ROYAL COLLEGE OF PHYSICIANS OF IRELAND

National Immunisation Advisory Committee

MEETING DETAILS	
Date (Venue)	31.05.2021 (Zoom)

ITEM	MINUTES
Introductions	Welcome to new members. Thérèse Morgan as Executive Assistant and Philippa White, Co-Medical Secretary Thanks to Rachel MacDonnell for all her time and great efforts while in this post.
Statement of Interests	No conflicts declared
SARS-CoV-2 (COVID-19)	**1.1 Variants of concerns**: Update on current status of variants of concern. Discussed potential for vaccine effectiveness reduction against B1.617.2 when one dose only received. Concern especially with large proportion of population having received only one dose so far. Increased transmissibility of this variant likely yet remains to be confirmed. The new nomenclature system, using the Greek alphabet, introduced by WHO was noted. The UK has also introduced a new date-based nomenclature system for VOCs (e.g.: April 2 21). **1.2 Vaccine rollout**: Update presented. Generally going well, issues with supply of Janssen vaccine into country discussed. Vaccination rollout down to people in their 40s now. Very high vaccine uptake for people in the older age groups. Individuals with confirmed SARS-CoV-2 infection within 9 months of their first dose of vaccine can be considered fully vaccinated. There are logistical difficulties to operationalise the system whereby they are only invited for one dose of a vaccine. However, an individual basis may elect not to present for their second vaccine. Remains to be seen what impact this might have on travel clearance, as countries will decide their own requirements for entry which may vary.

ITEM	MINUTES
	1.3 Vaccine update: Extension of authorisation for Comirnaty® to 12–15-year-olds by EMA noted. Noted that various regulatory organisations have ongoing safety reviews for adverse event associated with all vaccines which NIAC continues to monitor. Update received on vaccine uptake from high-risk pregnancy clinics. **2 Chapter 5a** Change to storage conditions for Comirnaty vaccine. Wording re advice regarding anaphylaxis in the Chapter is giving rise to some confusion and to be clarified. Need for dissemination of any advice change to the ICGP was noted. **3 COVID-19 related Workplan** – Request received from DOH for advice re completion of vaccination for those under 50 years who have received a first dose of Vaxzevria. A draft response was tabled, the evidence reviewed, discussed and consensus reached. It was agreed that taking into account the threat posed by continuing community transmission of SARS COV-2, the variants, effectiveness of the full dose schedule, rarity of TTS as a side effect after a second dose, that evidence pertaining to heterologous vaccination is very preliminary, and the need to complete vaccination the soonest as is possible. the following advice be issued: **Recommendations for a second dose of Vaxzevria for those who have received one dose** •Those who HAVE NOT had laboratory confirmed COVID-19 infection within the previous nine months -Should receive their second dose 8 -12 weeks later. An 8-week interval is preferable if practicable -A shorter interval of 4 -< 8 weeks may be used in certain circumstances (e.g.: pregnancy, imminent immunotherapy) •Those who HAD laboratory confirmed COVID-19 infection and received one dose of vaccine within nine months following infection -Aged 50 years and older should receive a second dose of Vaxzevria -Aged under 50 years and immunocompromised should receive a second dose of Vaxzevria®

ITEM	MINUTES
	-Aged under 50 years and immunocompetent: a single dose of Vaxzevria is sufficient. They should be considered fully vaccinated and are protected 15 days following their vaccine dose. Advice remains to be developed regarding vaccination of adolescents and children. NIAC will continue to keep the issues of vaccine safety, heterologous vaccination strategies, duration of immunity, need for booster vaccines and impact of the variants under review
Influenza	Operational report: Broad plans are similar to last year, yet to be confirmed is exactly where and how. Non-healthcare workers aged 65 years and older and those under 65 years with high-risk conditions to be vaccinated through GPs/pharmacists, as per previous years. Children, to be decided if this will be done in schools with social distancing etc. and may be complicated if COVID-19 vaccines planned for children. Importance of influenza vaccination emphasised as immunity may be lower this year due to low influenza circulation last winter. Important for messaging regarding influenza vaccine campaign.
BCG	Report from Committee discussed. Of note BCG has not been in use in Ireland now for 6 years with continuing decline in rates of TB. Different approaches discussed, selective/universal/no BCG. Consensus: No evidence that a return to universal BCG is warranted. A robust TB control programme incorporating screening of those at high risk, contact tracing and directly observed therapy as necessary could obviate the need to a selective vaccination policy. Availability of BCG and capacity to use it in some particular circumstances may need to be retained (e.g.: where exposure to MDR TB is likely). To be decided: Committee to draft proposed recommendations and submit for discussion to with National TB Advisory Committee.
HPV	HPV – most of the areas had restarted the vaccination programme but were interrupted again because of COVID-19. Due to cyber-attack, accurate vaccination rates are not available.
Primary Immunisation	Work had been disrupted because of COVID-19. Committee work to be reactivated.

ITEM	MINUTES
Meningococcal Infection	Nil to add.
Varicella Zoster Virus	Nil to add, HTA may be done this year.
Hep B	Chapter has been updated.
Chapter Updates	Chapter 2 – To include change in intervals between blood products and MMR. Management of high-risk individuals post vaccination updated. Chapter 10: HPV chapter was amended outlining timeline for HPV vaccination post-CIN surgery. Chapter 12 – Timing of immunoglobulin post measles vaccination updated. Chapter 18 – Rabies – This has not been updated. SAGE recommendations on two-dose IM vaccination pre-exposure (PrEP) discussed. The WHO has stated that the following accelerated PrEP regimens are considered as efficacious as current PrEP regimens: • 2-site intradermal (ID) regimen on days 0 and 7 • 1-site intramuscular (IM) regimen on days 0 and 7.
Vaccine injury redress scheme	Continued to advocate for introduction of scheme. Update awaited from Department of Health, this scheme likely to take all vaccinations given as part of public system into account.