

**Policies and procedures for the
administration and governance of the
Australian Technical Advisory Group on Immunisation**

Effective 1 July 2025

Table of Contents

Contents

1. Introduction	3
2. About this document	3
3. ATAGI's purpose.....	3
4. ATAGI's role.....	3
5. Engagement with industry and stakeholders	4
6. ATAGI publications and statements.....	4
7. ATAGI structure.....	4
8. ATAGI members	4
8.1 Voting members	4
8.1.1 Clinical professionals, researchers, and/or service delivery experts	5
8.1.2 Consumer representative.....	5
8.2 Ex officio members	5
8.3 Member roles and responsibilities	5
9. Declarations of interest.....	6
10. ATAGI leadership.....	6
10.1 Chair and Deputy Chair appointments	6
10.2 Chair's role.....	6
10.3 Deputy Chair's role	7
11. ATAGI decision making.....	7
12. ATAGI Secretariat	7
13. ATAGI Meetings	7
14. Remuneration	7
15. Funding ATAGI's work	8
16. Media engagement.....	8
17. Correspondence.....	8
18. Relevant links and information	8

1. Introduction

The Australian Technical Advisory Group on Immunisation (ATAGI) is a ministerially appointed advisory group, comprised of representatives with a mix of research, clinical and implementation expertise. ATAGI's purpose is to provide evidence-based advice on immunisation policies, programs and priorities to the Australian Government Minister for Health, Disability and Ageing (the Department).

ATAGI provides advice to the Pharmaceutical Benefits Advisory Committee (PBAC) and to pharmaceutical companies on the clinical effectiveness of vaccines for being considered for use as part of population programs through the National Immunisation Program (NIP).

ATAGI also develops evidence-based recommendations for the approval of the National Health and Medical Research Council (NHMRC) through the formulation of the Australian Immunisation Handbook (the Handbook). To inform this advice, ATAGI considers the epidemiology of diseases, burden of disease, vaccine efficacy and effectiveness, vaccine safety and implementation issues.

2. About this document

This document is intended to outline for ATAGI members and for interested members of the general public, ATAGI's structure, function, roles and responsibilities.

3. ATAGI's purpose

To provide evidence-based advice on immunisation policies, programs and priorities to the Minister for Health, Disability and Ageing.

4. ATAGI's role

ATAGI's role is to:

- Provide technical input to policy development through epidemiological reviews, promotion of research, and assessment of the evidence for vaccination programs.
- Provide advice to the PBAC in fulfilling its functions as set out in the *National Health Act 1953* with respect to vaccines.
- Produce the Handbook, meeting requirements set out by the NHMRC.
- Provide technical advice to support effective implementation and communication of the NIP.
- Identify knowledge gaps and provide advice to national funding bodies on priorities for research to inform immunisation policy.
- Engage internationally through multilateral forums and with other National Immunisation Technical Advisory Groups.
- Provide advice to the Minister for Health and Ageing and the Department on matters relating to immunisation, for example vaccine safety and the utilisation of vaccines to ensure effective disease control through the NIP.

ATAGI undertakes this role with support from the:

- The National Immunisation Division (NID) within the Department of Health, Disability and Ageing, which provides administrative and policy advice support to ATAGI;
- National Centre for Immunisation Research and Surveillance (NCIRS), which provides technical support to ATAGI particularly focused on the Australian Immunisation Handbook, and ATAGI's publications and statements; and

- Vaccine evaluation groups, which provide technical support for the development of advice to the PBAC and companies.

5. Engagement with industry and stakeholders

Engagement with industry and stakeholders is critical for ensuring ATAGI has access to the most contemporary information regarding vaccines and also is able to consider the breadth of stakeholder views.

To this end, ATAGI hosts a commercial-in-confidence Horizon Scanning Industry Day (HSID) each year to enable engagement with pharmaceutical companies on the latest developments in vaccines and to enable horizon scanning and future planning.

In addition, ATAGI will host a confidential Stakeholder Day each year (expected in August from 2026), to enable engagement with key professional groups (e.g. medical colleges) on key immunisation issues.

