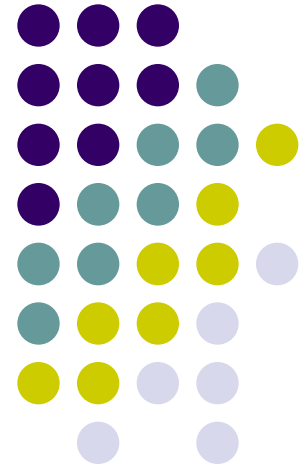
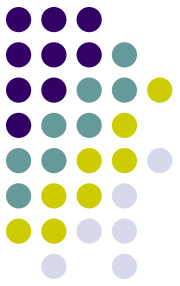


A Brief Review of the U.S. Advisory Committee on Immunization Practices

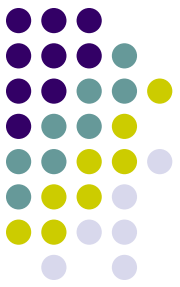
Jon Temte, MD/PhD
Professor
UWSMPH – Family Medicine
Vice Chair - ACIP





Quick Synopsis

- ACIP Structure
- ACIP Function
- Vaccine Paradigm
- Steps in Vaccine Development and recommendation
- My involvement with ACIP
- Questions / discussion



Structure of ACIP

- Chair - Carol Baker, MD
- Executive Secretary - Larry Pickering
- 14 additional voting members
 - 7 pediatricians (Pediatric Infectious Disease)
 - 3 Internal Medicine (Infectious Disease)
 - 2 Public Health
 - 1 Family Medicine
 - 1 Public Representative

