

**Advisory Committee on Immunization Practices**

**Application for Membership**

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## Advisory Committee on Immunization Practices: Request for Applications

The Centers for Disease Control and Prevention (CDC) regularly solicits applications and nominations of candidates to fill upcoming vacancies on the Advisory Committee on Immunization Practices. Seats become vacant as members rotate off the committee. Applications from candidates from all regions of the United States are welcome at any time. Members must be U.S. citizens and cannot be employees of the federal government.

ACIP is the principal advisory group to CDC and the Department of Health and Human Services (DHHS) for vaccines and immunization. ACIP reports directly to the Director of CDC and is charged with advising CDC and HHS on use of vaccines and related agents for control of vaccine-preventable diseases in the civilian population. The committee develops recommendations for use of vaccines in infants, children, adolescents and adults.

ACIP Charter: <http://www.cdc.gov/vaccines/acip/committee/charter.html>

ACIP members are acknowledged experts with an outstanding record of achievement in their own field and an understanding of the immunization issues covered by ACIP. They have a responsibility to provide CDC with high quality, well-considered advice and recommendations on matters described in the ACIP Charter.

ACIP members represent a range of professional affiliations (i.e., the medical profession, academia, research institutes, and governmental bodies including state health departments); areas of expertise (e.g., pediatrics, internal medicine, family medicine, nursing, vaccine research and policy, infectious diseases, epidemiology, preventive medicine, immunology, consumer concerns); and major areas of interest (e.g., influenza control, diarrheal diseases, respiratory diseases, research, health economics and cost-effectiveness, biologics, vaccine safety). Consideration will be given to ensuring appropriate geographic representation and racial, ethnic and gender balance.

After determination of eligibility, applications are reviewed by the ACIP Steering Committee. Members are selected on the basis of their qualifications and ability to contribute to the accomplishment of ACIP objectives. Appointment of ACIP members is made by the Secretary of Health and Human Services upon the proposal of the Steering Committee, but the Secretary may select members other than those recommended by the Steering Committee. Members of ACIP are appointed to serve for a term of four years, which in general is not renewable.

The ACIP website <http://www.cdc.gov/vaccines/acip/> provides a list of current members and previous ACIP recommendations.

ACIP normally meets three times per year at the CDC in Atlanta, and may convene an emergency meeting if warranted. In addition, members are expected to contribute to ACIP work groups, and to engage fully in preparation for each meeting of a work group and at public ACIP meetings.

Please submit your application to the ACIP secretariat by e-mail ([SThomas5@cdc.gov](mailto:SThomas5@cdc.gov)). Applications may be sent by the candidate him/herself, and nominations suggested by third party individuals or organizations will be accepted. Candidates will be asked to confirm their interest, availability and commitment to serve on ACIP, to provide a current *curriculum vitae* and at least one letter of recommendation from a professional colleague familiar with their work and who are not employees of DHHS.

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## Role and responsibilities of ACIP

ACIP advises the Director of CDC on:

- Use of vaccines that are licensed in the US by the Food and Drug Administration (FDA). These recommendations, if approved by the CDC Director, form the basis of vaccine recommendation statements published in *CDC Morbidity and Mortality Weekly Report (MMWR)*. Guidance for use of unlicensed vaccines may be developed if circumstances warrant.
- Use of immune globulin preparations and/or antimicrobial therapy shown to be effective in controlling a disease for which a vaccine is available.
- Population groups and/or circumstances in which a vaccine or related agent is recommended.
- Guidance on route, dose and frequency of administration of the vaccine, associated immune globulin or antiviral agent.
- Contraindications and precautions for use of vaccines and related agents, and provides information on recognized adverse events.
- General recommendations on use of vaccines and related agents, including administration technique, dose and dosing interval, reporting of adverse events, vaccine storage and handling, special situations or populations that may warrant modification of recommendations.
- Recommended immunization schedules for infants, children, adolescents and adults (updated annually).

ACIP has no executive or regulatory function. Its role is solely to provide advice and recommendations to the Director of CDC, and includes providing advice and recommendations on urgent matters as needed.

Members of ACIP have a responsibility to provide CDC and HHS with high quality, well considered advice and recommendations on matters described in the committee's Charter. Members play a critical role in ensuring the reputation of ACIP as a nationally and internationally recognized advisory group in the field of immunization. ACIP members will be committed to the development and improvement of public health policies.

Recommendations of ACIP, when approved by the Director of CDC and adopted by HHS/CDC, are published in the *Morbidity and Mortality Weekly Report (MMWR)* and are widely disseminated. These vaccine recommendations may be endorsed or adopted by U.S. professional medical organizations, state health departments and others.

