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:** 26 May 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, Lisa Domegan, Cillian De Gascun, Daniel Hare, Sujil Jacob, Patrick Kelly, Cliona Murphy, Cathal O'Bróin, Ruth O'Riordan, Corinna Sadlier, Patrick Stapleton, Mary Ward, Astrid Weidenhammer	Michael Carton, Aoife Fallon, Michelle Flood, Bridget Freyne, Julie Lucey, Barry Lyons, Scott Walkin
In Attendance: Department Of Health: Ellen Crushell Health Products Regulatory Authority: Ronan Donelan, Finnuala Lonsdale HSE: N/A National Immunisation Office: Lucy Jessop Medical Secretary: Áine Varley Trainee review group: Karen McCarthy, Ellen Walsh Observers: Muireann De Paor, Máirín Ryan (HIQA), Patricia Harrington (HIQA)	Áine McNamara
Secretariat: Clinical Lead: Sarah Geoghegan Special Advisors: Helena Murray, Fiona Cullinane Senior Programme Manager: Melissa Jones Programme Coordinator: Trish Clarke Senior HTA Analysts: Bryony Treston, Gillian Walsh, Valerie Power	

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1	**Introductions** • Welcome to Prof. Corinna Sadlier (Royal College of Physicians of Ireland Institute of Medicine), Valerie Power (Senior Health Technology Assessment Analyst) • Apologies • Goodbye for now (Bryony Treston)	
2	**Minutes of previous meetings** • **Review of March 2025 full Committee meeting action items** 1) Circulate finalised COVID-19 recommendations (Annual recommendations and future scope). [Complete] 2) Finalise and issue response to CMO regarding 4-in-1 minimum intervals. [Complete]	
3	**Statement of interests** • No conflict of interest was declared.	
4	**Meningococcal B vaccines for the prevention of gonorrhoea** NIAC were asked to consider the following questions with respect to the use of meningococcal B vaccines for the prevention of gonorrhoea: 1. What is the safety and effectiveness of off-label use of 4CMenB in high-risk groups to prevent gonorrhoea infections? 2. What are the risk factors for gonorrhoea among sexually active adolescents and adults in Ireland? *Epidemiology* • The epidemiology of gonorrhoea in Ireland was reviewed. There has been a moderate increase in the incidence of gonorrhoea since 2022; this may correlate with the introduction of a free, at-home STI screening service. Across all age groups, incidence is higher in males than females. It was noted that there was a 17% decrease in gonorrhoea cases in the first quarter of 2025 compared to the same time period in 2024 (weeks 1-13). Cases were reported most frequently among adolescents and young adults. Where the mode of transmission was known, gay, bisexual and other men who have sex with men (gbMSM) accounted for 84% of male cases in 2023. Antimicrobial resistance patterns of gonorrhoea	**1 & 2**

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	isolates reported in Ireland were reviewed; no ceftriaxone resistance was reported between 2018 to 2023. • The epidemiology of gonorrhoea internationally was reviewed. There has been an increase in the incidence in Europe from 2021-2023, while there has been a slight decrease in incidence in both the UK and USA over a broadly similar period. There has been an increase in ceftriaxone-resistant cases in the UK, with 15 cases reported between June 2022 and May 2024. There were limited studies from Ireland regarding risk factors for gonococcal disease; additional data (sourced from studies based on populations in UK, Germany and USA) were reviewed by the working group. • Working group considerations pertaining to the epidemiology presented were discussed. The working group considered gonococcal infection to be of public health importance. It was highlighted that the reasons for the more recent decline in cases both in Ireland and internationally are unclear; in some cases this may be due to a change in testing practices. However, a decline was also seen in Ireland in the first quarter of 2025 where testing has expanded. It was noted that it may be difficult to accurately determine the population-level impact of an intervention such as vaccination in the current context where the landscape relating to testing practices is evolving. *Safety* • Safety data for Bexsero were reviewed, including data from the DOXYVAC and MenGO trials. No significant safety signals were identified. *Efficacy and effectiveness* • Observational studies from jurisdictions which have implemented meningococcal B vaccination to protect against gonococcal infection were reviewed. A study from South Australia estimated overall vaccine effectiveness (VE) of 44% (CI: 35 to 52%) for 2-dose 4CMenB compared to no vaccination; VE waned to 26% (CI: -3 to 47%) by 48 months. A study from Milan estimated an adjusted VE of 44% (CI: 9 to 65%) against first gonococcal infection. Retrospective studies from California,	

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	South Australia, New York, Canada and Philadelphia showed VE ranging from 23 to 44%, with waning of VE noted. • Randomised controlled trials which examined the effectiveness of meningococcal B vaccination to protect against gonococcal infection were reviewed. The DOXYVAC trial did not detect a statistically significant difference in the probability of the first episode of gonorrhoea in those who were vaccinated as compared to no vaccination. Of note, the trial was halted early based on an interim analysis showing significance; however, subsequently this analysis was found to be incorrect and as a result the sample size was limited. The MenGO trial did not detect a statistically significant difference in the incidence of gonorrhoea in participants vaccinated with 4CMenB as compared to no vaccination; limitations included small sample size and lower than expected gonorrhoea incidence (trial conducted during COVID-19 pandemic). *International recommendations* • JVCI (UK, November 2023) recommended a targeted programme using 4CMenB vaccine for the prevention of gonorrhoea in those who are at increased risk of disease. This programme is due to commence in August 2025. The Committee agreed that gonococcal disease is of public health importance. Meningococcal B vaccination is considered safe; however, there is limited evidence for its effectiveness as part of a targeted vaccination strategy to protect against gonococcal disease in Ireland. Furthermore, data from observational studies indicate that there is considerable waning of VE over the medium term (two to five years). The Committee agreed that there is currently insufficient evidence to recommend a targeted programme for meningococcal B vaccination to protect against gonococcal disease in Ireland. It was noted that research on this topic is ongoing; this topic may be revisited at a future date in light of additional study results.	

