

List of Participants for NTAGI meeting held on 23rd September, 2013

Chair & Co-Chairs	
Shri K.N. Desiraju	Secretary, Health and Family Welfare & Chairman, Chair
Dr. K. VijayRaghavan	Secretary, Department of Biotechnology & Co-chair, NTAGI, Co-Chair
Dr. V.M Katoch	Secretary, Department of Health Research & Co-chair, NTAGI, Co-Chair
Core Members, Independent Experts	
Dr. M.K. Bhan	Former Secretary to the Govt. of India, Department of Biotechnology
Dr. Gagandeep Kang	Professor, CMC Vellore
Dr. Parvez Kaul	Professor & Head, General Medicine, Sher-i-Kashmir Institute of Medical Sciences
Dr. Arun Kumar Aggarwal	Professor, Community Medicine, School of Public Health, PGIMER, Chandigarh
Dr. Dilip Kumar Das	Professor, Community Medicine, North Bengal Medical College
Dr. D.K. Taneja	Director & Professor, Community Medicine, Maulana Azad Medical College
Dr. Y.K. Gupta	Professor & Head of Department, Pharmacology, AIIMS
Dr. V.K. Paul	Professor & Head of Department, Paediatrics, AIIMS
Dr. M.D. Gupte	National Professor, Epidemiology, NIE
Dr. Jacob Pulliyel	Head of Department, Paediatrics, St. Stephens Hospital, Delhi
Dr. G. Sridharan	Consultant Microbiologist and Virologist, Sri Narayani Hospital and Research Center
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Dr. Shashi Khare	Representing Director, NCDC, Delhi
Dr. Mandeep Chadha	Representing Director, National Institute of Virology, Pune,
Dr. G.B. Nair	Director, Translational Health Science & Technology Institute
Representatives from International Partners	
Dr. Nata Menadbe	Country Representative, World Health Organization, New Delhi
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Apoorva Sharan	Programme Officer, Evidence to Policy, ITSU-NTAGI Secretariat
Sourabh Sharma	Administrative officer, ITSU-NTAGI Secretariat



MEETING OF THE NATIONAL TECHNICAL ADVISORY GROUP ON IMMUNIZATION (NTAGI)
3 pm- 5pm, Monday, September 23rd, 2013
Nirman Bhawan, New Delhi

MEETING MINUTES

The National Technical Advisory Group on Immunization (NTAGI) met under the chairmanship of the Secretary, Health and Family Welfare on 23 September, 2013. The Secretary, Department of Health Research and Secretary, Department of Biotechnology were present as co-Chairs.

The Chair welcomed the participants to this first meeting of the reconstituted NTAGI and requested all participants to sign and return the Confidentiality and Conflict of Interest agreements to the NTAGI secretariat staff from ITSU. He then requested the Deputy Commissioner, Child Health and Immunization (DC CH&I) to present on actions taken since the last NTAGI meeting and agenda items to be discussed at the current meeting.

The Action Taken Report (ATR) on minutes from the previous NTAGI meeting, held on 18th May, 2012, was presented to the NTAGI members. Following this, the Secretary, Department of Biotechnology, as co- chair of the NTAGI Standing Technical Sub-Committee (STSC) presented the recommendations and meeting minutes of the STSC meeting held on August 29th, 2013 to discuss the countrywide expansion of pentavalent vaccine.

The other agenda items of this meeting were then presented and discussed by the NTAGI were:

- a) the potential introduction of rotavirus vaccine in India's Universal Immunization Program (UIP), and
- b) Strategy for measles elimination and Rubella/CRS control by 2020.

The agenda items and the list of participants is annexed below.

Discussion and Recommendations

1. Progress of Pentavalent vaccine introduction

The NTAGI members were informed about the progress of Pentavalent vaccination and it was informed that two National AEFI Committee meetings and four causality sub-committee meetings were held since the last NTAGI meeting. It was also informed that the National AEFI Committee based on the findings of causality sub-committee had concluded that infant



deaths reported from Kerala were not causally related to pentavalent vaccine. The participation of private sector in AEFI was also informed to NTAGI.

Recommendation:

NTAGI unanimously agreed that AEFI reporting system needs to be continuously strengthened. It was also recommended that intensive AEFI surveillance may be initiated in some selected districts across the geographical spread of the country to ensure intense monitoring of AEFIs.

2. Issues related to the Japanese Encephalitis (JE) vaccine

The NTAGI members were informed that two dose JE vaccination schedule has been introduced in endemic districts since April, 2013 as a follow up action of the last NTAGI meeting. Two other issues related to the JE vaccine were also discussed namely (a) the use of killed JE vaccine vs. live attenuated JE vaccine (b) the introduction of adult JE vaccine in JE endemic districts in India

In this regard, the findings of the ICMR expert group on the use of killed JE vaccine and the interim report on safety of adult JE vaccine were reviewed. The final report of the ICMR research study on safety and immunogenicity of adult JE vaccine is currently awaited.