The Secretariat of ACIP is provided by CDC. The Senior Adviser to the Director of CDC's National Center for Immunization and Respiratory Diseases serves as the Executive Secretary.

The Group's deliberations on use of vaccines include consideration of population-based studies such as efficacy, burden and epidemiology of disease, vaccine safety, vaccine characteristics, economic analyses (e.g., cost-effectiveness), immunization strategies, program feasibility, acceptability and equity, and ethical considerations. The process of formulation of vaccine recommendations involves the following activities:

- ACIP work groups (WGs) are established to review scientific data in depth and develop draft policy options for presentation to the full Committee for their deliberation. ACIP WGs must include two or more ACIP members, one of whom serves as WG chair, and may include liaison representatives, *ex officio* members, and invited consultants. Relevant data for decision making (e.g., disease epidemiology; vaccine efficacy, effectiveness, safety; cost-effectiveness and grading of evidence) is presented to ACIP in public meetings. Presentation of scientific data may occur over the course of several meetings. Representatives of vaccine manufacturers are not permitted to serve on WGs, but may be invited by the WG Chair to present data.

- At public meetings of the ACIP, the 15 voting members vote on vaccine recommendations. Recommendations are accepted by majority voting. Votes are recorded and the vote tally is captured in the ACIP meeting minutes, which are open to the public and posted on the ACIP website. The committee is updated regularly following implementation of new vaccine recommendations on pertinent data such as post-licensure safety monitoring, disease surveillance and outbreaks, and coverage.

Formulation of recommendations takes into account explicit evaluation of evidence (evidence-based recommendations), and may be re-evaluated if new evidence becomes available (e.g., safety data) that warrants review by the Committee.

Further information about ACIP is available at: <http://www.cdc.gov/vaccines/acip/>

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### **Qualities required for ACIP members**

Below are the criteria that will be applied when assessing candidates. To be considered, you must be able to demonstrate that you have the qualities, skills and experience to meet all the criteria.

Candidates must have:

- An understanding of the vaccination and immunization issues covered by the ACIP;
- An understanding of immunization issues in the U.S., including the routine domestic immunization program and vaccines used for special circumstances, e.g. “travel” vaccines;
- An outstanding record of achievement and personal credibility within their own field;
- Experience of operating at a strategic level in the public or other sectors;
- Experience of working effectively in high level advisory committees;
- Excellent interpersonal and communication skills to support effective discussion with a range of stakeholders;
- Ability to evaluate complex issues and weigh conflicting opinions;
- Ability to influence at a senior level;
- A broad range of expertise and interest in vaccines and immunization.

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### **Duties and role of ACIP members**

The Chair and members of the Committee play a critical role in ensuring the Committee’s continued standing as a nationally and internationally recognized leading body in the field of immunization and that it continues to observe the highest standards of impartiality, integrity and objectivity in its deliberations and that its recommendations are driven by available scientific evidence. Members of ACIP will:

- Be committed to continued development and improvement in this important area of public health;
- Bring relevant experience to the Committee;
- Contribute to the provision of high quality and considered public health advice to the CDC and DHHS;
- Be expected to make a full and considered contribution to the work of the Committee and to contribute fully to the debate and to the decision-making processes ;
- Provide expert guidance when an issue that falls within your particular area of expertise is under discussion;

- Contribute to the debate in the capacity of a well-informed health professional when the issue does not fall within your expertise;
- Take into account the need for and impact of vaccines, the quality and safety of vaccines and strategies to ensure that the greatest benefit can be obtained from the most appropriate use of vaccines;
- Be prepared to respond quickly to interaction by e-mail;
- Be prepared, as requested by the Secretariat, to attend and contribute to the work of one or more of the ACIP work groups, which report to the ACIP, and to attend occasional meetings of other Federal Advisory Committees on vaccines for which representation of ACIP would be needed;
- Be committed to declare all relevant interests. Any reported interest that could be perceived as a potential conflict of interest will be disclosed during public ACIP meetings and in written meeting minutes, which are posted on the ACIP website.

All members serve in their personal capacity and should refrain from promoting the policies and views and products of the organization/institution for which they work.

