

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

Effective 25 September 2026

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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 Health Security and Immunisation Division (HSID) within the Department of Health, Disability and Ageing, which provides administrative, strategic 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;

- Australian Centre for Disease Control (CDC) which supports the administration of the Australian Immunisation Handbook and policy advice on non-NIP immunisation issues; 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. Transparency and Communications

This section will be updated in 2026 following development and endorsement of the ATAGI Stakeholder Engagement and Communications Strategy.

8. 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. ATAGI members

ATAGI comprises 15 standing voting members (including a Chair/co-Chairs and Deputy Chair) and up to 8 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.

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 Ageing 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

An ex-officio member is someone who serves on a board, committee, or organisation automatically by virtue of holding another office, with responsibilities and rights defined by the organisation's bylaws. Length of membership is determined by a change to the underlying office, or if the Minister for Health and Ageing chooses to remove a member according to the criteria as outlined in Section 8.5.

Up to 8 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. Ex-officio members may choose to delegate this role within their organisation on a permanent or temporary basis, with the agreement of the ATAGI Chairs.

The HSID is represented by the Assistant Secretary, Immunisation Assessment, Systems and Access Branch, who is responsible for providing administrative and strategic support for ATAGI. Their role as ex-officio is also to provide advice on the National Immunisation Program including policy and programmatic implications of ATAGI advice.

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 contracted technical support to ATAGI, 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, and to provide updates to the CDNA membership regarding ATAGI work planning. The Jurisdictional Immunisation Coordinators Advisory Group (JICAG) is represented by a nominated member whose role is to provide advice on immunisation program implementation.

The Pharmaceutical Benefits Advisory Committee is represented by the Chair of PBAC, who's role is to provide advice on the health technology assessment process, specifically in relation to evaluations conducted by ATAGI to inform PBAC decision making.

The Australian Centre for Disease Control is represented by the Deputy Director-General, Public Health, whose role it is to provide advice on surveillance, monitoring and the control of vaccine preventable diseases; along with processes relating to the Australian Immunisation Handbook.

In order to expand representation for First Nations communities on ATAGI, the peak body representing National Aboriginal Community Controlled Health Organisations (ACCHO), the National Aboriginal Community Controlled Health Organisations (NACCHO) is represented by a Medical Advisor. It is their role to ensure vaccine advice reflects the health needs and priorities of Aboriginal and Torres Strait Islander peoples, and that community-controlled health system insights are embedded into technical deliberations. The ex-officio NACCHO member will support culturally safe, evidence-based immunisation advice that is feasible within ACCHO models of care and strengthen alignment between technical recommendations and self-determination principles

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

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.

8.4 Ex-officio member roles and responsibilities

Ex-officio representatives will support the work of ATAGI by:

- providing knowledge and expertise relevant to the organisation they represent
- communicating the views of the organisation they represent
- serving on working and/or sub groups, at the discretion of the Chair/s
- being available and prepared to participate in committee meetings, including virtual meetings (teleconferences, videoconferences, etc.) and email exchanges
- participating in discussions about ATAGI's recommendations and advice
- responding promptly to email requests or other communication from the Secretariat

While the views of ex-officio members will be taken under consideration, they are not considered voting members of ATAGI. Ex-officio members should refrain from attempting to influence decision-making process of ATAGI – whether it be through informal discussion to reach consensus or a formal vote.

Ex-officio members are encouraged to participate in ATAGI discussions, however, members should be mindful of their speaking rights in line with their responsibilities as described in their roles under 8.2. Ex-officio members should limit their input to those areas relevant to their representing organisation and where practicable, cede the floor to voting members. At ATAGI meetings, ex-officio members will be called on to provide their views once sufficient time has been given to core members.

The credibility of Australian immunisation advice relies on clear separation between technical assessment and policy decision-making.

8.5 Cessation of membership

Voting members can, at any time, resign from ATAGI membership. Resignation must be made in writing to the ATAGI Secretariat, with a notice period of 4 weeks at minimum.

The Minister for Health and Ageing, can, at any time, choose to cease the term of a member should one of the criteria outlined below be met. This applies to both voting and ex-officio members, noting that a proxy for the designated ex-officio position be sought as soon as practicable.

- mandate of ATAGI changes and the member's knowledge, experience, or expertise is no longer relevant to the revised mandate
- the member violates their confidentiality obligations
- the member misses three consecutive meetings of ATAGI without a satisfactory reason
- the member acts in a way that jeopardizes the integrity of the advisory body
- the member is unable to fulfil their ATAGI obligations for the majority of the time due to a new and significant conflict of interest
- member consistently fails to meet their commitments to ATAGI

The Minister for Health and Ageing will notify a member in writing about the termination, via the Secretariat, and will provide the member with the reason for concluding the appointment and the date of termination.

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, all members (including ex-officio) and non-Commonwealth attendees are required to submit Dol, 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 Dol 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>

Note that this does not apply to attendees who are attending for a single item or items as a presenter.

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 Strategy and Support

The ATAGI Strategy and Support team is comprised of Department staff.

The Assistant Secretary, Immunisation Assessment, Systems and Access Branch oversees the administrative and strategic 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 agreed official ATAGI spokespeople only: ATAGI Chair/Co-Chairs.
- 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

Correspondence will be responded to within three weeks of receipt. Updates on correspondence to ATAGI will be provided to members by Chairs at each scheduled meeting.

18. Relevant links and information

- Australian Government Department of Health, Disability and Ageing website: <https://beta.health.gov.au/health-topics/immunisation>
- The Australian Immunisation Handbook: <https://immunisationhandbook.health.gov.au/>
- Australian Centre for Disease Control website: <https://www.cdc.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/>