Recommendation:

The STSC is requested to evaluate the final technical report and evidence on all aspects of JE vaccine use and provide recommendations to the NTAGI in its next meeting.

3. Rise in non-polio AFP cases in proportion to polio vaccine coverage

The NTAGI was apprised of the findings of the four member sub-committee constituted to review the issue as per the previous meeting. The timelines of a detailed report including advanced statistical and epidemiological analysis were discussed and the National Institute of Epidemiology (NIE), Chennai was requested to support the sub-committee in its assessment of non-polio AFP cases.

Recommendation:

NIE may submit its report on the non-polio AFP cases in proportion to polio vaccine coverage within two months of receipt of data from the WHO AFP surveillance system.

4. Countrywide expansion of Pentavalent vaccine

The following recommendations of the Standing Technical Sub-Committee (STSC) of NTAGI were presented to the NTAGI. The Secretary (DBT) as co- chair of the NTAGI Standing Technical Sub-Committee (STSC) presented the recommendations and minutes of the STSC meeting held on August 29th, 2013. The recommendations of STSC are as follows :

The committee recommends that Pentavalent vaccine be scaled up nationwide in a logistically structured manner, which implies that the monitoring of AEFIs is to be done



carefully while introducing the vaccine in new states to ensure public safety and address concerns. The committee recommends that the Universal Immunization programme enhance AEFI reporting mechanisms through the AEFI secretariat. The committee also recommends that sentinel surveillance systems be further established and enhanced in expansion states in a phased manner to ensure that gradually, populations across diverse states are covered by the sentinel surveillance system, and the trend of Hib infection be tracked.

Members of the NTAGI, while endorsing the recommendations of the STSC underscored the need to strengthen the AEFI surveillance systems in the country and valuable suggestions were given for involvement of other programs such as Integrated Disease Surveillance Program (IDSP) and private sector institutions such as IAP and IMA. In this regard, the need for building credible research institutions to create technically sound data was stressed. Members were apprised of the on-going efforts to strengthen the AEFI reporting system.

Recommendations:

The NTAGI endorses and accepts the recommendation of the STSC for scale-up of the pentavalent vaccine to the remaining states of India with simultaneous strengthening of the AEFI and expansion of sentinel surveillance systems. It was further stated that that STSC co-chairs may guide the operational aspects of the proposed expansion to ensure adequate preparation including logistic for effective and efficient implementation.

5. Potential introduction of rotavirus vaccine in India's (UIP)

There was a general agreement for the need to evaluate the evidence available for the potential introduction of rotavirus vaccine in India's UIP.

Recommendations:

NTAGI referred the matter to STSC to review the evidence on the subject and to provide recommendations to the NTAGI on potential introduction of the rotavirus vaccine into the Universal Immunization Programme.

6. Measles Elimination and Rubella / CRS Control by 2020

The NTAGI members were briefed about the commitment of India to the resolution on measles elimination & rubella control by 2020 during the recent 66th SEARO Regional Committee meeting in New Delhi. Also, the coverage of Measles 2nd dose campaigns was shared with the members. Important aspects regarding the potential control of Rubella were discussed, including immunization strategies and paradoxical effect of rubella vaccine on CRS. NTAGI noted that the recommendation to include rubella vaccination in the universal immunization programme already stands made and the same is endorsed.

Recommendation:

Recommendations of the ICMR expert group on rubella control to be circulated to NTAGI members for comments and discuss the matter in STSC for inclusion of rubella as MR in



place of Measles and other operational issues related with campaigns with MR. STSC to advise MoHFW on operational aspects of rubella introduction for a rollout. To establish a Measles & Rubella- Expert Advisory Group comprising both national and international experts, on the same lines as polio, to develop the strategy and monitor progress for measles elimination and rubella control by 2020 in India.

The meeting concluded with thanks from the Chair to all members for their active participation and willingness to devote their time to assisting the Ministry of Health and Family Welfare.



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3 pm- 5pm, Monday, September 23rd, 2013
Nirman Bhawan, New Delhi

AGENDA

Chair: Shri K.N. Desiraju, Secretary Health & Family Welfare	
Co-Chair: Dr. V.M. Katoch, Secretary DHR	Co-Chair: Dr. K. VijayRaghavan, Secretary DBT
Introduction	
Introduction and Background	Chair
Agenda items	
Action taken report on last NTAGI meeting	Ministry of Health and Family Welfare
Countrywide expansion of pentavalent vaccine	
Potential introduction of rotavirus in Universal Immunization Programme	
Measles elimination and Rubella/CRS control by 2020	
Recommendations	
Recommendations	Chair
Closing Remarks	



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