Australians for Pandemic Prevention

Input into Public Consultation on **“Towards Australia’s National Immunisation Strategy 2025-2030”**

Priority Area 6: Prepare for emerging infectious diseases and emergencies requiring rapid and/or targeted vaccination.

Australians for Pandemic Prevention is a volunteer group, coordinated by Good Ancestors Policy, focused on increasing pandemic resilience in Australia through evidence-based policy change. Australians for Pandemic Prevention coordinated an expert letter, available online at https://www.pmc.gov.au/sites/default/files/submissions/PMC-CGCRI-2023-1303.pdf, to the ongoing COVID-19 Inquiry. That letter made a range of relevant recommendations. Overall, our view is that a major component of future risk comes from rare but catastrophic events. We must account for the possibility of pandemics worse than COVID-19 in our approaches. Additionally, prevention is potentially a far more cost-effective way to mitigate risk than response or recovery. This is why we think the Australian Centre for Disease Control should prioritise pandemic prevention.

We welcome the inclusion of a priority area addressing emerging infectious diseases and pandemic preparation in the 2025-2030 strategy. This priority was not mentioned in the current 2019-2024 strategy, a significant oversight given subsequent events.

We believe that significant improvements can be made to enhance Australia’s immunisation strategy against emerging infectious diseases.

The CDC should:

1. **Address the prevention of pandemics - including natural, accidental and intentional - through a top-level strategy, rather than only as elements of**

other strategies.

2. **Implement practical measures to reduce the risk of zoonoses, e.g. through preventative vaccination against pre-pandemic HPAI A H5 in high-exposure groups, and by planning for incorporation of a pre-pandemic strain of H5 into regular seasonal influenza vaccines.**

3. **Develop and regularly exercise a national plan to contain and eliminate novel pathogen outbreaks with pandemic potential, including plans for how to use immunisation appropriately.**

Relevant experience with epidemics with current novel infectious diseases that should inform the design and implementation of this national Immunisation strategy are those involving SARS-CoV2 (COVID-19), mPox (previously monkeypox), and highly pathogenic avian influenza (HPAI) A H5.

Pre-pandemic vaccination against HPAI A H5

Australia has no published plans for "pre-pandemic vaccination" against HPAI A H5 or H7 subtypes. Pre-pandemic vaccination refers to proactive vaccination against high-risk strains to reduce the likelihood or consequences of future pandemics. For example, the European Commission's Health Emergency Preparedness and Response Authority (HERA) recently purchased a pre-pandemic vaccine against HPAI A H5 (PANVAX®), for immediate vaccination of workers at risk of virus exposure (https://ec.europa.eu/commission/presscorner/detail/en/ip_24_3168).

Australia should urgently conduct and publish detailed scenario planning for the Australian implementation of a similar strategy. This plan should also consider how to implement widespread vaccination where pandemic vaccine supplies are globally limited, e.g. by implementing extended dosing intervals and/or fractional dosing. We note that the EC HERA purchase is for 665,000 doses, with an option to purchase an additional 40,000,000 doses, which may limit the availability of HPAI A H5 vaccine stocks in Australia.

The Australian government should also develop a plan for broader pre-pandemic vaccination with a monovalent pre-pandemic influenza vaccine such as PANVAX®, recently approved by TGA in 2023. In addition, TGA should clarify the regulatory roadmap for how a pre-pandemic HPAI A H5 influenza strain might be able to be included in a future quadrivalent seasonal influenza vaccine. This quadrivalent seasonal influenza vaccine should be made available in addition to the standard trivalent influenza vaccine (which should remain available) to give

Australians the option of obtaining extra protection against HPAI A H5, and building up community immunity against a future H5 influenza pandemic.

Lack of responses to international developments regarding HPAI A H5

Australia does not have a public contingency plan for a fast-moving zoonosis, such as HPAI A H5. The current public health unit guideline for avian influenza dates from April 2015 and includes outdated information on avian influenza outbreaks from 2015. This guideline should be kept current and be reauthorised on a regular basis, so the Australian public can be confident that there is a regularly examined and exercised plan to contain and eliminate novel pathogen outbreaks with pandemic potential. Also, there appears to be no updated information on the Australian CDC website responding to cases of HPAI A H5N1 in dairy cattle and dairy workers in the USA, first reported in April. A recent death in Mexico due to HPAI A H5N2 is also not included in published information. Contingency planning for future infections in Australian cattle should also be made public, so effective control measures can be debated and aligned across stakeholder groups.

For further information:

Australians for Pandemic Prevention would welcome the opportunity to provide additional information in line with the priorities outlined above, and other priorities discussed in our previous submission to the Australian Government's enquiry into COVID-19. Contact details: Dr Duncan Purvis, Mobile +0425 326 146, e-mail dhpurvis@gmail.com.

Other comments not covered above (6000 character limit)

Regulatory transparency on the approval of JYNNEOS®

Immunisation for the recent mPox pandemic in Australia is appropriately focussing on high-risk groups. The preferred vaccine is JYNNEOS® for smallpox. The Australian Government has made JYNNEOS® available immediately via a special emergency pathway under section 18A of the Therapeutic Goods Act 1989. However, there are no public statements by the TGA regarding this exemption in 2022, and we could not locate the publication of any information regarding this exemption to the public and to parliament, as required under Section 18A (10) and (11) of the Therapeutic Goods Act. This lack of transparency is concerning, and may indicate a lack of thorough understanding of and familiarity with the emergency pathway regulatory process.

Intergovernmental co-operation on Australia's human H5N1 case with India, to prevent an H5 pandemic

The recent Victorian human case of HPAI A H5N1 in a child who travelled from India is concerning. It is reassuring that no further transmission occurred in Australia, but follow-up questions around how the child acquired this infection in India, the size of any human outbreak of HPAI A H5N1, and the route of transmission from avian or bovine species is key to preventing further human cases in India and a future global human pandemic. Follow up with India would seem to be an Australian Government responsibility, but it is not clear this has been done and what further investigations are currently underway.