3.2.2 Delivering HPV vaccination during COVID-19

- Published 18 June 2020: https://www.gov.uk/government/publications/priority-groups-for-coronavirus-covid-19-vaccination-advice-from-the-jcvi/interim-advice-on-priority-groups-for-covid-19-vaccination
- Summarised in greater detail in a separate summary of NITAG discussions on COVID-19 vaccines
- Briefly, the document provides interim advice on priority vaccination groups for a national COVID-19 vaccination strategy, with frontline health and social care workers and those at increased risk of serious disease and death from COVID-19 infection identified as priority groups for vaccination.

---

4 National Advisory Committee on Immunization (NACI), Canada

4.1 NACI Meetings

The most recent meeting was conducted virtually on 11 June 2020; however, the summary of discussions has not yet been released. https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci/meetings.html

4.2 Newly published or updated statement/recommendations

4.2.1 Canadian Immunization Guide Chapter on Influenza and Statement on Seasonal Influenza Vaccine for 2020–2021

- Published May 2020 https://www.canada.ca/en/public-health/services/publications/vaccines-immunization/canadian-immunization-guide-statement-seasonal-influenza-vaccine-2020-2021.html
- Updates include:
  - Inclusion of healthcare workers and other care providers among the 'particularly recommended' recipients of influenza vaccine
  - Recommendation that LAIV may be considered as an option for children aged 2-17 years with stable HIV infection on highly active antiretroviral therapy (HAART) and with adequate immune function, following a systematic review showing that LAIV is immunogenic and has a similar safety profile to inactivated influenza vaccine in this population

4.2.2 Supplemental Statement – Mammalian Cell Culture-Based Influenza Vaccines

- Published August 2020 https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci/mammalian-cell-culture-based-influenza-vaccines.html
- A review of the evidence on effectiveness, immunogenicity and safety of Flucelvax Quad, the first cell-based seasonal influenza vaccine to be approved for adult and paediatric use in Canada
- Flucelvax Quad is recommended to be considered for use among other QIVs in adults and children aged ≥9 years – the body of evidence was considered to be "fair" i.e. Grade B evidence

4.2.3 Recommendation on the Use of Live Attenuated Influenza Vaccine (LAIV) in HIV-Infected Individuals

- Published 13 August 2020 https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci/live-attenuated-influenza-vaccine-hiv-infected-individuals.html
- Systematic review of 8 articles (reporting on 5 studies) on the administration of LAIV in HIV-infected individuals
- NACI recommends that LAIV may be considered as an option for children 2–17 years of age with stable HIV infection on HAART and with adequate immune function; specific criteria on immune function are provided. This recommendation is 'discretionary', and the decision to use LAIV in children should be made on a case-by-case basis.
- NACI concluded that the quantity of evidence available on the immunogenicity and safety of LAIV in adults with HIV is insufficient to justify a recommendation for the use of LAIV in this group

4.2.4 Guidance for influenza vaccine delivery in the presence of COVID-19

- https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci/guidance-influenza-vaccine-delivery-covid-19.html
- NACI has provided guidance for the delivery of the seasonal influenza vaccine in fall 2020, when ongoing COVID-19 activity may continue to stress public health capacity and affect clinic operations
- Guidance is provided on:
  - Alternate models of influenza delivery, e.g. pharmacists or paramedics, extending clinic hours, dedicated immunisation clinics, mobile clinics
  - Adaptations to usual immunisation procedures, e.g. screening for COVID-19 illness or exposure, distancing, increased cleaning, PPE selection and other infection prevention and control measures, use of technology and other methods to reduce contact
  - Modifications to clinic set up and immunisation process, e.g. using an appointment system, ensuring cold chain is maintained in all settings including outreach and mobile clinics, maintaining a list of staff and clients to facilitate contact tracing
  - Other considerations for specific settings (e.g. school-based clinics, outreach clinics, drive-through clinics, remote and isolated communities)

4.2.5 COVID-19 related guidance

- Research priorities for COVID-19 vaccines to support public health decisions https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci/research-priorities-covid-19-vaccines.html
- Interim guidance on continuity of immunisation programs during the COVID-19 pandemic https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci/interim-guidance-immunization-programs-during-covid-19-pandemic.html

---

5 Immunisation updates from the World Health Organization (WHO)

5.1 Strategic Advisory Group of Experts (SAGE) on Immunization, WHO

- A summary of the most recent meeting of SAGE (April 2020) was included in the previous NITAG summary. The next meeting is schedule in October 2020.

