National Immunisation Advisory Committee
An Coiste Comhairleach Náisiúnta um Imdhíonadh

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

National Immunisation Advisory Committee

Minutes of Meeting	
Full NIAC meeting	**Date:** 21 July 2025 **Time:** 3-5pm **Venue:** Hybrid (Board Room, HIQA Office, Smithfield and Online via MS Teams)

Attendance	Apologies
Chair: Edina Moylett **Deputy Chair:** Kevin Kelleher	
Committee Members: Alan Baird, Brian Cleary, Karn Cliffe, Cillian De Gascun, Ashwin Delmonte Sen, Aoife Fallon, Sujil Jacob, Patrick Kelly, Corinna Sadlier, Patrick Stapleton, Mary Ward, Astrid Weidenhammer	Michael Carton, Lisa Domegan, Michelle Flood, Bridget Freyne, Daniel Hare, Julie Lucey, Cliona Murphy, Cathal O'Bróin, Ruth O'Riordan, Scott Walkin
In Attendance: DOH: n/a HPRA: n/a HSE: Áine McNamara NIO: Lucy Jessop, Chantal Migone Medical Secretary: Áine Varley Trainee review group: Irene Gorman, Michael Hanrahan Others: Lois O'Connor (HPSC)	 Ellen Crushell Ronan Donelan, Finnuala Lonsdale Muireann De Paor
Secretariat: Clinical Lead: Sarah Geoghegan Special Advisors: Fiona Cullinane Programme Manager: Melissa Jones Programme Coordinator: n/a Senior Analysts: Gillian Walsh, Valerie Power	 Helena Murray Trish Clarke Bryony Treston

	Minutes for agreement:	Action No.
1	**Introductions** • Welcome to Dr Ashwin Delmonte Sen (Inclusion Health member), Dr Lois O'Connor (HPSC, observer) and Dr Irene Gorman and Dr Michael Hanrahan (SpR Review Group, observers). • Goodbye and thank you to Dr Kevin Kelleher (NIAC Deputy Chair). • Apologies.	
2	**Minutes of previous meetings** • **Review of May 2025 meeting action items** 1) Circulate the finalised recommendations on 4CMenB vaccination for the prevention of gonorrhoea. [Ongoing] 2) To review wording around balance of consequences domain in EtR framework. [Ongoing] 3) Circulate the finalised recommendations on post-HSCT revaccination. [Ongoing] 4) Circulate and collate feedback on the updated recommendations document template. [Complete]	
3	**Statement of Interests** • No conflict of interest was declared.	
4	**Major item: RSV vaccination in older adults** *Background* • NIAC conducted an updated review to revisit the recommendations for RSV vaccines in older adults that were issued in October 2023. The purpose of the updated review was to revisit these recommendations, considering adults aged ≥60 years, in the context of: the availability of a new RSV vaccine (mRESVIA); availability of additional post-marketing safety and effectiveness data for previously approved vaccines; new international recommendations for a risk-based recommendation in those aged 60-75 years; and, anticipated ask for NIAC response to HTA. • **The Committee was asked to consider the following question: What is the best use of RSV vaccines for adults aged ≥60 years including high-risk populations?**	**1**

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	• The October 2023 recommendations for RSV vaccines in older adults were reviewed. Since October 2023, a new vaccine (mRESVIA) has received marketing authorisation, and the licensed indications for the two previously authorised vaccines have been extended. *Epidemiology* • The epidemiology of RSV for adults aged ≥60 years in Ireland was reviewed. The potential impact of changes in testing practices since COVID-19, and their impact on case numbers, were considered. Based on the available clinical data, the presence of underlying medical conditions, and residence in a long-term care facility, are risk factors for severe disease. There were 37 and 97 RSV outbreaks in residential institutions and community hospital/long-stay units in 2023/2024 and 2024/2025 seasons, respectively. • The RSV Working Group considered RSV to be of public health importance (particularly for older adults and those with additional risk factors). There was some uncertainty in relation to the currently available surveillance data due to testing practices (which may underestimate the true burden of disease). *Safety* Overall, all three vaccines were considered to have favourable safety profiles (majority of adverse events [AEs] were transient, mild-to-moderate local and systemic reactions). Serious AEs are reported to be rare. The following issues were discussed in greater detail: • Atrial fibrillation (Arexvy, Abrysvo). • Guillan-Barré syndrome (and related conditions) were observed following administration of Abrysvo and Arexvy. • Myocarditis and pericarditis were observed more frequently following administration of mRESVIA as compared to placebo. There were two cases of pericarditis and two cases of myocarditis in vaccinated group versus one case of pericarditis and no cases of myocarditis in placebo group. It was noted as an important concern by the European Medicines	

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	Agency (EMA) given risk with COVID-19 mRNA vaccines that initially emerged after widespread use. • Peripheral facial nerve paralysis was observed to occur for a longer duration following administration of mRESVIA, as compared to placebo. • Regulatory bodies (including the EMA, FDA and MHRA) acknowledged these data but consider the benefit-risk profile remains favourable for vaccination. Several post-marketing surveillance studies are planned or ongoing. *Vaccine efficacy and effectiveness (VE)* • A pooled analysis of the three available vaccines' efficacy (in terms of prevention of RSV-related disease over one season) was 78% (95% CI: 67% to 85%). The estimate for mRESVIA alone (not available at the time of the October 2023 review) was 84% (95% CI: 67% to 94%). • There is relatively limited data on the efficacy of the vaccines in terms of severe RSV-related outcomes based on the available RCTs. Multiple US-based observational studies were reviewed (VE against RSV-related hospitalisation over one season of 77% [95% CI: 69% to 83%] and 80% [95% CI: 66% to 90%]; VE similar in subgroup analysis across age groups and outcomes considered). Early observational data from the UK reported a 30% reduction in RSV-related hospitalisations for adults aged 75 to 79 years in England and 62.1% in Scotland (noting uptake was higher in Scotland). • A small number of studies suggest VE wanes following season one. Revaccination was performed in one study but did not appear to provide any additional efficacy benefit. The need for revaccination (nor interval) has not been established; trials are ongoing. • Several studies have demonstrated the safety of co-administration of RSV vaccines with other adult vaccines (including COVID-19 and influenza). • The RSV Working Group considered the balance between benefits and harms favoured RSV vaccination of older adults, with the balance depending on age and the presence of additional risk factors.	

