Mumps in U.S. Detention Facilities

Wednesday, August 28th, 2019
2:00-3:00pm ET
Housekeeping

• All participants will be placed in listen-only mode for the duration of this webinar.

• We will take questions at the end of all presentations today. You may submit your questions as we go along through the online platform using the Q&A feature at any time.

• The webinar will be recorded and available online after today. We will also share the slides from today's presentations as permitted by the speakers.
NACCHO is comprised of nearly 3,000 local health departments across the United States. Our mission is to serve as a leader, partner, catalyst, and voice with local health departments.
Migrant Health in Laredo, TX

• Migration and international travel is a way of life in the Texas/Mexico border
• City of Laredo Health Department has provided health screening/triage to a total of 14,921 migrants
• Triaged over 200 migrants daily from El Salvador, Syria, Colombia, Venezuela, Guatemala, Brazil, Cuba, and Congo
• Directly provided patient care to 20 pregnant women
• Handled and provided socials services and support to 2 cases of human traffic
• Treated over 80 migrants for acute illnesses and follow-up treatment for chronic disease such as diabetes, rehabilitation, cancer, and behavioral health issues
Migrant Health in Laredo, TX

• Coordinated with local hospitals for flu and probable infectious issues for 30 cases persons

• Assisted nonprofit groups with medication/treatment and prescription support and provided over $300 in medications

• Private physicians have provided acute patient care to over 300 additional migrants
Mumps Cases in Laredo, TX 2019

• 33 cases among 3 facilities
• 15 suspected cases
• 2 exposed family members
Migrant Health in Laredo, TX

Solution:

• Develop Multidisciplinary Center of Excellence
• Dedicated ongoing Surveillance and Early Detection
• Lab Confirmation and Containment
• Healthcare for transient and residential and uninsured
Mumps in US detention facilities that house detained migrants

Jessica Leung, MPH
Division of Viral Diseases
National Center for Immunization and Respiratory Diseases
U.S. Centers for Disease Control and Prevention

NACCHO Webinar, Part 1
8/28/2019
Outline

Background on mumps
Epidemiology of mumps in the United States and globally
Epidemiology of mumps in detention facilities (Sept 2018–Aug 2019)
Background on mumps
Mumps Disease

- Typically presents as parotitis or other salivary gland swelling
  - Parotitis can be caused by infectious and non-infectious causes but only mumps virus causes outbreaks of parotitis
- Infection may be asymptomatic in approximately 15–24% of unvaccinated persons
- Complications include:
  - Orchitis (swelling of testicles)
  - Meningitis
  - Oophoritis (swelling of ovaries)
  - Encephalitis
- Spread by person to person direct contact or inhalation of respiratory droplets or saliva of infected person
- Infectious period: 2 days before until 5 days after parotitis onset
- Incubation period: 16–18 days (range: 12–25 days)
Mumps Laboratory Testing for Case Confirmation

- Mumps cases are confirmed by RT-PCR (reverse transcription polymerase chain reaction) or viral culture of oral or buccal swab
  - RT-PCR is the preferred confirmatory test since viral culture may take longer to get results (>7 days)
  - IgM testing may be more widely available, but can yield false positive and false negative results

- Clinical diagnosis for mumps may be unreliable as parotitis can be caused by other etiologies
  - For sporadic cases that have negative laboratory results for mumps, consider testing for other etiologies such as influenza virus, Epstein Barr virus, adenovirus, parainfluenza viruses types 1, 2, and 3.
Epidemiology of mumps in the United States and globally
Mumps in the United States

- Following 2-MMR dose vaccination program implemented in 1989, mumps cases declined by >99% by the early 2000s
- Starting in 2006, there has been an increase in the number of reported mumps cases with several peak years
- From Jan 2016–Jun 2017, health departments reported 150 outbreaks with >9,000 cases
- In 2017, a third dose of MMR vaccine was recommended for groups at increased risk for mumps during an outbreak

Mumps Globally

- Mumps occurs worldwide (annual average of ~500,000 reported cases)
- As of 2018, mumps vaccine introduced in 122 (63%) countries
- Dramatic declines in mumps incidence in countries with routine mumps vaccination programs
  - Starting in mid-2000s, mumps epidemics have occurred in countries even with high mumps vaccination coverage
  - Mumps incidence is much higher in countries without a routine mumps vaccination program
- In 2018–2019, there have been reports of mumps outbreaks in Central American countries
  - In Sept 2018, Honduran officials declared a medical state of emergency following a mumps outbreak with > 5000 cases
  - In April 2019, El Salvador Pediatric Association released an alert about mumps outbreaks in April 2019
  - Central American countries did not have a routine mumps vaccination program until the mid-1990’s

Epidemiology of mumps in US detention facilities (Sept 2018–Aug 2019)
National Update on Mumps among Adult Migrants Diagnosed in US Detention Facilities, September 2018–August 2019

- 898 mumps cases among detainees under the custody of U.S. Immigration and Customs Enforcement (ICE)
  - No information is available on mumps cases in U.S. Customs and Border Protection (CBP) custody
- 33 cases in staff
- 57 detention facilities with mumps cases in 19 states
- Of 527 cases with information on gender and complications, 15% (79) cases had orchitis
- 13 hospitalizations