Participation in HSID and Stakeholder Engagement Day will be managed through the ATAGI Secretariat.

6. ATAGI publications and statements

ATAGI will review and update the Handbook on an ongoing basis, to account for emerging evidence and new vaccines.

Each year ATAGI will publish an evidence-based statement on vaccine preventable diseases, titled the ATAGI Annual Statement on Immunisation, to cover key trends and issues in the epidemiology and control of vaccine preventable diseases in Australia. The Australian Government Chief Medical Officer will endorse these statements ahead of publication.

ATAGI will publish epidemiological review/s and/or statement/s each year, focused on key diseases of interest, disseminating evidence-based information on emerging and challenging vaccine preventable issues.

ATAGI will publish clinical statements to support implementation of changes to the NIP and address issues of concern (e.g. vaccine availability), as required.

ATAGI publishes Bulletins summarising outcomes approximately 4 weeks after the meeting.

7. ATAGI structure

ATAGI comprises a Chair or Co-Chairs, Deputy Chair (if there is a single Chair) and Members. ATAGI reports to the Australian Government Minister for Health and Ageing, directly or through the Department.

8. ATAGI members

ATAGI comprises 15 standing voting members (including a Chair/co-Chairs and Deputy Chair) and up to 7 ex officio members.

Temporary members are able to be appointed on a short-term basis by the Australian Government Chief Medical Officer, including at the request of the Chair of ATAGI to provide specific expertise on key topics. Temporary members will be voting members for the term of their appointment to ATAGI.

Where possible, cross membership will be sought with other relevant Australian Government committees (e.g. the Advisory Committee on Vaccines).

8.1 Voting members

Voting members serve overlapping terms of up to 4 years. While there are no limits to terms, it is anticipated that new members will continue to be appointed to ATAGI to ensure new skills and experiences are brought to the Group through the established expression of interest process.

Expressions of interest to participate as a voting member are called to enable a short list to be developed by the Australian Government Chief Medical Officer for consideration by the Australian Government Minister for Health and Ageing.

Appointments are made by the Minister for Health and approved by the Prime Minister or Cabinet, at the Prime Minister's discretion.

Voting members fall into two categories: clinical professionals, researchers and/or service delivery experts; and consumer representatives.

8.1.1 Clinical professionals, researchers, and/or service delivery experts

Up to 14 individuals including clinical professionals, vaccine and immunisation researchers, and/or immunisation service delivery expertise, who possess in-depth knowledge of vaccines, immunisation and/or service delivery (e.g. immunisation program management).

Clinical professionals bring expertise in areas such as paediatrics, immunology, infectious diseases (paediatric and adult), public health, immunosuppression in adults, maternal immunisation, and pathology.

Researchers bring experience in disciplines supporting the assessment of vaccines and their use in the population, including epidemiology, modelling of infectious diseases, the behavioural factors impacting vaccine uptake, health technology assessment, and systematic reviews of evidence.

Immunisation service delivery experts bring experience in General Practice, nurse immunisation, immunisation for Aboriginal and Torres Strait Islander peoples, and immunisation for Culturally and Linguistically Diverse populations.

8.1.2 Consumer representative

At least one Voting member must be a consumer representative, who is a technically qualified person knowledgeable about consumer perspectives and/or the social and community aspects of immunisation programs.

8.2 Ex officio members

Up to 7 members are ex officio, representing key partners and organisations required to support the effective delivery of immunisation in Australia. Ex-officio members are not considered voting members of ATAGI.

The NID is represented by the Assistant Secretary, Planning and Assessment Support Branch, who is responsible for providing administrative support for ATAGI.

The Therapeutic Goods Administration is represented by the Assistant Secretary, Pharmacovigilance and Special Access Branch, whose role is to provide advice on vaccine safety issues and to support engagement between other Divisions and the Therapeutic Goods Administration.

NCIRS is represented by the Director of the Centre, whose role is to oversee the provision of the ATAGI Technical Secretariat, including for critical assessment of new and emerging trends, assessment of the impact of vaccination programs, and technical development of the Australian Immunisation Handbook.