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	The Committee agreed to review the wording of the balance of consequences domain in the Evidence to Recommendation (EtR) framework to ensure it continues to accurately reflect Committee deliberations.	
5	**Revaccination schedule post-HSCT** NIAC was asked to review the post-HSCT revaccination schedules for both paediatric and adult populations. Several issues relating to the existing schedule were noted based on the discussion of the working group, which included representation from clinicians with expertise in paediatric and adult HSCT. International recommendations and guidelines for revaccination post-HSCT were reviewed. The lack of a clear funding pathway for vaccine recommendations for immunocompromised children and adults and other at-risk populations, and the related barriers to vaccination were discussed. The Committee agreed on the following key proposed changes: 1. Change age cut-off for use of 6-in-1 from 10 to 16 years. 2. Reduce the number of Men ACWY doses from 3 to 2. 3. Remove recommendation to defer revaccination with non-live vaccines until 12 months in some patients with primary immune deficiency post-transplant. 4. Include recent NIAC recommendations in revaccination table (COVID-19, nirsevimab [RSV], RZV [herpes zoster] and VZV). 5. Add a permissive statement to allow for administration of increased number of injections at each visit according to patient and provider preference once minimal intervals are preserved.	**3**
6	**Epidemiology updates** *IMD* • To date in 2025, 32 cases of IMD were reported (17 serogroup B; 9 serogroup Y; 3 non-groupable; 2 serogroup W and 1 serogroup unknown). There were five deaths (3 serogroup B; 2 serogroup Y). *Human Avian Influenza* • Between 1 January 2023 and 4 April 2025, 972 cases of H5N1 were reported in 24 countries (CFR 48%). One human H5N1 case was reported in the UK in an individual with prolonged close contact with	

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	infected animals. The ECDC and WHO maintain their risk assessment at low for the general public and low to moderate for those occupationally exposed; Ireland's recommendations are in line with this with no change to the risk level in relation to these emerging incidents. *COVID-19* • Overall, COVID-19 activity has remained at low levels since week 40 2024, with some minor increases and fluctuations since week 13 2025. COVID-19-related ICU admissions and deaths remain low. The prevalence of SARS-CoV-2 variant XEC has declined and been replaced by LP.8.1 as the predominant variant during the 2024/2025 winter season.	
7	**Administration and Governance** • The NIAC 2025 workplan, which was circulated to members in advance of the meeting, was reviewed and agreed. • Committee membership-related issues were discussed. It was agreed that going forward the ethics committee member will be co-opted as required. Future membership from a representative in Inclusion Health is planned; work is ongoing to secure membership. Interested members were invited to join the RSV Working Group which will be meeting in June 2025, and the Meningococcal Working Group which will be meeting in August 2025. • The layout of the recommendations document template was reviewed. Comments and observations were invited via email following the meeting.	**4**
8	**Vaccine injury redress scheme** • The Department of Health (DoH) have completed significant work relating to the Vaccine Injury Redress Scheme. It will be discussed at Cabinet in due course.	
9	**Correspondence** **Incoming** 1) 1 April 2025 – DoH email to NIAC re. EMA updates on MMR vaccine. 2) 14 April 2025 – GSK email to NIAC re. Priorix 3) 15 April 2025 – Pfizer email to NIAC re. Abrysvo updates 4) 2 May 2025 – COB – Briefing document on HPV in CSWs	

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	5) 7 May 2025 – Pfizer email to NIAC re. RSVpreF updates **Outgoing** 1) 11 April 2025 – NIAC reply to Dr. James O'Rourke re. MenB letter to NIAC 2) 29 April 2025 – NIAC letter to CMO re. rationale for 4-in-1 vaccine 3) 6 May 2025 – NIAC letter and updated recommendations to CMO re. vaccination against COVID-19 (May 2025) 4) 12 May 2025 – NIAC reply to Dr John Ryan (Irish Society of Rheumatology) re. letter regarding zoster vaccine reimbursement	
10	**AOB** • Dr Kevin Kelleher will be stepping down from his role as Deputy Chair on 31 July 2025. All members expressed their sincere thanks to Dr Kelleher for his invaluable work and extensive contributions to NIAC over the years.	

Action Number	Actions Arising	Responsibility	Due By
1	Circulate the finalised recommendations on 4CMenB vaccination for the prevention of gonorrhoea.	Gonococcal Working Group	Q3 2025
2	To review wording around balance of consequences domain in EtR framework.	Secretariat	Q3 2025
3	Circulate the finalised recommendations on post-HSCT revaccination.	HSCT Working Group	Q3 2025
4	Circulate and collate feedback on the updated recommendations document template.	Secretariat	Q2 2025

Signed:

Dr Edina Moylett
NIAC Chair

21/07/2025