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 January 2026	**Time:** 3-5pm **Venue:** Hybrid (Board Room, HIQA Office, Smithfield and Online via MS Teams)

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

	Agreed Minutes	Action No.
1	**Introductions** ▪ Goodbye and thanks (Dr Patrick Stapleton, RCPI Faculty of Pathology) ▪ Welcome to Margaret Donnelly (NIAC Clinical Pharmacist)	
2	**Minutes of previous meetings** ▪ **Review of November 2025 Full Committee meeting action items** 1) Draft and circulate updated EHL mAb for RSV guidance and circulate. (Ongoing pending EMA approval of Clesrovimab) 2) Update wording on TB screening prior to BCG vaccination. (Ongoing) 3) Circulate updated wording to TB task and finish group. (Complete) 4) CDC links to be removed from chapters during updates. (Ongoing) ▪ **December 2025 Extraordinary Committee meeting action items** 1) Chair for pneumococcal vaccination of adults working group. (Ongoing) 2) Drafting of finalised workplan. (Complete) 3) Circulation of workplan to committee. (Complete) 4) Circulation of workplan to the Department of Health. (Ongoing)	
3	**Statement of Interests** ▪ Process has been updated and communicated to members. Declaration of interest form has been circulated to all members for completion.	1
4	**HPV vaccination of people in the sex industry** *Background* ▪ Current NIAC HPV vaccination recommendations as outlined in Chapter 10 were reviewed following a request made by the Women's Health Service (WHS) and the Anti Human Trafficking team to review current recommendations. ▪ HPV vaccination for cis women in the sex industry commenced in the WHS in 2025 with funding also secured for 2026 and 2027. ▪ Current national policies were reviewed with regard to sexual health and those involved in the sex industry. The Ireland's Cervical Cancer Elimination Plan was also reviewed. People in the sex industry are at higher risk of negative sexual health outcomes and mainstream healthcare services are not configured to facilitate engagement with this group.	

	Agreed Minutes	Action No.
	▪ Attendance numbers at the WHS were reviewed. Thirty-three women who were victims of trafficking were identified within the cohort attending the service, though this is likely an underestimate. *Domain 1: The Problem* ▪ Overall HPV prevalence was 11.2% in the Irish population aged 25-65 years attending CervicalCheck between 1/4/2020 and 31/03/2023. Prevalence was higher in the 25-34 year-old cohort at 19.4-21.4% versus 8.2-9.9% in 35-45 year-old cohort. ▪ No data are available on the prevalence of HPV in women in the sex industry in Ireland. Internationally, HPV prevalence among women in the sex industry ranged between 23.1-51.2% in four systematic reviews. In two studies performed in Europe, cis women in the sex industry had a much higher rate of HPV than control groups, and a higher rate of HPV persistence. It was noted that these studies are older and may not necessarily represent current trends. ▪ Very limited data are available on uptake rates of cervical screening in this population. A number of barriers to accessing CervicalCheck were noted. ▪ No data are available on the incidence of cervical cancer in this population. Very limited and poor quality data on the incidence of cervical intraepithelial neoplasia internationally are available. *Domain 2: Benefits and harms* ▪ HPV vaccines are safe, well tolerated, and highly immunogenic including in women previously HPV exposed to other HPV types. ▪ Efficacy in those aged >26 years is good. ▪ Majority of cis women in the sex industry originate from countries without an adolescent HPV vaccination programme. *Domains 3-5 and 7: Values and Preferences, acceptability, resource use and feasibility* ▪ High rates of peer referral to the WHS for vaccination showing acceptability among this population.	