The Communicable Diseases Network Australia (CDNA) is represented by a nominated member whose role is to provide advice on surveillance, monitoring and the control of vaccine preventable diseases. The Jurisdictional Immunisation Coordinators Advisory Group (JICAG) is represented by a nominated member whose role is to provide advice on immunisation program implementation. A member of the PBAC or its sub-committees may be appointed to ATAGI on the recommendation of the Chair of the Pharmaceutical Benefits Advisory Committee.

Ex-officio roles are agreed by the Minister for Health and Ageing and appointment is delegated to the First Assistant Secretary of the NID.

8.3 Member roles and responsibilities

Members are responsible for attending and participating in all ATAGI meetings and for contributing to out-of-session discussions and items.

Members will engage with Vaccine Evaluation Groups and the Department to support the development of pre-submission advice to the PBAC and companies.

Members will engage with NCIRS and the Department to support development of recommendations for the Handbook, policy advice to Government and relevant publications.

Before meetings, members are required to prepare by reading and commenting on relevant ATAGI papers.

Members are responsible for reporting any Declarations of Interest prior to meetings.

In addition, members must also provide timely provision of expenditure forms after meetings to ensure that members can be paid in line with the Remuneration Tribunal Determination.

9. Declarations of interest

Applicants to ATAGI are required to submit a *Declaration of Interests* (Dols) form to enable consideration of potential or perceived conflicts of interest as part of the ATAGI selection process.

Ahead of ATAGI meetings, members are required to submit DoI, which are reviewed by the ATAGI Probity Panel, consisting of ATAGI Chairs and ATAGI consumer representative/s and the Department. Through this process, declarations are used to determine the member's participation in the upcoming and subsequent meetings, including: precluded in full (category A); precluded in part (participate in discussion only) (category B); transparency (not precluded) (category C); or recorded for noting (category D). The probity panel will identify relevant declarations of interest that may require monitoring for any changes or updates that arise during the process.

The ATAGI members DoI and their determinations are distributed to all members as part of the ATAGI meeting papers to provide all members an opportunity to review and query determinations made by the ATAGI Probity Panel. A copy of the ATAGI Probity Framework is available on the Department of Health, Disability and Ageing website at: <https://www.health.gov.au/resources/publications/atagi-probity-framework?language=en>

10. ATAGI leadership

10.1 Chair and Deputy Chair appointments

Every three years, the Minister for Health and Ageing appoints an ATAGI Chair from the ATAGI members who have served at least one year. In addition, the Minister for Health and Ageing also appoints a Deputy Chair, able to act as the Chair in the absence of the Chair and to undertake additional duties as required.

The Minister for Health and Ageing may appoint ATAGI co-Chairs instead of a Chair and Deputy Chair.

In making these decisions, the Minister for Health and Ageing considers the member's leadership skills, knowledge and experience in vaccination and immunisation, ability to represent ATAGI at national and international meetings, and capacity to engage effectively with relevant stakeholders, capacity to manage meetings, and their availability to meet the requirements of the role.

Each member is able to serve two terms (i.e. six years) as the Deputy Chair and two terms as the Chair.

As these are significant ministerial appointments, approval by the Prime Minister, or at his discretion, Cabinet, is required.

10.2 Chair's role

The role of the Chair/s is to:

- Lead ATAGI in supporting the Minister for Health and Ageing, including setting ATAGI's strategic directions and agenda in collaboration with the Department.
- Providing leadership and ensuring committee members are aware of their obligations and that the committee complies with its responsibilities.

- Seek and review conflicts of interests from members, along with the Consumer Representative and the Assistant Secretary, Planning and Assessment Support Branch.
- Lead meetings, including setting the agenda and ensuring decisions are clear and accountable.
- Action decisions made by ATAGI, by authorising correspondence and documentation.
- Leads engagement with industry and stakeholder groups, including managing HSID and Stakeholder Day.
- Representing ATAGI at PBAC meetings, Senate Estimates, with the media and at national and international events, or nominating a suitable delegate, when required or as appropriate.

10.3 Deputy Chair's role

- The ATAGI Chair may call upon the Deputy Chair to assist with any of the Chair's roles and responsibilities as required.

