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:** 29 September 2025 **Time:** 3-5pm **Venue:** Hybrid (Board Room, HIQA Office, Smithfield and Online via MS Teams)

Attendance	Apologies
Chair: Edina Moylett **Deputy Chair:** Corinna Sadlier	
Committee Members (and Alternates) Alan Baird, Ashwin Delmonte Sen, Aoife Fallon, Daniel Hare, Sujil Jacob, Cliona Murphy, Cathal O'Bróin, Ruth O'Riordan, Lois O'Connor, Patrick Stapleton, Mary Ward Barrett, Astrid Weidenhammer	Brian Cleary, Karn Cliffe, Cillian De Gascun, Michelle Flood, Bridget Freyne, Patrick Kelly, Juliette Lucey, Scott Walkin
In Attendance DOH: Ellen Crushell HPRA: Ronan Donelan HPSC: Lisa Domegan HSE: Áine McNamara NIO: Lucy Jessop Medical Secretary: Áine Varley Trainee review group: Laura Mannion, Fiona McGuire Observers: Patricia Harrington (HIQA), Claire Sharkey (NIO)	 Finnuala Lonsdale Michael Carton Chantal Migone
Secretariat Clinical Lead: Sarah Geoghegan Special Advisors: Ellen Cosgrave, Fiona Cullinane, Karen McCarthy, Helena Murray, Bryony Treston Programme Manager: Melissa Jones Programme Coordinator: Trish Clarke Senior Analysts: Valerie Power, Gillian Walsh	

	Agreed Minutes	Action No.
1	**Introductions** • Apologies • Welcome to Prof Corinna Sadlier (NIAC Deputy Chair), Dr Karen McCarthy (NIAC Special Advisor), Dr Ellen Cosgrave (NIAC Special Advisor), and Dr Lois O'Connor (Committee Member, National Office of Health Protection).	
2	**Minutes of previous meetings** • **Review of July 2025 Full Committee Meeting action items** 1) Draft and circulate the finalised recommendations for RSV vaccination in older adults. (Ongoing) 2) Circulate invitation to join Rabies Working Group. (Complete) 3) Updates to NIAC ToRs and SOPs to align with HIQA's HTA Quality Assurance Framework. (Ongoing) 4) Update SOPs and ToRs to define the roles of observers at future NIAC meetings. (Ongoing)	
3	**Statement of Interests** • No conflict of interest was declared.	
4	**Rabies (post-exposure prophylaxis)** *Background* • Rabies post-exposure treatment service was regionalised in July 2025. In the absence of centralised expert advice, more detailed guidelines are needed. Interim guidelines on post-exposure management of rabies prone exposures were published in July 2025 (developed by the National Health Protection Office [NHPO], informed by Public Health Scotland and UKHSA guidelines). • Discrepancies between the NHPO interim guidelines and NIAC Chapter 18 need to be addressed. The Rabies Working Group agreed to prioritise post-exposure prophylaxis (PEP) as this is where the greatest need exists; pre-exposure prophylaxis (PrEP) will be addressed at a later stage. *Domain 1: The problem*	

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	• The natural history and epidemiology of rabies was reviewed. Rabies post-exposure treatment service statistics for 2024 (Cherry Orchard Hospital, pre-regionalisation service) were outlined. Most exposures occurred outside of Ireland, and the majority of patients commenced their treatment abroad. • There was a large and unpredicted increase in demand for rabies vaccine and HRIG since May 2025. This occurred in the context of a global shortage of both products and the death of an individual in the UK who had contracted rabies in an endemic country. *Domain 2: Benefits and harms* • Safety data were reviewed. Modern cell culture and embryonated egg-based rabies vaccines are considered safe and well tolerated. • Current PEP recommendations (in Ireland, by the WHO and in selected countries) were reviewed. Regimens currently recommended by NIAC are widely recommended in other countries with similar rabies risk levels to Ireland, and by the WHO. • In relation to immunogenicity, adequate immune responses to a range of different vaccine regimes have been demonstrated in almost all immunocompetent individuals by day 14 post-initiation of PEP, regardless of route of administration (intramuscular [IM] or intradermal [ID]). Peak titres are generally achieved by day 30, and adequate levels may be maintained for one year. • International recommendations regarding interchangeability of vaccines were reviewed. • Most (56%) cases of breakthrough rabies infection were associated with deviations from recommended PEP practices (i.e., wound cleaning, vaccine administered at the appropriate site, and vaccine given according to validated schedule). Other factors included wounds to the head, neck or face (64%) and onset of symptoms prior to completion of the vaccine series (56%). • Regarding previously vaccinated individuals, current NIAC recommendations are in line with available peer-reviewed data and international recommendations for fully vaccinated individuals. There are	