Source: Data as of 8/22/19. Data on number of mumps cases among ICE detainees, number of facilities, and number of states from ICE Health Service Corps; Data on number of hospitalizations among mumps cases in ICE detainees, and number of mumps cases among staff from local and state health departments
Mumps Cases among US Immigration and Customs Enforcement (ICE) Detainees
Sept 2018–Aug 2019
(N=898, as of 8/22/19)

Source: ICE Health Service Corps; Note: There may be a reporting lag in cases. Case count is preliminary and subject to change.
Mumps Cases among US Immigration and Customs Enforcement (ICE) Detainees by Custody Status at Time of Exposure
Sept 2018–Aug 2019
(N=898, as of 8/22/19)

- 84% (758) exposed while in custody of ICE or another US federal agency
- 5% (43) exposed before apprehension
- 11% (97) had unknown custody status at exposure

Source: ICE Health Service Corps; Note: There may be a reporting lag in cases. Case count is preliminary and subject to change.
MUMPS OUTBREAK RESPONSE IN DETENTION CENTERS THAT HOUSE U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT DETAINNEES

AUGUST 28, 2019

CAPT DIANA ELSON, DrPH, MA
PUBLIC HEALTH, SAFETY, AND PREPAREDNESS UNIT CHIEF
DEPARTMENT OF HOMELAND SECURITY (DHS)
IMMIGRATION AND CUSTOMS ENFORCEMENT (ICE)
ICE HEALTH SERVICE CORPS (IHSC)
LEARNING OBJECTIVES

- Describe detainee flow in DHS custody.
- Describe detention settings for housing ICE detainees.
- Identify key partners for public health collaborations with detention facilities.
- Describe the health service systems for ICE detainee health care.
- Describe the mumps outbreak response.
- Describe IHSC protocols for measles, mumps, and rubella (MMR) vaccine procurement.
DEPARTMENT OF HOMELAND SECURITY DETAINEE FLOW

CBP custody
Apprehension

ICE processing
Administrative immigration proceedings; removal.

ICE custody
Detained in detention facility; single adult or family units, pending availability.
- Intake medical and mental health screening.
- TB screening.
- Health assessment within 14 days.
- Sick call.
- Chronic, dental, mental health care.

Local health System

Local and/or state health department

CDC/DGMQ/U.S.-Mexico Unit

Interior apprehension
Resolve local, state, federal criminal action; interior criminal action.

Notice to appear
Not detained by ICE; released until final disposition.

Release

Removal

Select locations, depends on capability:
- Medical assessment if findings observed or <18 years old.
- Basic and acute medical care or referral.

CBP law enforcement officer or agent conducts health interview (visual observation, interview) at border patrol station or port of entry.

DEPARTMENT OF HOMELAND SECURITY DETAINEE FLOW

ICE custody
Detained in detention facility; single adult or family units, pending availability.
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- Health assessment within 14 days.
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Release

Removal

Local health system

Local and/or state health department

CDC/DGMQ/ U.S.-Mexico Unit

Reporting

KEY
- Change in custodial authority
- Action taken within same agency
- Action in collaboration with community and governmental partners
- Law enforcement action

ICE CUSTODY

OVERVIEW

• ICE is a law enforcement agency which has administrative custody over immigrants during immigration proceedings.

• ICE uses a network of detention systems for housing and caring for ICE detainees including:
  ▪ ICE-owned detention facilities.
  ▪ Detention facilities that house ICE detainees through inter-governmental service agreements.
  ▪ Detention facilities that house ICE detainees through direct contracts with ICE or U.S. Marshals Service (USMS).
## FACILITY TYPES AND MEDICAL AUTHORITY

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<th>Description</th>
<th>Medical Authority</th>
<th>Number</th>
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<tbody>
<tr>
<td>Service processing center</td>
<td>A facility <strong>owned by the government</strong> and staffed by a combination of federal and contract employees.</td>
<td>IHSC</td>
<td>5</td>
</tr>
<tr>
<td>Contract detention facility (CDF)</td>
<td>A facility <strong>owned by a private company</strong> and contracted directly with the government.</td>
<td>IHSC or private facility operator or subcontracted medical authority.</td>
<td>10</td>
</tr>
<tr>
<td>Inter-governmental service agreement (IGSA)</td>
<td>A facility <strong>operated by state/local government(s) or private company contracted with the state/local government</strong>; may house detainees, prisoners, and inmates for multiple law enforcement agencies.</td>
<td>Local jurisdiction or private facility operator or subcontracted medical authority.</td>
<td>90</td>
</tr>
<tr>
<td>Dedicated IGSA</td>
<td>IGSA that only houses ICE detainees.</td>
<td>IHSC or local jurisdiction or private facility operator or subcontracted medical authority.</td>
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Current as of July 22, 2019. Data presented above are a specific subset of all authorized facilities. Facility type includes facilities last used in CY2018 and CY2019, and with an average daily population greater than zero in FY 2019.
## FACILITY TYPES AND MEDICAL AUTHORITY (CONTINUED)