5.2 New/updated WHO position papers

5.2.1 Rubella

- Updated July 2020 https://apps.who.int/iris/bitstream/handle/10665/332950/WER9527-eng-fre.pdf?ua=1

- Updates related to guidance on the introduction and use of rubella-containing vaccines in national immunisation schedules, specifically guidance on co-administration with yellow fever vaccine and updates data and the WHO position on the control and elimination of rubella

5.3 Meeting of the Global Advisory Committee on Vaccine Safety (GACVS)

- Meeting held 27-28 May 2020, published in the Weekly Epidemiological Report https://apps.who.int/iris/bitstream/handle/10665/333136/WER9528-eng-fre.pdf?ua=1
- The primary purpose of the meeting was to address pharmacovigilance preparedness for the launch of the future COVID-19 vaccines; a brief summary of some of the discussion is below
- Modelling tools are being developed to allow countries to understand the impacts of various public health measures in reducing the reproduction number
- WHO is working with a global network of laboratories and the Foundation for Innovative new Diagnostics to develop, evaluate and validate standardised serological assays for SARS-CoV-2
- SAGE is establishing a working group on COVID-19 vaccines to review the evidence on candidate vaccines and provide guidance on optimal target age groups and populations, as well as other policy advice on COVID-19 vaccination programs – initial policy advice is expected in October 2020
- The Safety Platform for Emergency vACcines (SPEAC) aims to harmonise safety assessments from clinical trials with standard case definitions, tools and information aids; SPEAC is preparing lists of potential adverse events of special interest in relation to COVID-19 and case definitions
- Templates to facilitate communication of complex information, increase transparency and comparability, and serve as a checklist for risk management are in development for the various vaccine types (e.g. viral vector, protein subunit, etc.)

5.4 WHO Regional Committee for the Western Pacific meeting

- Scheduled for 6-9 October 2020, meeting documents available at https://www.who.int/westernpacific/about/governance/regional-committee/session-71/documents
- The Committee will consider the draft Regional Strategic Framework for Vaccine-preventable Diseases and Immunisation in the Western Pacific (2021-2030)
    - Meeting paper: https://www.who.int/docs/default-source/wpro---documents/regional-committee/session-71/rc71-6-vaccine-preventable-diseases-and-immunization.pdf
    - Draft strategic framework: https://www.who.int/docs/default-source/wpro---documents/regional-committee/session-71/rc71-6-vaccine-preventable-diseases-and-immunization-annex.pdf

5.5 Global immunisation news and other items and resources

- Latest news available here: https://www.who.int/immunization/gin/en/
- Immunization Agenda 2030: A Global Strategy to Leave No One Behind – a strategy to address challenges in immunisation over the next decade, to be endorsed by the World Health Assembly https://www.who.int/immunization/immunization_agenda_2030/en/

5.6 COVID-19 related reports, guidelines and publications

- Recent COVID-19 publications published by WPRO: https://iris.wpro.who.int/handle/10665.1/14505
- Resources for providing routine immunisation services in the context of COVID-19:
    - Framework for decision-making: implementation of mass vaccination campaigns in the context of COVID-19, May 2020 https://www.who.int/publications/i/item/framework-for-decision-making-implementation-of-mass-vaccination-campaigns-in-the-context-of-covid-19
    - Immunisation in the context of COVID-19 pandemic: frequently asked questions (FAQ), 16 April 2020 https://apps.who.int/iris/bitstream/handle/10665/331818/WHO-2019-nCoV-immunization_services-FAQ-2020.1-eng.pdf?sequence=1&isAllowed=y

6 Other items

6.1 Published information on assessment and registration of vaccines in Australia by TGA

6.1.1 Vaccines recently approved by the TGA

- Fluzone Quadrivalent (Sanofi Pasteur) – inactivated quadrivalent influenza vaccine (split virion)
  - Approved on 30 July 2020, entry on ARTG on 31 July 2020
  - Indicated for use in adults aged 65 years and older
  - https://www.tga.gov.au/apm-summary/fluzone-high-dose-quadrivalent
- Flucelvax Quad (Seqirus) – quadrivalent influenza vaccine (surface antigen, inactivated)
  - Approved on 14 August 2020, entry on ARTG on 1 September 2020
  - Indicated for use in adults and children aged 9 years and older
  - https://www.tga.gov.au/apm-summary/flucelvax-quad

6.1.2 TGA media releases

- A study examining all adverse events following immunisation with 4vHPV reported to the TGA from 2007 to 2017 did not reveal any new or concerning safety issues
  - Media release (11 August 2020): https://www.tga.gov.au/alert/study-affirms-safety-human-papillomavirus-hpv-vaccine
  - Published article: https://www.sciencedirect.com/science/article/pii/S0264410X20308252
- TGA reported (6 July 2020) the death of a patient 3 weeks after receiving Zostavax, the patient was receiving hydroxychloroquine and a low dose of prednisolone to treat arthritis; Zostavax was used in line with existing recommendations https://www.tga.gov.au/alert/zostavax-vaccine-0

---

7 Upcoming meetings and agendas

ACIP, USA (http://www.cdc.gov/vaccines/acip/meetings/upcoming-dates.html)

- 22 September 2020
- 28–29 October 2020
- 24–25 February 2021

PTAC, New Zealand (https://www.pharmac.govt.nz/about/committees/ptac/)

- 12–13 November 2020

JCVI, UK (https://www.gov.uk/government/policy-advisory-groups/joint-committee-on-vaccination-and-immunisation)

Future meeting dates pending, but usually the 1st Wednesday of June and October

NACI, Canada (http://www.phac-aspc.gc.ca/naci-ccni/meetings-reunions-eng.php)

- 23–24 September 2020

SAGE WHO (http://www.who.int/immunization/sage/future_meetings/en/)

- 6–8 October 2020
- 23–25 March 2021

WHO-GACVS (https://www.who.int/vaccine_safety/committee/en/)

- 2-3 December 2020
- 2-3 June 2021

WPRO

- 6-9 October 2020

ACV

- 30 September 2020
- 2 December 2020