

# National Center for Immunization and Respiratory Diseases (NCIRD)

**Mission:** The mission of the National Center for Immunization and Respiratory Diseases (NCIRD) is the prevention of disease, disability, and death through immunization and by control of respiratory and related diseases.



## **Demetre Daskalakis, MD, MPH**

Director National Center for Immunization and Respiratory Diseases (NCIRD)

[yzq5@cdc.gov](mailto:yzq5@cdc.gov)

## **Center Organizational Chart**

<https://intranet.cdc.gov/ncird/od/organizational-chart.html>

## **Points of Contact**

[Associate Director for Policy](#)

[Brooke Barry](#)

[Policy Lead, Public Health Analyst](#)

[Denise Beauvais](#)

## **Priority Areas and Activities**

- Improving organizational health through modernization of our structure and operations through the “NCIRD Thrives” Initiative.
- Establish a respiratory season readiness structure to facilitate coordination across NCIRD and the agency to ensure CDC is prepared for future respiratory seasons.
- Establish equitable access to vaccines in United States across the lifespan of people, with special focus on catch up vaccination for adults and children and improving data and methods for identifying populations and communities at risk for vaccine-preventable disease outbreaks.
- Improve platforms for evaluation of maternal vaccines, including their outcomes.
- Act as a diagnostics accelerator (including through strong partnerships with FDA Radx, ICAP, BARDA, commercial labs, etc.).

## **Center level technical assistance services and programs**

NCIRD technical assistance services and programs include:

- Vaccines for Children (VFC) program (<https://www.cdc.gov/vaccines/programs/vfc/index.html>).
- Immunization Gateway - NCIRD helps Tribes/TECs/THOs build or improve data infrastructure where NCIRD implemented and supports the Immunization (IZ) Gateway to facilitate efficient data exchange between multi-jurisdictional vaccination providers, like federal agencies, and jurisdictional Immunization Information Systems (IIS). IIS provides centralized information technology services for tribally affiliated clinics, including providing and supporting most tribally affiliated clinics’ electronic health record (EHR) systems. NCIRD has contracts in place to provide technical assistance for IIS to onboard to the IZ Gateway, facilitate the testing of data exchange with IIS, and move bidirectional data exchange between jurisdictional IIS and IIS affiliated clinics to production.

## Budget Updates

### **Total Number of Grants and Cooperative Agreements with Tribes, TECs, or THOs for FY 22.**

Total = 5

1. CDC-RFA-IP21-2107: National Council of Urban Indian Health (NCUIH)  
(<https://www.grants.gov/search-results-detail/330763>)
2. CDC-RFA-IP21-2107: Association of American Indian Physicians (AAIP)  
(<https://www.grants.gov/search-results-detail/330763>)
3. CDC-RFA-IP21-2106: Northwest Portland Area Indian Health Board (NPAIHB)  
(<https://grants.gov/search-results-detail/330280>)
4. CDC-RFA-OT18-1803: Northwest Portland Area Indian Health Board (NPAIHB)  
(<https://www.grants.gov/search-results-detail/298670>)
5. CDC-RFA-OT18-1803: Southern Plains Tribal Health Board (SPTHB)  
(<https://www.grants.gov/search-results-detail/298670>)

### **Total Number of Grants and Cooperative Agreements with Tribes, TECs, and THOs for FY 23.**

Total = 5

1. CDC-RFA-IP21-2107: National Council of Urban Indian Health (NCUIH)  
(<https://www.grants.gov/search-results-detail/330763>)
2. CDC-RFA-IP21-2107: Association of American Indian Physicians (AAIP)  
(<https://www.grants.gov/search-results-detail/330763>)
3. CDC-RFA-IP21-2106: Northwest Portland Area Indian Health Board (NPAIHB)  
(<https://grants.gov/search-results-detail/330280>)
4. CDC-RFA-TO-23-0001: Northwest Portland Area Indian Health Board (NPAIHB)  
(<https://www.grants.gov/search-results-detail/344900>)
5. IP19-001 Surveillance for Respiratory Syncytial Virus (RSV) and Other Viral Respiratory Infections Among American Indians/Alaska Natives (SuNA).