	Agreed Minutes	Action No.
	▪ There were anecdotal reports of high HPV vaccination willingness among women attending the WHS. *Domain 6: Equity* ▪ It was noted that this is an underserved population with significant gaps in available evidence, which is unlikely to improve. Publicly funded HPV vaccine can be given to transgender women who attend WHS but not to cis women. *International recommendations* ▪ JCVI have recommendations for gbMSM but refer to vaccination of other individuals with similar risk profiles including sex workers*. UKHSA also have a recommendation for women in inclusion health groups including sex workers. Canadian guidelines refer to those at ongoing risk of exposure after the age of 27 years without making reference to specific groups. Australia and New Zealand also make risk-based recommendations. * Sex workers as used in UK guidelines describes people who exchange sex for money, goods, or others. *NIAC current recommendations* ▪ Since June 2023, NIAC has recommended HPV catch-up vaccination for unvaccinated females and males under the age of 25 years. ▪ Recommendation for vaccination of gbMSM was made in the context of a lack of national anal screening programme. Uptake of cervical screening by women in the sex industry is likely low however. *Proposed new NIAC recommendation* ▪ Draft recommendations were proposed and agreed, with wording to use "recommend" rather than "consider". Broad language relating to future risk of HPV was used in order to avoid further increasing inequity. ▪ In line with NIAC's HPV9 vaccination recommendation for gbMSM aged ≤45 years, NIAC recommends HPV9 vaccination for individuals aged 25-45 years attending women's health services, sexual health services, HIV clinics or other health services who are also deemed to be at increased risk. Assessment of risk should take into account previous HPV exposure, future	2

	Agreed Minutes	Action No.
	risk of HPV exposure and access to cervical screening services. Examples include transgender individuals, people working or experiencing exploitation in the sex industry, and some people living with HIV. ▪ Minor amendments to the language were discussed. Additionally, it was suggested that input would be sought regarding terminology. Final language will be drafted by the secretariat and circulated to the committee. ▪ It was clarified that women up to the age of 25 years are already included in current NIAC recommendations and this new recommendation would be specifically for those above the age of 25 years. A suggestion to edit the wording to be updated to "other health services whose populations are deemed to be at increased risk" to improve clarity was agreed. It was also suggested that a member of the community at risk would offer advice on the wording prior to publication to ensure a person-centred approach is used.	
5	**NIAC Workplan 2026** ▪ The workplan as decided at the EGM in December 2025 was reviewed. The two largest reviews in progress are the pneumococcal and influenza reviews. Members have been invited to join these working groups, with chair roles also available. The workplan was agreed by the Committee and will be shared with the Department of Health.	3
6	**Epidemiology updates** *COVID-19* There has been low to moderate activity to date. A new variant BA.3.2 is under monitoring and has been detected in three out of six HSE regions. No increase in disease severity has been seen with the new variant under monitoring. It has been deemed low risk by a WHO risk evaluation. *Influenza* There has been an early and intense season, peaking before Christmas. More than 4,000 hospitalised cases have been notified to date, which is an increase from the previous season at the same timepoint. Hospitalisations were predominantly in young and older people. A total of 66% of SARI (severe acute respiratory infection) cases were not influenza vaccinated. Activity is now at a low level. Vaccination rates among children have increased compared to last year but not at the 50% target rate. Uptake among those aged 60 years and	

	Agreed Minutes	Action No.
	older was similar to last year. Although uptake has improved from last year, committee members raised concerns that uptake of LAIV in children remains low, noting the high rates of hospitalisation due to influenza in those aged 1-14 years. Possible barriers to LAIV uptake were discussed including the variability in availability in schools. *RSV* There has been low to moderate activity to date. A total of 1,200 hospitalisations were notified up to week one in 2026, the majority of which were in children aged 1-4 years. There has been a decrease in notifications in nirsevimab-eligible children. Activity remains at a moderate level. Hospitalisation rates in individuals aged 60 years and older have been trending up. Overall pathfinder uptake was noted as 88.6%. Six deaths occurred in individuals aged 80 years and older. An update on invasive meningococcal disease was presented with MenB epidemiology. The incidence of Men B in those aged 15-19 years was 0.9 per 100,000 in 2025/2026 compared with 1.8 per 100,000 in 2024/2025 and 2023/2024 and 3.0 per 100,000 in 2022/2023. There has been a 91.8% reduction in cases from 1999. *Avian influenza H5N1* The EU/UK entered an intense upsurge in avian H5N1 infections from mid-September 2025. Activity has now eased due to Department of Agriculture, Food, and the Marine (DAFM) measures. There have been 993 cases globally since 2023 with a case fatality rate (CFR) of 48%. EU and Irish risk assessments to the general population remain low.	
7	**Administration and Governance** ▪ Working group members and chairs are sought for influenza and pneumococcal working groups from members of the committee.	4
8	**Vaccine injury redress scheme** ▪ The Department of Health (DOH) is continuing to refine the proposed model and the Minister intends to bring the model to Cabinet for discussion and consideration in due course. It was also noted that it will not be possible to receive any further updates until the model has been considered and	

