

## **DRAFT**

xx December 2007

Dr Janice Wilson  
Deputy Director-General  
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PO Box 5013  
WELLINGTON

Dear Dr Janice Wilson

### **Combined ITWG/MeNZB Expert Advisory Committee meeting Nov 2007**

The combined Immunisation Technical Working Group (ITWG) and MeNZB Expert Advisory Committee (Committee) met on 23 November 2007. We considered disease epidemiology, the paper 'Options for the future of Meningococcal B Vaccine (MeNZB) in the Childhood Immunisation Schedule', recent literature, and coverage data. Our objective was to provide recommendations regarding the future of MeNZB immunisation in New Zealand.

We recommend phasing out MeNZB immunisation in June 2008. This recommendation is supported by declining disease incidence and evidence of short duration of vaccine protection. This makes the MeNZB vaccine more suitable for epidemic control rather than long-term disease control.

If this recommendation is not accepted, then we recommend deferring this decision by 12 months with phasing out of MeNZB immunisation in June 2009. The Combined ITWG/MeNZB Expert Advisory Committee could meet in November 2008 to consider epidemiological and other information, to provide further expert advice on the future of MeNZB immunisation in New Zealand. The attached two pages lists recommendations and associated opinions.

Continuing use of MeNZB requiring 3 or 4 injections to achieve short term protection can be justified if information enabling informed choices is provided. This has potential negative implications for the wider immunisation programme including loss of trust.

We thank Dr O'Hallahan and colleagues for the paper ('Options for the future of Meningococcal B Vaccine (MeNZB) in the Childhood Immunisation Schedule'). We do not, however, accept the recommendation to continue MeNZB immunisation, or to actively promote the campaign at this stage. We were disappointed that the MeNZB Peer Review Group Effectiveness may

**DRAFT**

have assessed Jane O'Hallahan's paper without being provided with results of studies of the persistence of antibodies following MeNZB immunisation and of 4<sup>th</sup> dose immunisation coverage data.

The Committee expressed concern that the licensure documents for MeNZB may not allow administration with Prevenar in the absence of studies showing that coadministration of these two vaccines does not result in interference with antibody responses to either vaccine. This issue should be considered by Medsafe.

Yours sincerely

Associate Prof Stephen Chambers  
Infectious Disease Physician  
**Chair - Combined ITWG/MeNZB Expert Advisory Committee**

Enclosed: Recommendations of Combined ITWG/MeNZB Expert Advisory Committee as at November 2007

**Combined MeNZB Advisory Committee Friday 23 November 2007**

**Recommendations**

The MeNZB vaccine has been effective for epidemic control.

Information provided for the 23 November 2007 meeting was helpful, but additional information would be beneficial (eg more detail on sero-survey study, cost benefit analysis, and updated Victoria University vaccine effectiveness modelling).

Participants discussed interpretations and opinions of the information. The Committee agreed that the final recommendation put forward should be majority recommendation 1, but information to the Ministry should note that a substantial minority (30-40%) supported the minority recommendation 2.

**Recommendation 1 (majority support)**

Use of MeNZB vaccine should be phased out at June 2008, because of declining disease incidence and evidence of short duration of vaccine effect. This makes the MeNZB vaccine more suitable for epidemic control rather than long-term disease control.

- The programme is currently likely to be having low effectiveness (made up of 60-70% efficacy in the short term, low 4<sup>th</sup> MeNZB dose coverage, and rapid waning of protection following completion of vaccination) in young children
- South Auckland shows stable disease rates in 2006 and 2007, even though because of waning immunity there has probably been no substantial vaccine-induced protection for this population during that time.
- Limited cost benefit information suggests that ongoing MeNZB immunisation may be excessively expensive when compared to other health interventions. The number of cases prevented is decreasing with decreasing disease incidence. The Programme is not likely to have achieved the cost-effectiveness expected in 2001 (when the cost of the Programme was estimated at 132 million for an expected 897 cases of disease and 48 deaths prevented in a five year period). Instead, Victoria University modelling has shown that as of December 2006 an estimated 74 cases and 3 deaths had been prevented, at a programme cost of about \$200 million.
- There was concern about low 4<sup>th</sup> dose coverage, which limits benefit from current MeNZB immunisation effort.
- There was concern expressed that the licensure documents for MeNZB may not allow administration with Prevenar in the absence of studies showing that coadministration of these two vaccines does not result in interference with antibody responses to either vaccine. This would cause significant problems when Prevenar is introduced in July 2008.
- Changing the schedule in 2008 and again in 2009 could impact on provider confidence.

**Recommendation 2 (minority support)**

Defer the decision to phase out MeNZB vaccine by 12 months.

- The possibility of having to re-start MeNZB immunisations once stopped may be reduced by having one year's further data before stopping.
- Disease incidence from one further winter period would provide additional data.
- There is only limited South Auckland data. While there have been almost three winters since the main mass immunisation, this is still a relatively short time-period.
- The current financial cost of ongoing MeNZB immunisation is relatively small compared to the earlier mass campaign cost.
- Stopping in June 2008 (during the winter period) is a risk.

**Recommendation 3 Stock-piling of MeNZB vaccine for focused outbreak control**

Although not considered highly likely, disease incidence may increase in localised areas if MeNZB vaccination ceases. The Committee recommends that access to MeNZB vaccine be secured for focused vaccination for outbreak control. Stock-piling may involve issues regarding shelf life and storage that may have to be further considered.