Structure of ACIP



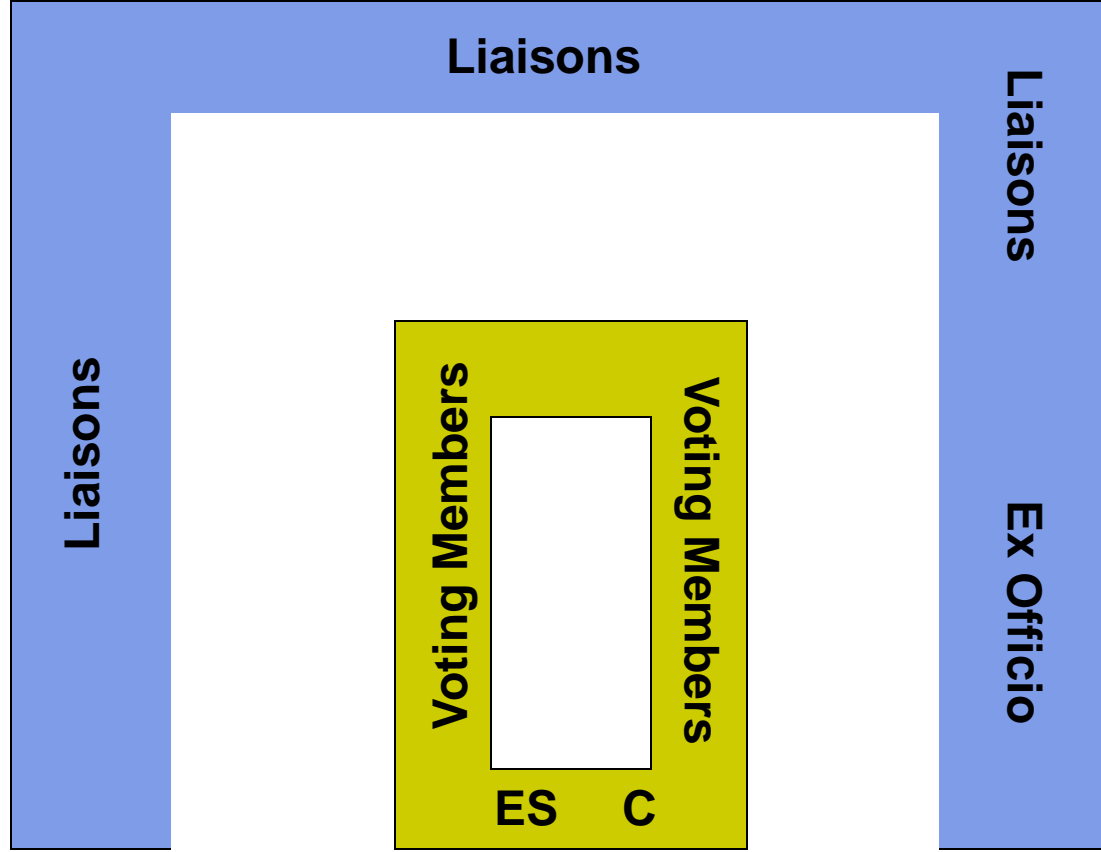
- Ex Officio Members

- CMS
- DOD (2)
- DVA
- FDA
- HRSA
- IHS
- NVPO
- NIH

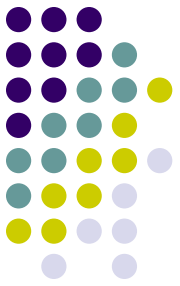
- Liaison Organizations

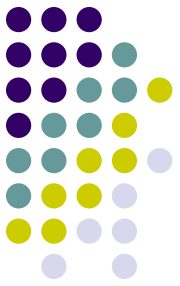
- Too many to list
- Currently at 28

Seating Chart



Location

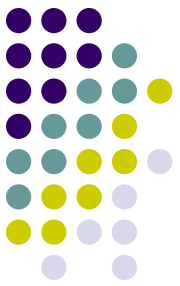




Schedule

- General Meetings
 - Three times per year
 - February
 - June
 - October
- Ad Hoc Meeting
 - Emergent issues
 - Face-to-face
 - teleconference

Work Groups of ACIP



Permanent workgroups

Adult Immunization Schedule

Childhood/Adolescent (“Harmonized”) Immunization Schedule

General Recommendations

Influenza Vaccines

Task-oriented workgroups

Anthrax Vaccine

Evidence Based Recommendations

Hepatitis Vaccines

Human Papillomavirus Vaccines

Japanese Encephalitis Vaccines

Measles–Mumps–Rubella–Varicella Vaccine Safety

Meningococcal Vaccines

Pneumococcal Vaccines

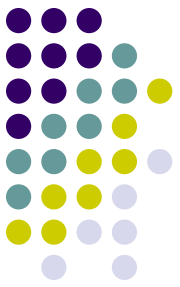
Rabies Vaccine

Yellow Fever Vaccine

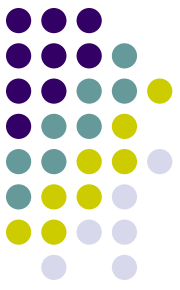


Charge of the US Advisory Committee on Immunization Practices

Advisory Committee on Immunization Practices shall provide guidance...