	Agreed Minutes	Action No.
	approved by Government. Given this, the committee agreed that updates on the scheme will be sought during the twice-yearly standing meetings with the DOH, as well as separately through updates provided by DOH representation on NIAC. The item will be removed as a standing item on future full committee meeting agendas.	
9	**Correspondence** **Incoming** 1) 2025.12.08 – Dr Orla Kelleher letter to NIAC re. Hep B vaccination in healthcare workers 2) 2025.12.15 – Sanofi email to NIAC re. Influenza vaccine tender 3) 2025.12.16 – GSK email to NIAC re. HZ incidence in chronic diseases 4) 2026.01.08 – Sanofi email to NIAC re. Sanofi HD-IIV vaccine 5) 2026.01.08 – Sanofi email to NIAC re. Influenza guidelines 6) 2026.01.13 – Sanofi email to NIAC re. Influenza vaccine recommendations 7) 2026.01.20 – Sanofi email to NIAC re. Influenza vaccine recommendations **Outgoing** 1) 2025.12.08 – NIAC updated recommendations for post-exposure prophylaxis against rabies 2) 2025.12.12 – NIAC email to Dr Orla Kelleher re. HepB vaccination in healthcare workers 3) 2025.12.18 – NIAC email to Sanofi re. Influenza vaccine tender 4) 2026.01.09 – NIAC letter to Mr. Seán Brennan (Sanofi) re. NIAC influenza vaccine recommendations 5) 2026.01.15 – NIAC email to Sanofi re. Influenza vaccine recommendations 6) 2026.01.19 – Public consultation feedback HIQA RSV HTA – NIAC response 7) 2026.01.21 – NIAC email to Sanofi re. Influenza vaccine recommendations	
10	**Chapter updates – BCG Severe Combined Immunodeficiency (SCID)**	5

	Agreed Minutes	Action No.
	▪ The updated wording on the timing of BCG vaccination will state that BCG vaccination should be deferred until results of newborn SCID screening are available to minimise the risk of vaccine-associated adverse events. ▪ It was proposed that additional wording be added that in the rare case that a SCID test has not been performed, that a risk assessment be carried out by the vaccination service prior to BCG administration.	
11	**AOB** ▪ WHO SAGE immunization meeting (9-12 March 2026 – registration required) ▪ The process for sharing NIAC documentation with committee members will shortly be updated. Members were asked to provide the necessary details when requested by the programme team to facilitate setup requirements.	

Action Number	Actions Arising	Responsibility	Due By
1	Completion of declaration of interest form	All	Q1 2026
2	Draft and issue updated HPV vaccine recommendations regarding people in the sex industry	Secretariat	Q1 2026
3	NIAC workplan 2026 to be shared with DOH	Secretariat	Q1 2026
4	Chairs are sought for influenza and pneumococcal working groups from members of the committee	Secretariat	Q1 2026
5	Draft and issue updated version of chapter 22 (Tuberculosis) on BCG vaccination timing	Secretariat	Q1 2026

Signed:



Dr Edina Moylett
NIAC Chair

23/03/2026