11. ATAGI decision making

ATAGI voting members are required to make an effort to reach a consensus on issues discussed.

The quorum for decision making is a simple majority of voting members, i.e. a number greater than 50% of the number of ATAGI voting members.

Members are required to vote in circumstances where no consensus is reached.

The ATAGI Chair has the casting vote in circumstances where the vote is tied.

12. ATAGI Secretariat

The ATAGI Secretariat is comprised of Department staff.

The Assistant Secretary, Planning and Assessment Support Branch oversees the administrative arrangements for ATAGI, noting day to day management and coordination through the Director of the Pipeline Planning and ATAGI Support Section.

The ATAGI Secretariat is responsible for the organisation and coordination of all ATAGI meetings including the preparation and coordination of ATAGI agendas, agenda papers, minutes and bulletins.

The ATAGI Secretariat can be contacted through its email address: ATAGI.Secretariat@health.gov.au

13. ATAGI Meetings

Regularly scheduled meetings are held approximately ten times a year, three of which are face to face.

Should additional meetings be required outside of this schedule, in a face-to-face, videoconference or teleconference capacity, these are determined through consultation between the Department and the ATAGI Chair/s.

Additional meetings are held of sub and working groups that sit under and within ATAGI.

14. Remuneration

Remuneration for the committee member is in accordance with the principles and rates set by the Remuneration Tribunal in its Determination: Remuneration and Allowances for Holders of Part-time Public Office. The latest version of the Determination can be accessed at the Remuneration Tribunal website:

<https://www.remtribunal.gov.au/>.

15. Funding ATAGI's work

The majority of ATAGI's funding comes from the Department – these funds are used to fund activities related to the Handbook and the development of policy advice.

In addition, the Australian Government funds NCIRS to provide technical support to ATAGI.

Some funding is provided by pharmaceutical companies on a cost recovery basis for the provision of advice to support submissions to the Pharmaceutical Benefits Advisory Committee, consistent with the Australian Government Cost Recovery Framework.

16. Media engagement

Process for media interviews with ATAGI spokespeople

- Media interviews will only be conducted with one or more of the two agreed official ATAGI spokespeople only: Prof. Katie Flanagan and Assoc. Prof. Katherine Gibney
- The Department requires any interview requests received by ATAGI spokespeople in an official capacity to be sent to the department's media team in the first instance for consideration: News@health.gov.au
- The ATAGI Secretariat should also be copied into correspondence to ensure they are aware of the opportunity and can provide advice where necessary: ATAGI.Secretariat@health.gov.au
- Interview requests received by other members of ATAGI must also be flagged with the Department and Chair/s as soon as possible for awareness. While they are unable to participate in media interviews representing ATAGI, they are welcome to do media in their professional capacity outside of ATAGI as a subject matter expert.
- ATAGI members must notify the Department as soon as possible if they are approached for comment on topics, in addition to requests for interview.
- The ATAGI member must make it clear to the journalist before the interview takes place that he or she is appearing in their professional capacity and not as a member of ATAGI (and suggest this be publicly acknowledged).
- ATAGI members must not speak to media about committee deliberations and matters currently being considered or yet to be finalised. Advise the journalist "I am not able to provide any comment in relation to the discussions of the ATAGI."

Note: Formal speeches or papers presented on behalf of the Committee must be approved by the Secretariat in advance. A final copy should also be provided to the Secretariat.

17. Correspondence

All correspondence to ATAGI should be directed to the ATAGI Secretariat at ATAGI.Secretariat@health.gov.au

18. Relevant links and information

- Australian Government Department of Health website: <https://beta.health.gov.au/health-topics/immunisation>
- The Australian Immunisation Handbook: <https://immunisationhandbook.health.gov.au/>
- Pharmaceutical Benefits Advisory Committee: <http://www.pbs.gov.au/info/industry/listing/elements/pbac-meetings>
- National Health and Medical Research Council: <https://nhmrc.gov.au/>
- The interim Australian Centre for Disease Control (CDC): [Australian Centre for Disease Control](#)