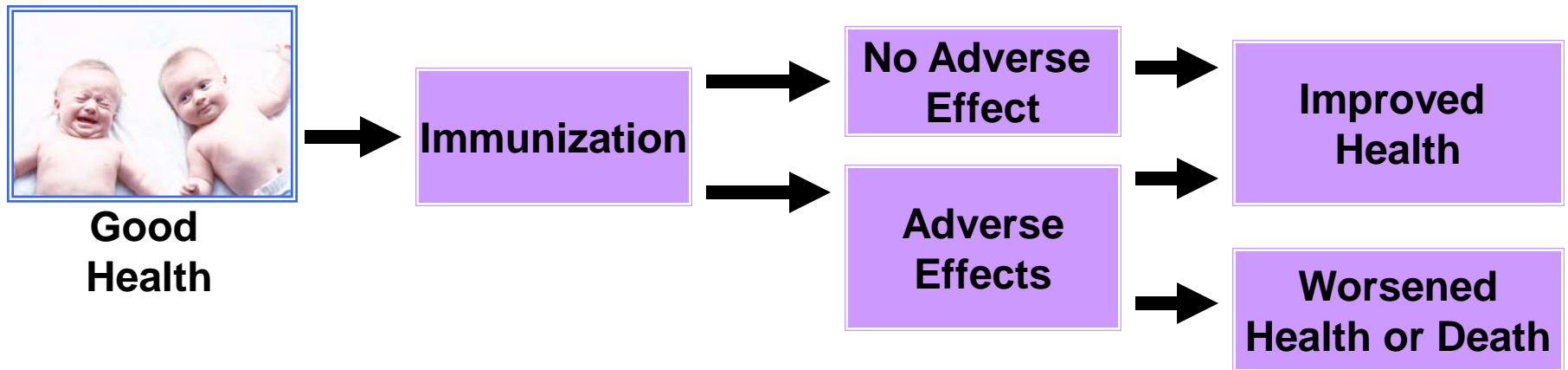


- ...regarding the most appropriate selection of vaccines and related agents for **effective** control of vaccine preventable disease in the civilian population.
- ...on **population groups and/or circumstances** in which a vaccine or related agent is recommended.
- ...on contraindications and precautions for the use of the vaccine and related agents and provide information on **recognized adverse events**.
- ...deliberations on the appropriate use of vaccines to control disease in the U.S, should include **consideration of population based studies such as efficacy, cost benefit, and risk benefit analyses**.