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## **Categories of membership: medical professional members and consumer representative member**

### **Membership**

ACIP members represent a range of professional affiliations (i.e., the medical profession, academia, research institutes, and governmental bodies including state health departments); areas of expertise (e.g., pediatrics, internal medicine, family medicine, nursing, vaccine research and policy, infectious diseases, immunology, consumer concerns); and major areas of interest (e.g., influenza control, diarrheal diseases, respiratory diseases, research, health economics and cost-effectiveness, biologics, vaccine safety). Consideration is given to ensure appropriate geographic representation and racial, ethnic and gender balance.

In addition to the 15 voting members, ACIP includes eight non-voting *ex officio* members representing other federal agencies involved in some aspect of immunization, and 29 non-voting liaison representatives from selected professional organizations.

### **Medical Professional Members (14)**

ACIP includes 14 members representing clinical medical fields (physician, nurse, nurse practitioner) and/or public health professionals, e.g., State Health Department, epidemiologist. These positions are held by technically qualified people trained in a clinical medical field and possessing in-depth knowledge of vaccines and immunization. Candidates for this position may be recommended by a professional medical organization or other interested parties. The ACIP also welcomes self-nominated candidates possessing the required technical knowledge and experience.

Qualifications of the medical or public health professional include:

- Advanced medical degree (e.g., MD, RN).
- Board certification in area(s) of specialization
- Scientific knowledge of vaccines, immunization, and/or immunization programs
- Ability to interact actively and respectfully with other voting ACIP members, as well as ACIP's eight *ex officio* members and 29 liaison representatives, all of whom attend each ACIP meeting
- Willingness to take part in three regularly-scheduled meetings per year, and any emergency meetings that might be called. S/He must demonstrate expertise, comfort, and facility with

active participation in deliberations of the ACIP during public meetings held in front of audiences of ~300-400 people and webcast live

- Willingness to participate actively in two ACIP work groups
- Willingness to review and give input on ACIP recommendation statements prior to review by the CDC Director and publication in CDC's *Morbidity and Mortality Weekly Report (MMWR)*. For examples of recent ACIP/CDC recommendations, see <http://www.cdc.gov/vaccines/pubs/ACIP-list-by-date.htm>

### **Lay Member: Consumer Representative (one)**

ACIP must include a consumer representative as one of the 15 voting members of the committee. This position is held by a technically qualified person knowledgeable about consumer perspectives and/or social and community aspects of immunization programs. Candidates for this position may be recommended by a consortium of consumer-oriented organizations, an individual consumer-oriented organization, or other interested parties. The ACIP also welcomes self-nominated candidates possessing the required technical knowledge and experience.

Qualifications of the consumer representative include:

- Lay knowledge of vaccines, immunization, and/or immunization programs.
- Ability to interact actively and respectfully with other voting ACIP members, as well as ACIP's eight *ex officio* members and 29 liaison representatives, all of whom attend each ACIP meeting
- Willingness to take part in three regularly-scheduled meetings per year, and any emergency meetings that might be called. S/He must demonstrate expertise, comfort, and facility with active participation in deliberations of the ACIP during public meetings held in front of audiences of ~300-400 people and webcast live to thousands more.
- Willingness to participate actively in two ACIP work groups.
- Willingness to review and give input to ACIP recommendation statements prior to review by the CDC Director and publication in CDC's *Morbidity and Mortality Weekly Report (MMWR)*.

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### **Compensation**

Appointments are not remunerated. However, members are compensated for expenses incurred by attendance at meetings. Such compensation, which includes the issuance of airline tickets, *per diem* to cover lodging, meals and incidental expenses will be in accordance with DHHS/CDC travel rules. An optional honorarium of \$250/day for each day that a member attends an ACIP meeting is offered to voting members, who are designated as Special Government Employees during their tenure on the Committee.

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### **Location of meetings and time commitment**

ACIP meets three times annually for a meeting of two days duration, located in the Global Communications Center, Centers for Disease Control and Prevention in Atlanta, GA. The meetings take place usually during the third or fourth week in the months of February, June, and October, and meeting dates are posted on the ACIP website at [CDC - ACIP - Upcoming ACIP Meeting Dates - Vaccines](#). Some preparation time for meetings will be required, which may involve weekends. In addition, members will be asked to participate in two ACIP work groups, which usually meet via 1-hour teleconference or webinar once or twice per month. Overall, including meeting and travel time, participation in

teleconferences, e-mail interaction, and participation in work groups one can expect approximately a three week commitment spread over the year.