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	limited data and recommendations available for partially vaccinated individuals; many countries treat this cohort as unvaccinated. • There are limited data on immunocompromised patients. Due to the risk of not mounting an adequate immune response to rabies vaccine, many countries recommend five-dose Essen regimen plus human rabies immunoglobulin (HRIG) for immunocompromised patients, with follow-up serology to determine if further dose(s) required. For those previously vaccinated in this cohort, many countries recommend PEP as if unvaccinated. *Domains 3 to 7: Values and preferences, equity, acceptability, resource use and feasibility* • The choice of PEP schedule should consider feasibility in terms of cost, number of doses, time, compliance and may also depend on clinical settings and patient preferences. Approaches to flexibility and managing delayed doses, as outlined in international guidelines, were reviewed. Recommended regimens, and their implementation contexts, for other countries were reviewed. Several Rabies Working Group proposals and considerations were reviewed and discussed. The following draft rabies PEP recommendations were considered by the Committee: • NIAC recommends that patients with potential rabies prone exposures are assessed using the risk assessment outline in the *Guidelines on Post-exposure Assessment and Treatment of Rabies prone Exposures* issued by the National Health Protection Office. If post-exposure treatment (PET) is indicated, NIAC recommends the following vaccine schedules: 1) **Immunocompetent individuals of all ages who have not previously received rabies vaccine**. Rabies vaccine should be administered according to the 4-dose reduced Essen IM regimen (1 dose on: day 0, day 3, day 7 and between day 14 and 28). 2) **Immunocompetent individuals of all ages who have previously received 2 or more doses of rabies vaccine**. Rabies vaccine administered according to the 2-dose IM regimen (1 dose on:	**1**

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	day 0 and day 3). HRIG is not recommended. If rabies PEP was received within the preceding three months, no further rabies vaccine or HRIG is recommended. 3) **Immunocompetent individuals of all ages who have previously received 1 dose of rabies vaccine (partially vaccinated)**. Rabies vaccine should be administered according to the 4-dose reduced Essen IM regimen (as if unvaccinated); however, HRIG is not recommended for this group regardless of exposure type. 4) **For immunocompromised individuals of all ages who have experienced an amber or red rabies exposure,** NIAC recommends rabies vaccine administered according to the 5-dose Essen IM regimen (1 dose on: day 0, day 3, day 7, day 14 and day 28) and the administration of HRIG as soon as possible after exposure. NIAC recommends RVNA serology testing, ideally on the same day or as close as possible to, receipt of the final vaccine. If serology is less than the WHO threshold target of 0.5 IU/mL, a further dose is recommended. 5) **Flexibility**. PET, including receipt of the first dose of rabies vaccine and HRIG if indicated, should be started as soon as possible following exposure. Efforts should be made to administer subsequent doses on time, but if there is difficulty in achieving the specified intervals within the vaccine schedule, doses 2 and 3 may be administered within +/- 1 day of the recommended schedule and subsequent intervals should be readjusted. 6) **Interchangeability**. Where PET has commenced outside of Ireland using any modern concentrated purified cell culture or embryonated egg-based rabies vaccine with a potency ≥2.5 IU/mL, and according to a WHO recommended vaccine regimen (IM or ID), it is not necessary to restart the vaccine regimen. Vaccination should continue using a nationally authorised vaccine and according to the appropriate NIAC recommended regimen. (An additional statement should be considered to qualify what actions should be taken if it is not possible to confirm that an appropriate product/vaccine has been used.)	**2**

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	It was agreed the recommendations would be shared with the HSE Rabies Task and Finish group.	
5	**Epidemiology updates** • Mpox: *CONFIDENTIAL* data on national mpox epidemiology in Ireland were presented. The data were considered in the context of incoming correspondence from HPSC to NIAC in relation to an increasing trend of clade II mpox cases in persons who were previously vaccinated since 2022 (see section 8). The Committee agreed that the need to consider a booster vaccination programme will be kept under review based on mpox epidemiology, and that continued focus will be placed on providing mpox vaccination based on existing recommendations. A response to the correspondence will be issued. • Respiratory virus activity data (including COVID-19 and avian influenza) were provided in advance of the meeting.	**3**
6	**Administration and Governance** • Recent amendments to NIAC ToRs and SOPs were reviewed and discussed. • Dr Sarah Geoghegan will be representing NIAC as an observer at an upcoming JCVI meeting. It was agreed that a reciprocal arrangement will be implemented to facilitate the attendance of an observer from JCVI at future NIAC meetings.	
7	**Vaccine injury redress scheme** • Officials in the Department of Health advised that they have completed a significant body of work in relation to the development of a model for the vaccine injury redress scheme. The model is currently being refined, and the Minister intends to bring the proposal to cabinet in due course.	
8	**Correspondence** **Incoming** 1) 15 August 2025 – NIO email to NIAC re. timeline for PPV and PCV tenders. 2) 18 August 2025 – NIO email to NIAC re. rabies HRIG 3) 15 September 2025 – HPSC letter to NIAC re. mpox **Outgoing**	

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	1) 11 August 2025 – NIAC letter to Minister for Health regarding the off-label use of 4CMenB for the prevention of gonorrhoea.	
9	**AOB** • Nil	
10	**Chapter update list** • A full list of chapter updates was provided in advance of the meeting.	

Action Number	Actions Arising	Responsibility	Due By
1	Draft and circulate the finalised recommendations for Rabies post-exposure prophylaxis.	Rabies Working Group	Q4 2025
2	Recommendations to be communicated to HSE Rabies Task and Finish group.	Secretariat	Q4 2025
3	Respond to HPSC correspondence re. mpox booster programme.	Secretariat	Q4 2025

Signed:

Dr Edina Moylett
NIAC Chair

24/11/2025