**For each FY 23 Funding Activity with Tribes, TECs, THOs Complete the Following Information. Please be sure to provide updates for each funding activity including CDC RFA Award Number, Award Title, Award Amount, Funding Period, and Brief Description) Required to answer. Multi Line Text.**

- CDC-RFA-IP21-2107: Partnering with Professional and Medical Associations to Increase Vaccination Coverage Across Different Racial and Ethnic Adult Populations Experiencing Disparities (<https://www.grants.gov/search-results-detail/330763>)
  - o Recipients and Funding: National Council of Urban Indian Health (NCUIH) – \$550,000 (<https://ncuih.org/>); Association of American Indian Physicians (AAIP) – \$900,000 (<https://www.aaip.org/>)
  - o Funding Period: 2/15/2023-2/14/2024
  - o The primary goal of this cooperative agreement is to identify and build on the evidence base of effective interventions to improve vaccination coverage in Indian Country and implement effective strategies to reduce racial/ethnic disparities in adult vaccination coverage. The project focuses on three overall strategies:
    - Develop strategies and resources for individual clinicians providing healthcare
    - Develop strategies and resources for healthcare organizations
    - Enhance the resource and evidence base
  
- CDC-RFA-IP21-2106: Partnering with National Organizations to Increase Vaccination Coverage Across Different Racial and Ethnic Adult Populations Currently Experiencing Disparities (<https://grants.gov/search-results-detail/330280>)
  - o Recipient and Funding: Northwest Portland Area Indian Health Board (NPAIHB) – \$1,169,999 (<https://www.npaihb.org/>)
  - o Funding Period: 2/1/2023-1/31/2024
  - o NPAIHB is a tribal organization that serves the 43 federally recognized tribes in Idaho, Oregon, and Washington. This cooperative agreement aims to address low immunization rates and vaccine hesitancy in American Indian/Alaska Native (AI/AN) adults. Through this project, NPAIHB’s Northwest Tribal Epidemiology Center (NWTEC) will collaborate with and assist six TECs to enhance the evidence base of effective interventions to improve vaccination coverage and identify and implement strategies to reduce disparities in adult vaccination coverage among AI/AN. The Toolkit: Vaccination Information for Native People by Native People was created as part of this cooperative agreement. (<https://vaccineresourcehub.org/resource/toolkit-vaccination-information-native-people-native-people>)

- CDC-RFA-TO-23-0001: Strengthening Vaccine Confidence and Demand in Tribal Communities through Communication, Education, and Outreach (<https://www.grants.gov/search-results-detail/344900>)
  - o Recipient and Funding: Northwest Portland Area Indian Health Board (NPAIHB) – \$500,000 (<https://www.npaihb.org/>)
  - o Funding Period: 9/30/2023–8/30/2024
  - o NPAIHB is a tribal organization that serves the 43 federally recognized tribes in Idaho, Oregon, and Washington. Through this project, NPAIHB’s Native Boost/Northwest Tribal Epidemiology Center (NWTEC) will leverage the existing immunization team’s expertise, as well as that of consultants experienced in tribal community public health campaigns, to utilize the provider and community experience and partnerships developed to continue to build vaccine confidence and demand in Northwest tribal communities. Overarching strategies are to:
    - Utilize existing program findings and regional data to facilitate tribal focus groups to discuss and identify barriers to vaccine confidence; facilitators that increase vaccine demand; tribal community and social context that guides communication; and outreach and education strategies
    - Utilize tribally tested media development processes, dissemination strategies, and platforms to effectively and efficiently address identified tribal community vaccine confidence barriers or strengths
    - Create in-person and virtual provider training opportunities to share CDC recommendations and best practices, regional findings, and increase provider confidence and access to Native Boost training materials, communication tools, and media assets.
- IP19-001 Surveillance for Respiratory Syncytial Virus (RSV) and Other Viral Respiratory Infections Among American Indians/Alaska Natives (SuNA).
  - o The main objective of this cooperative agreement is to conduct active inpatient and outpatient surveillance for RSV and other respiratory pathogens among children under 5 years of age and pregnant women and SARS-CoV-2-associated disease across all ages in American Indian communities in the southwest U.S. (Navajo Nation and White Mountain Apache Tribal Lands in Arizona) and Alaska Native communities in the Yukon Kuskokwim Delta, Western Alaska and Anchorage.
  - o Builds upon long-standing collaborations between Tribal partners, the Johns Hopkins Center for American Indian Health, the Alaska Native Tribal Health Consortium, and the Kuskokwim Health Corporation.
  - o Recipient and Funding: Johns Hopkins University-\$2.5 million
  - o Budget Period: 08/1/2019 – 07/31/2024
  - o Determine age-specific incidence and characterize RSV-associated, SARS-CoV-2-associated, and other ALRI-associated hospitalizations and outpatient visits
  - o Compare age-specific incidence of RSV- and SARS-CoV-2-associated hospitalizations to other U.S.-based platforms