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	International recommendations • International recommendations were summarised. The majority of countries which have published recommendations have an age-based recommendation for those aged 75 years and older, and a risk-based recommendation for those aged 60 to 74 years (typically underlying conditions, residence in long-term care facilities). *Values and preferences, and acceptability* • COVID-19 and influenza vaccine uptake estimates by age group in Ireland were reviewed. • RSV vaccine uptake for the 2024/2025 season in the UK was reviewed, acknowledging that different approaches were used to offer vaccination between jurisdictions. *Resource use* • Based on the HIQA Rapid HTA (August 2024), the eligible population in Ireland would include 840,830 if all adults aged ≥65 years were included, or 381,856 if all adults aged ≥75 years were included. *Equity* • It was acknowledged that there were limited data or information sources available to inform the assessment in this domain. The RSV Working Group favoured a risk-based recommendation, with acknowledgement of the inherent inequities that may be associated with such approaches. *Feasibility* • The RSV Working Group considered it likely that implementation of an RSV vaccine programme for older adults in Ireland would be feasible. The RSV Working Group's findings were considered by the Committee. The Committee **recommended RSV vaccination for all adults ≥75 years and all those aged 60-74 years with any additional risk factors**. The Secretariat will draft and circulate the finalised RSV vaccination recommendations for older adults to the Committee for further input.	

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5	**Epidemiology updates** • COVID-19: Overall, COVID-19 activity has intermittently increased from low to moderate levels since Week 13 2025. The LP.8.1 variant has gradually declined; the prevalence of emerging variants NB.1.8.1 and XFG has increased. ICU cases and deaths remain low overall. • Avian influenza: 25 wild birds have tested positive for HPAI H5N1 in Ireland between January to June 2025 (higher than comparable period 2024). High levels of activity are reported in the EU/EEA and UK. No human cases have been diagnosed in Ireland to date; there was a single human case in the UK in March 2025 (recovered). Risk assessments remain unchanged since the last meeting. • Meningococcal disease: There have been 37 cases of meningococcal disease reported to date in Ireland in 2025 (majority [n=20] were serogroup B). There were five deaths over this period (three serogroup B and two serogroup Y). • Mpox: To date in 2025, there have been 38 cases of Mpox notified in Ireland. Of these, 15 have been fully vaccinated with two doses of vaccine since 2022, four partially vaccinated and one case with unknown vaccine history (18 cases unvaccinated). Available epidemiological information is currently under review at the HPSC.	
6	**Chapter updates** • Chapter 18 Rabies has been updated to reflect the retirement of Dr Seamus O'Dea in Cherry Orchard Hospital. A briefing note was circulated in advance of the meeting. Additional updates to this chapter are planned in the near future. A Rabies Working Group will be established; participation from Committee members is encouraged.	**2**
7	**Administration and Governance** • ToRs and SOPs are being updated to align with HIQA's HTA Quality Assurance Framework. • Recent updates to the ToR document were reviewed and agreed.	**3**
8	**Vaccine injury redress scheme** • No additional updates	
9	**Correspondence** **Incoming**	

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	1) 03 June 2025 – GSK Slides from meeting. 2) 11 June 2025 – Pfizer slides from meeting. 3) 23 June 2025 – Dr Conor Maguire email to NIAC re rabies review request. 4) 04 July 2025 – Pfizer responses to queries from meeting. **Outgoing** N/A	
10	**AOB** • Dr Kevin Kelleher was thanked again for his extensive contributions and invaluable work over the course of his time with NIAC. The process to appoint a new Deputy Chair will begin in due course. • SAGE meeting will be taking place between 22-25 September 2025. Registration details have been provided for those interested in attending. • Membership updates ○ The roles and contributions of observers at future NIAC meetings were discussed. It was agreed that contributions to discussions and outputs will be limited to full members, additional non-voting members and co-opted members going forward. Standard operating procedures and Terms of Reference will be updated to reflect this. ○ The consultant responsible for VPD in the National Health Protection Office will be invited to join the Committee; the number of HPSC representatives on the Committee going forward will be reviewed. A representative from HIQA may join as an observer.	**4**
11	**Chapter update list** • A full list of chapter updates was provided in advance of the meeting.	

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Action Number	Actions Arising	Responsibility	Due By
1	Draft and circulate the finalised recommendations for RSV vaccination in older adults.	RSV Working Group	Q3 2025
2	Circulate invitation to join Rabies Working Group.	Secretariat	Q3 2025
3	Updates to NIAC ToRs and SOPs to align with HIQA's HTA Quality Assurance Framework	Secretariat	Q3 2025
4	Update SOPs and ToRs to define the roles of observers at future NIAC meetings.	Secretariat	Q3 2025

Signed:

Dr Edina Moylett
NIAC Chair

29/09/2025