

14.3 TRIVALENT INFLUENZA VACCINE, Office of Health Protection, Department of Health

1 Purpose of Application

- 1.1 The submission requested an extension of the National Immunisation Program (NIP) schedule to include trivalent influenza vaccine (TIV) for Aboriginal and Torres Strait Islander children aged between 6 months and 5 years.

2 Requested listing

- 2.1 Advice from the Australian Technical Advisory Group on Immunisation (ATAGI) recommended two proposals for PBAC consideration:
- (i) influenza vaccine be provided on the NIP to all Indigenous children aged from 6 months to 5 years;
 - (ii) influenza vaccine be provided on the NIP to all Indigenous children aged from 6 months to 15 years.
- 2.1 The PBAC noted that both ATAGI recommendations are consistent with Government approaches to closing the gap in health outcomes between Indigenous and non-Indigenous Australians.

3 Background

- 3.1 The submission was developed in response to advice from the ATAGI and was supported by Professor Chris Baggoley, Chief Medical Officer of the Department of Health.

4 PBAC consideration of the evidence

- 4.1 The PBAC considered the advice from the ATAGI which provided evidence of the magnitude of increased risk and severity of influenza in Aboriginal and Torres Strait Islander children compared with that in children with certain medical conditions who are eligible for NIP-funded influenza vaccination due to their increased risk of influenza complications.
- 4.2 The PBAC noted the conclusion of the ATAGI, that based on the limited data available, the magnitude of increased risk of severe influenza among Indigenous children aged less than 5 years compared with non-Indigenous children is general similar, by various severity measures, to that in children with underlying medical conditions for whom annual influenza vaccination is currently funded under the NIP.

Economic analysis

- 4.3 A formal economic analysis was not provided in the submission.
- 4.4 Based on evidence that Indigenous children aged 6 months to 5 years have higher disease burden than the funded “medically at risk cohort” and comparable vaccine

effectiveness, the submission proposed that the like cost-effectiveness of these programs would be similar.

Estimated usage & financial implications

- 4.5 Based on a cohort of 68,000 children aged 6 months to 5 years; taking into account children at risk already covered under the existing programme; and based on 90% coverage plus 4% incentive funding, the cost of the program in the first year was estimated in the submission to be approximately \$1.04 million (where two doses are required). For subsequent years, the cost would be approximately \$0.63 million per annum.

5 PBAC Outcome

- 5.1 Out of session between the March 2014 and July 2014 PBAC meetings, the Committee recommended extending the availability of trivalent influenza vaccine under the National Immunisation Program to include annual vaccination for all Aboriginal and Torres Strait Islander children aged 6 months to 5 years.
- 5.2 The PBAC agreed that the cost-effectiveness of vaccination in this population was likely to be similar to the cost-effectiveness of vaccination in the already funded “medically at risk cohort”.
- 5.3 The PBAC encouraged the Office of Health Protection to engage with sponsor(s) of trivalent influenza vaccine to consider making a submission for further expansion of the NIP to include influenza vaccination for the wider age group of children up to 15 years.

Outcome:

Recommended

6 Context for Decision

The PBAC helps decide whether and, if so, how medicines should be subsidised in Australia. It considers submissions in this context. A PBAC decision not to recommend listing or not to recommend changing a listing does not represent a final PBAC view about the merits of the medicine. A company can resubmit to the PBAC or seek independent review of the PBAC decision.

7 Sponsor’s Comment

The sponsor had no comment.