


The Australian Technical Advisory Group on Immunisation

**History**

The Australian Technical Advisory Group on Immunisation (ATAGI) was established in 1997 by the Commonwealth Minister for Health to advise and make recommendations on the technical and scientific elements of the National Immunisation Program. Since 1997, ATAGI recommendations have informed the development and implementation of every technical change to the Australian Standard Vaccination Schedule (ASVS) and the National Immunisation Program. To date these have included:

- a change to the timing of the second measles–mumps–rubella vaccination from 10–13 years to 4 years of age in support of the Measles Elimination Campaign;
- a change to acellular pertussis containing vaccines as a routine ASVS requirement;
- the introduction of routine hepatitis B vaccination for infants;
- the introduction of a high-risk infant and children’s vaccination program against pneumococcal disease using conjugate and polysaccharide pneumococcal vaccines;
- a change to the recommendation for tetanus and diphtheria boosting; and
- the addition of meningococcal C conjugate vaccine at 12 months of age on the ASVS for all children.
The ATAGI has been operating in an environment where change to national immunisation requirements is becoming increasingly possible due to the availability of new and better vaccines. The ATAGI has developed procedures and practices to deliver timely evidence-based advice to government on immunisation ‘best buys’. The development of this advice has included consideration of the safety, public health impact and cost-effectiveness of any new vaccination intervention being considered for funding under the National Immunisation Program umbrella.

A major element of ATAGI’s work program has been and will continue to be the revision and updating of the *Australian Immunisation Handbook* for the National Health and Medical Research Council (NHMRC). ATAGI produced the 7th edition of the handbook. This edition was published following NHMRC endorsement in March 2000. The 8th edition of the handbook has been developed and is expected to be published following NHMRC endorsement in late 2003.

**Role**

The ATAGI’s current terms of reference were updated in early 2000. Its primary role is to:

- provide advice to the Minister for Health and Ageing on technical issues relating to the National Immunisation Program and other related issues;
- operate cooperatively with the NHMRC’s Health Advisory Committee to:
  - provide technical advice to the NHMRC on issues relating to immunisation as required, and
  - to enable NHMRC endorsement of key documents such as the Australian Standard Vaccination Schedule;
- consider vaccines likely to be approved in Australia and provide advice on their use and to consider burden of disease issues related to immunisation;
- liaise with the National Immunisation Committee, the Communicable Diseases Network Australia and the Australian Drug Evaluation Committee on matters relating to the implementation of immunisation policies and procedures;
- liaise with the Therapeutic Goods Administration and the Department of Health and Ageing’s Pharmaceutical Benefits Branch on matters relating to the availability and cost-effectiveness of vaccines intended for inclusion on the Australian Standard Vaccination Schedule;
- liaise with the National Centre for Immunisation Research and Surveillance of Vaccine Preventable Diseases on immunisation and related burden of disease issues; and
- provide advice to the Department of Health and Ageing on immunisation policy, including funding.

The ATAGI has convened specialist working parties to consider and report on new vaccination initiatives. These specialist groups may be jointly convened and managed with other peak advisory groups such as the Communicable Diseases Network Australia and/or the National Immunisation Committee, or be convened and managed by ATAGI itself. To date, these groups have developed new vaccination recommendations for poliomyelitis, influenza, pneumococcal disease, varicella, meningococcal disease and pertussis.

**Membership**

The membership of ATAGI currently comprises:

- a Chairperson, nominated and endorsed by the Minister for Health and Ageing who is a member of the NHMRC’s Health Advisory Committee;
- the Chairperson of the National Immunisation Committee;
- three clinical paediatricians with particular experience in immunisation;
- two members with expert immunisation program delivery expertise;
- a public health physician;
- a clinical microbiologist;
- a representative from the National Centre for Immunisation Research and Surveillance;
- a representative from the Australian Divisions of General Practice;
- a representative from the Royal Australian College of General Practitioners;
• a representative from the Consumers Health Forum; and
• a representative from the Department of Health and Ageing.

In addition, the ATAGI may appoint expert working parties comprising members of the ATAGI and other persons nominated by the ATAGI or other peak advisory groups with specific expert knowledge, to address particular issues.

The Chair of the ATAGI is Professor George Rubin, Professor of Public Health and Community Medicine, University of Sydney, Director, Effective Healthcare Australia.

Current issues

Issues currently on ATAGI’s agenda include:

• the review and revision of the National Health and Medical Research Council’s 2000–2002 Australian Standard Vaccination Schedule;

• the review and revision of the National Health and Medical Research Council’s 7th Edition of the Australian Immunisation Handbook;

• the development of an electronic version of the Australian Immunisation Handbook that will be available for access by the Internet or as a stand alone program distributed on a CD ROM;

• the development of recommendations to further develop and strengthen Australia’s place as an immunisation leader in the region;

• the development of new processes to enhance the timely development of evidence based recommendations on immunisation for Australian governments;

• to continue to review and enhance recommendations on best practice immunisation service delivery; and

• the development of systems and processes to assist members to effectively contribute to ATAGI decision making outside of the formal meeting paradigm.

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