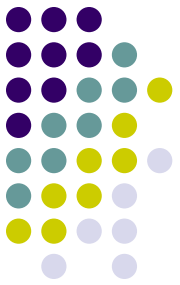


Immunization Paradigm

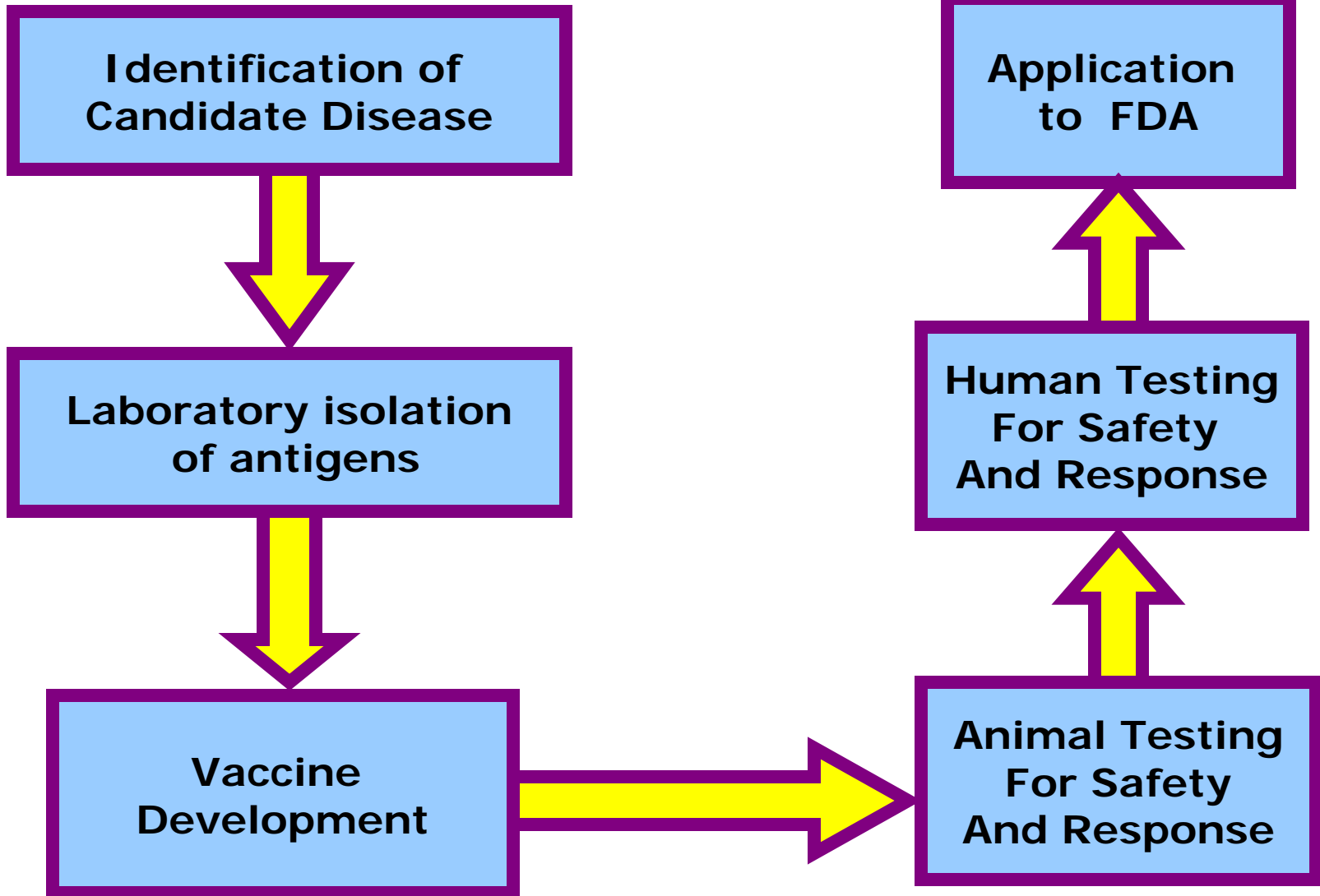
high burden of safety required



- Immunization of “healthy” individuals
- Adverse effects can occur
 - Minor and transient
 - Significant