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### **Appointments and tenure**

- Members will be appointed for a term of four years, which typically begins on July 1 in the year of appointment.
  - In general, a member's term may not be extended beyond four years, and appointment to a second term is not allowed.
  - The Chair shall be appointed for a term of three years. The Chair is selected and appointed by the Secretary, HHS from among voting ACIP members who have had at least two years of experience serving on ACIP and have demonstrated the ability both to lead the work of similar bodies and to work effectively with CDC.
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### **Orientation and education**

Orientation for new members is provided to enable members to fully understand the work and functioning of the ACIP, including participation in ACIP work groups. This is typically offered as a two hour teleconference/webinar within one month of appointment of new members. The Secretariat will further arrange briefing and meetings with CDC staff and any other training in order to facilitate the full engagement of new members in the work of the ACIP.

From time to time, the ACIP Secretariat arranges educational sessions on topics such as the role of health economics in development of ACIP recommendations, immunization safety monitoring and procedures used in development of evidence-based recommendations. These sessions are sometimes held at the CDC on the day before an ACIP meeting.

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### **Conflicts of Interest**

You should note particularly the requirement to declare any potential conflicts of interest that arise in the course of ACIP tenure and the need to declare any relevant business interests, positions of authority or other connections with organizations relevant to the work of the ACIP. Upon appointment each voting member is required to file an Office of Government Ethics 450 form (OGE450 <http://www.oge.gov/Forms-Library/OGE-Form-450--Confidential-Financial-Disclosure-Report/>), a Confidential Financial Disclosure Report, which is reviewed by the ACIP Secretariat, the Federal Advisory Committee Management Branch and the Office of General Counsel at CDC. Confidential Financial Disclosure must be updated annually during a member's term. At every ACIP meeting the Chair calls for conflict of interest disclosure from each voting member, at the opening of the meeting and prior to any vote taken by the ACIP.

Any actual or perceived conflict of interests will be explored fully by the Secretariat, CDC's Federal Advisory Committee Management Branch, and CDC legal counsel if necessary.

Members with declared interests will be asked to recuse themselves from participating in the discussion and decision-making of the issues relating to that interest. A member who has any doubt as to whether he/she has an interest that should be declared, or whether he/she should take part in the proceedings, should ask the Secretariat for guidance.

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### **How to apply**



**The ACIP secretariat is happy to receive applications at any time of the year for candidates to fill upcoming vacancies on the Advisory Committee on Immunization Practices (ACIP).** Selection of members is based on candidates' qualifications to contribute to the accomplishment of ACIP objectives.

The U.S. Department of Health and Human Services policy stipulates that committee membership be balanced in terms of professional training and background, points of view represented, and the committee's function. Consideration is given to a broad representation of geographic areas within the U.S., with equitable representation of the sexes, ethnic and racial minorities, and the handicapped. Nominees must be U.S. citizens, and cannot be employees of the U.S. Government.

Candidates should submit the following items:

- Current ***curriculum vitae***, including complete contact information (telephone numbers [office and cell], mailing address, e-mail address)
- At least one letter of recommendation **from a professional colleague familiar with your work and who is not employed by the U.S. Department of Health and Human Services\***

The CV should include your education, training, board certification and career history and list your main areas of employment or other relevant activity and public appointments, if any. You should include details of any relevant academic or professional qualifications.

Applications may be submitted by the candidate him- or herself, or by the person/organization recommending the candidate.

A review of all applications will be conducted by the ACIP Steering Committee, with final selection of the candidates to be made by the Secretary, Department of Health and Human Services; successful candidates will be notified of their appointment during the spring of the appointment year and those candidates not accepted will be informed in writing. Unsuccessful applicants are encouraged to re-apply in subsequent years. The need for various kinds of expertise varies from year to year and a candidate who is not selected in one year may be appointed in a subsequent year.

If you have any questions regarding these procedures, please e-mail ACIP Committee Management Specialist, Ms Stephanie Thomas ([SThomas5@cdc.gov](mailto:SThomas5@cdc.gov)).

Please share this request with anyone who may be interested in submitting a recommendation for nomination.

## References

1. Smith JC, Snider DE, Pickering LK. Immunization Policy Development in the United States: the Role of the Advisory Committee on Immunization Practices. *Ann Intern Med.* 2009;150(1):45-49.
2. Smith JC. The structure, role and procedures of the U.S. Advisory Committee on Immunization Practices (ACIP). *Vaccine* 2010;285:A68-A75.
3. Smith JC, Hinman AR, Pickering LK. History and Evolution of the Advisory Committee on Immunization Practices – United States, 1964-2014. *MMWR.* 2014;63(42):955-958.

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\* Candidates may submit letter(s) from current HHS employees if they wish, but at least one letter must be submitted by a professional colleague *not* employed by HHS (e.g., CDC, NIH, FDA etc).