## Health Equity Updates

**Does your CIO's Health Equity initiative include activities or metrics that specifically address AI/AN, Tribes, TECs, or THOs? (Yes/No) If yes, provide metric and/or describe activities (please be sure to include supporting links). Required to answer. Multi Line Text.**

- Immunization and Vaccines for Children Program Cooperative Agreement (CDC-RFA-IP19-1901)
  - o The Vaccines for Children (VFC) program was established by Congress in 1994 to increase access to vaccination for children who might not get vaccinated because of financial barriers. The VFC program serves children through 18 years of age who meet at least one of the following criteria:
    - American Indian or Alaska Native (AI/AN)
    - Medicaid-eligible
    - Uninsured
    - Underinsured
  - o To reach VFC-eligible children, the CDC uses federal funds to purchase vaccines and distribute them at no cost to public health clinics and provider locations enrolled in the program. CDC provides funding to 61 state, local, and territorial immunization program awardees to implement and oversee the VFC program. These awardees provide vaccines to participating provider locations to meet the specific needs of eligible children in their jurisdictions.
  - o VFC supports equitable vaccine access for children in AI/AN communities in two ways:
    - AI/AN children are VFC-eligible under any circumstance.
    - State and local immunization programs serving AI/AN communities are expected to engage American Indian/Alaska Native (AI/AN) communities and other tribal partners to improve vaccination coverage within the jurisdiction's AI/AN population.
- Intra-Agency Agreement (IAA) between NCIRD and Indian Health Services
  - o Through the IAA, NCIRD supports the following areas of collaboration:
    - Conduct evaluation and support implementation of strategies to improve the uptake and delivery of vaccines in IHS and tribal facilities and AI/AN communities.
    - Increase IHS capacity to provide epidemiologic support to monitor trends in vaccine-preventable disease and immunization coverage among AI/AN communities.
    - Provide technical and financial support for immunization and vaccine-preventable disease education and training of IHS and tribal providers, AI/AN communities, and other internal and external partners, including the CDC.
    - Examine trends in vaccine-preventable disease and immunization coverage among AI/AN communities to inform performance assessment and allocation of program resources.
    - Evaluate the effectiveness of immunization and vaccine-preventable disease programs.

CDC supports 3 full time positions assigned to IHS and reimburses IHS for an additional position.

- NCIRD Immunization Services Division (ISD) Health Equity Council
  - o ISD's Health Equity Strategic Framework identifies AI/AN persons as a population of focus as a disproportionately affected population (DAPs). The framework outlines objectives to strengthen partnerships and collaborations among DAPs, to establish processes for engaging external collaborators, and to identify available data and data gaps for DAPs to better understand the drivers of vaccine inequities they may experience.
  - o ISD is working towards strengthening its knowledge base on health equity among AI/AN populations by having an IHS liaison to its Health Equity Council and by having ISD's Senior Advisor for Health Equity participate in a Tribal Support Working Group.
  - o AI/AN populations will be the focus of an upcoming ISD Journal Club discussion with a particular focus on data sovereignty, tribal values, and practices for equity.