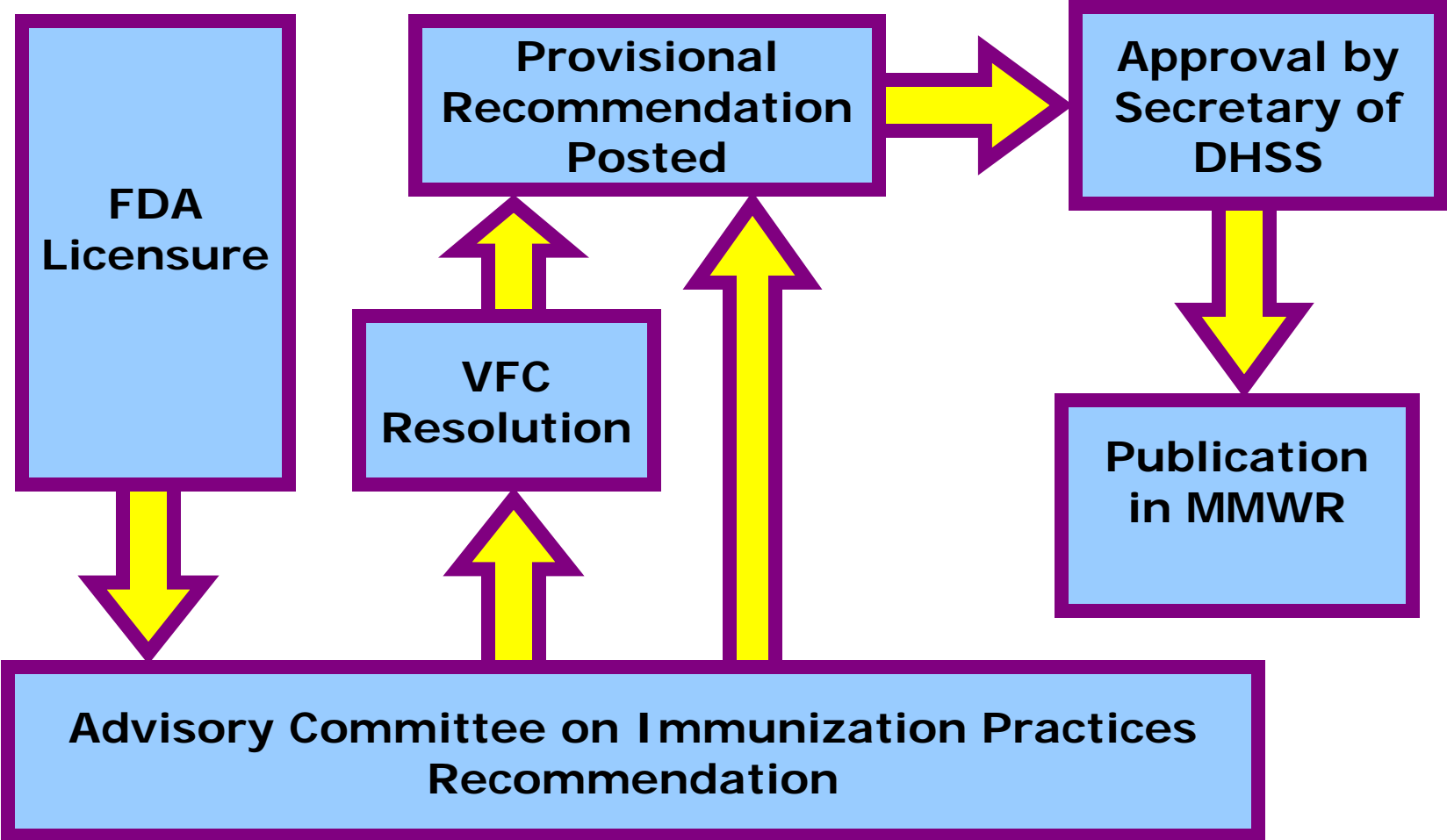


Events in Vaccine Development

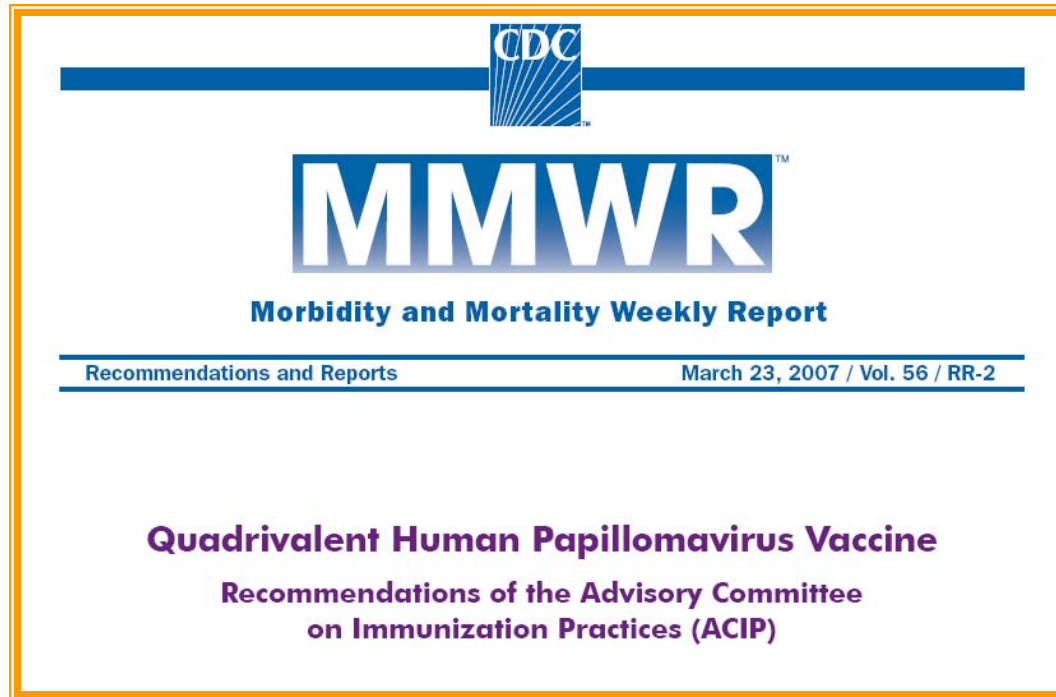




Events in Vaccine Recommendation

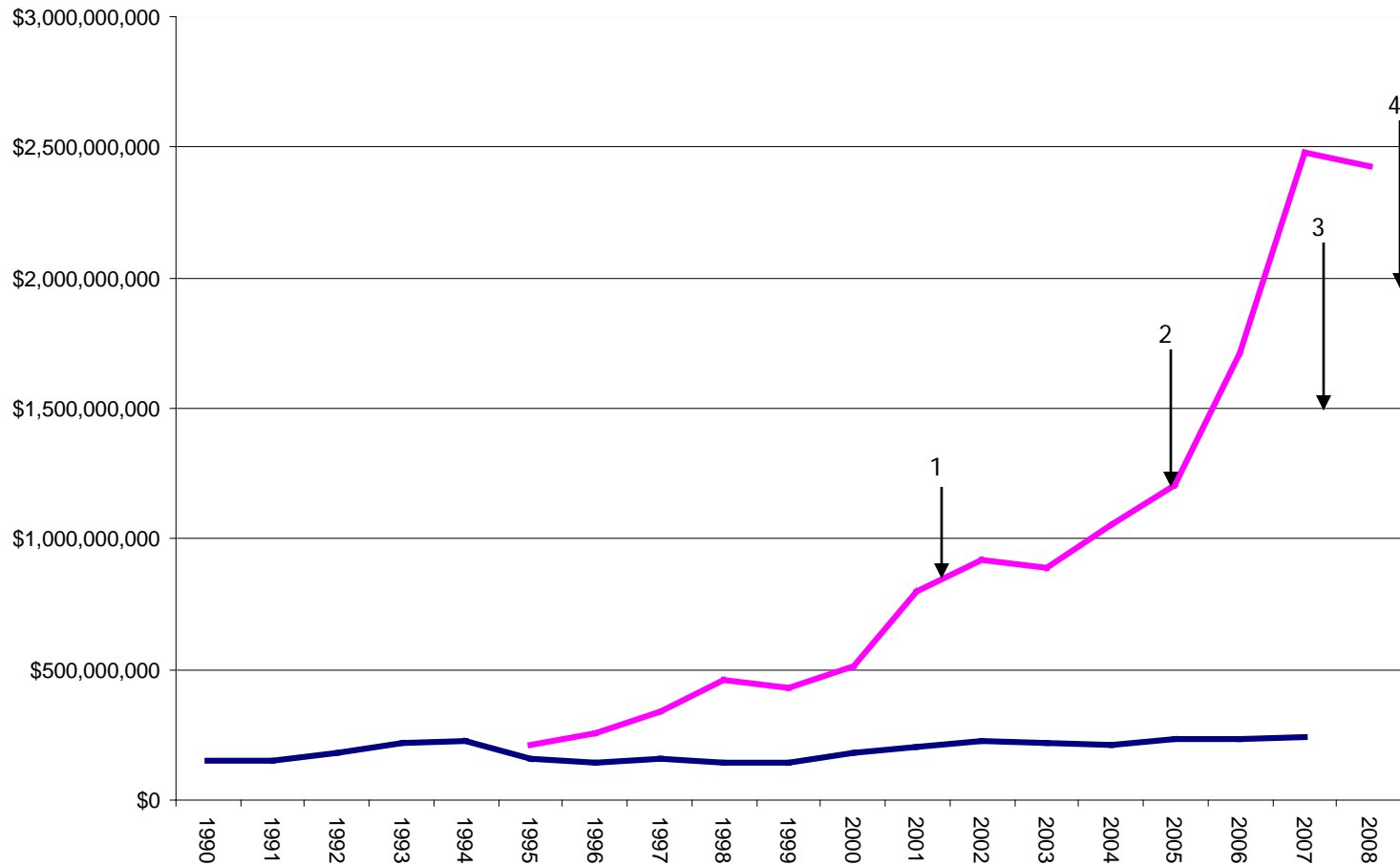
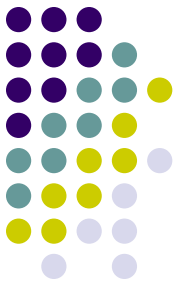


Implementation Considerations

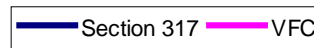


- Organizational Endorsement (e.g., AAP, AAFP)
- State Program Purchase – 317 Program
- Clinician Buy-in
- General Public Interest
- Administrative Rules and State Mandates

VFC and Section 317 Vaccine Funding, 1990 - 2008



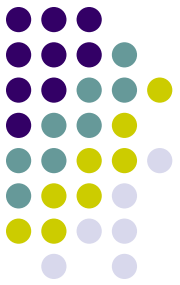
- 1) PCV7 added
- 2) DTaP-HepB-IPV added
- 3) MCV4 & Tdap added, expanded HepA recommendation, 2nd dose Varicella & MMRV added
- 4) HPV, Rota, and Zoster added





A personal review

- 2000 – AAFP Representative to CDC Measles Elimination Meeting
- 2004 – AAFP Representative to CDC Rubella Elimination Meeting
- 2004 – AAFP Liaison to ACIP
 - Meningococcal Vaccine WG
 - Evidence-based Recommendation WG
 - Harmonized Schedule WG
 - HPV vaccine WG



A personal review

- 2008 – Appointment to ACIP
 - Chair MMRV Safety WG
 - Adult Immunization WG
 - Evidence-based Recommendation WG
- 2009 – Vice Chair of ACIP
 - Chair EBR – WG
- 2011
 - Chair of new MMR WG