**Is your CIO currently collecting, receiving, or producing health equity data that includes AI/AN information? (Yes/No). If yes, describe the data being collected, received, or produced (please be sure to include supporting links). Required to answer. Multi Line Text.**

Yes

- NCIRD collects flu hospitalization data by race/ethnicity, including AI/AN, which is publicly available on FluView Interactive: Laboratory-Confirmed Influenza Hospitalizations (cdc.gov) (<https://gis.cdc.gov/GRASP/Fluview/FluHospRates.html>)
- The National Immunization Surveys (NIS) are a group of telephone surveys sponsored and conducted by CDC's National Center for Immunization and Respiratory Diseases (NCIRD). The NIS includes modules to assess routine vaccination coverage for children 19-35 months of age, adolescents 13-17 years of age, flu and COVID-19 vaccination coverage for children 6 months - 17 years of age, and adult vaccination coverage for COVID-19, RSV, and flu. The survey collects sociodemographic characteristics of the respondent and is able to provide vaccination coverage estimates by race/ethnicity. Vaccination coverage estimates among American Indian and Alaska Native people are included in online reports and dashboards (links provided below):
  - o Childhood vaccination coverage estimates: <https://stacks.cdc.gov/view/cdc/134544>
  - o Adolescent vaccination coverage estimates: <https://www.cdc.gov/mmwr/volumes/72/wr/mm7234a3.htm>
  - o Weekly COVID-19 Vaccination Dashboard (pregnant persons and adult population): <https://www.cdc.gov/vaccines/imz-managers/coverage/covidvaxview/interactive/vaccination-dashboard.html>
  - o Weekly RSV Vaccination Dashboard (pregnant persons and adult population): <https://www.cdc.gov/vaccines/imz-managers/coverage/rsvvaxview/index.html>
  - o Weekly Flu Vaccination Dashboard (pregnant persons and adult population): <https://www.cdc.gov/flu/fluview/dashboard/vaccination-dashboard.html>

For more information about the National Immunization Survey, please visit <https://www.cdc.gov/vaccines/imz-managers/nis/about.html>

## Tribal Data Updates

**Please Provide a Brief Description of any Efforts to help Tribes/TECs/THOs Build or Improve Data Infrastructure. (Please be sure to include supporting links and references). Required to answer.**

**Multi Line Text.**

The Intra-Agency Agreement between NCIRD and IHS supports coordination between IHS service units, state Immunization Information Systems (IISs), and HHS legal to ensure bi-directional data can be shared between electronic health records and state IISs in a way that meets IHS' privacy requirements. CDC staff assigned to IHS participate in monthly workgroup meetings with national partners to ensure immunization information system standards include the data needs of IHS service areas as standards are being developed. In addition, these assignees provide support to IHS healthcare facilities for utilizing the IHS immunization informatics system to accurately enter vaccination data.

**Please Provide a Brief Description of any Efforts to help Tribes/TECs/THOs to Collect, Acquire, or Improve data. (Please be sure to include supporting links and references).Required to answer.**

**Multi Line Text.**

NCIRD implemented and supports the Immunization (IZ) Gateway to facilitate efficient data exchange between multi-jurisdictional vaccination providers, like federal agencies, and jurisdictional Immunization Information Systems (IIS). IHS provides centralized information technology services for tribally affiliated clinics, including providing and supporting most tribally affiliated clinics' electronic health record (EHR) systems. NCIRD has contracts in place to provide technical assistance for IHS to onboard to the IZ Gateway, facilitate the testing of data exchange with IIS, and move bidirectional data exchange between jurisdictional IIS and IHS affiliated clinics to production. A streamlined data sharing agreement, which has been signed by fifty-two jurisdictions, and three federal agencies, is used to meet the policy requirements for this data exchange. NCIRD provided Indian Health Service (IHS) with the technical requirements for onboarding and use of the IZ Gateway. IHS recently adopted a new electronic medical record system, and once it is deemed to meet technical requirements for the IZ Gateway, and IHS signs the data sharing agreement, data exchange could be initiated between IHS affiliated clinics and all fifty-five entities currently active with the IZ Gateway. This effort could be phased in as IHS affiliated clinics adopt the new EHR.

**Please Provide a Brief Description of any Efforts to help Tribes/TECs/THOs Enhance their Ability to Manage, Analyze, Interpret, or Disseminate data. (Include training or technical assistance tools and resource links.**

The CDC staff assigned to IHS through the Intra-Agency Agreement between NCIRD and IHS co-lead the IHS RPMS (EMR) Immunization Advisory Team to ensure IHS service sites have technical clinical support and data reports needed to manage immunization uptake. These assignees also provide data analytics support and data visualization packages to IHS Area Offices upon request.