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<td>Family residential center</td>
<td>A facility in which families are able to remain together while awaiting their proceedings.</td>
<td>IHSC or private facility operator or subcontracted medical authority.</td>
<td>3</td>
</tr>
<tr>
<td>U.S. Marshals Service (USMS) Intergovernmental agreement (IGA)</td>
<td>IGA in which ICE agrees to utilize an already established USMS intergovernmental agreement.</td>
<td>Local jurisdiction or private facility operator or subcontracted medical authority.</td>
<td>89</td>
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<tr>
<td>USMS Contract Detention Facility</td>
<td>Private facility contracted with USMS.</td>
<td>Private facility operator or subcontracted medical authority.</td>
<td>3</td>
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<tr>
<td>Federal Bureau of Prisons (BOP)</td>
<td>A facility operated and managed by BOP.</td>
<td>BOP</td>
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<tr>
<td>Staging facility</td>
<td>A facility used for staging purposes.</td>
<td>IHSC</td>
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ICE DETENTION STANDARDS

- Contracts and inter-governmental service agreements each designate a specific set of ICE detention standards for which the facility is accountable:
  - ICE Family Residential Standards.

- For more information, visit the ICE Detention Management website at https://www.ice.gov/detention-management.
ICE CUSTODY

KEY STAKEHOLDERS

• ICE has the authority to detain individuals for administrative immigration proceedings and removal from the U.S.
  - ICE administers custody actions to comply with federal immigration laws.
• ICE field offices manage protocols for custodial authority, detention locations, transfers, and transportation.
• U.S. Department of Justice, Executive Office of Immigration Review (EOIR) oversees immigration courts:
  - Immigration judges adjudicate.
  - ICE acts to release or remove after EOIR adjudication.
• Facility operators manage detention facility operations.
DETAINEE MEDICAL CARE

MULTIPLE HEALTH CARE SYSTEMS

ICE Health Service Corps (IHSC)
20 detention and staging facilities
~16,000 detainees (average daily census)

Local jurisdiction, private facility operator, or subcontracted medical authority*
~200 local jails & detention facilities
~32,000 detainees (average daily census)

• IHSC staff have medical authority in the 20 facilities with IHSC-staffed medical clinics.
• IHSC official guidance is intended for IHSC-staffed medical clinics.
• IHSC staff are responsible for IHSC protocols, policies, and clinical care.

• Frequently house detainees, inmates, and prisoners for multiple jurisdictions and law enforcement agencies.
• Facility’s medical authority is responsible for its protocols, policies, and clinical care.

*Current as of July 22, 2019. Data presented above are a specific subset of all authorized facilities and include facilities last used in CY2018 and CY2019, and with an average daily population greater than zero in FY 2019.
PUBLIC HEALTH INTERVENTIONS INVOLVING DETENTION SETTINGS

WHAT YOU NEED TO KNOW FOR OPTIMAL COLLABORATIONS

• Which entity owns and operates the facility?

• Which law enforcement agencies have agreements to house and care for detainees, inmates, and prisoners in the facility?
  ▪ Are those agreements among local, state, and/or federal government entities? Which?
  ▪ If local or state government entities are parties to the agreements, were public health agencies included in planning for impact on resources?
  ▪ Are there direct contractual agreements? If yes, who are the parties?
PUBLIC HEALTH INTERVENTIONS INVOLVING DETENTION SETTINGS

WHAT YOU NEED TO KNOW FOR OPTIMAL COLLABORATIONS

• Which entity has authority over medical care for detainees?
• Do the facility or medical operators have infection control policies?
• Who are the primary points of contact within each stakeholder agency for public health interventions?
PUBLIC HEALTH INTERVENTIONS INVOLVING DETENTION SETTINGS

WHO IS RESPONSIBLE FOR OCCUPATIONAL HEALTH AT THE DETENTION FACILITY?

- Do the on-site medical providers have authority for occupational health?
- How many distinct employers operate at the facility? Who are they?
- Does each employer have occupational health protocols?

Note: Health department staff may need to liaise with more than one employer.
MUMPS OUTBREAK RESPONSE FOR ICE DETAINEEs

ICE HEALTH SERVICE CORPS

- September 2018: initial 4 ICE detainees identified with confirmed mumps.

- Impact during exposure and contagious periods:
  
  4 detention facilities and 1 hospital in 3 states
• IHSC issued guidance for IHSC staff for implementation in 22 detention facilities:
  ▪ Provides clinical, diagnostic, isolation, cohorting, vaccination, transfer, release, reporting, and health department collaboration recommendations.
  ▪ Shared with medical staff at facilities where IHSC is not the medical authority as a reference; IHSC cannot impose policy.
  ▪ Several revisions and updates since September 2018.
MUMPS OUTBREAK RESPONSE FOR ICE DETAINEES

REPORTING AND SURVEILLANCE

IHSC established a reporting and surveillance system for confirmed, probable, and suspected mumps among ICE detainees in all settings.

- Facilities WITH IHSC staffing
  - Clinical staff report

- Facilities WITHOUT IHSC staffing
  - Medical staff report to IHSC field medical coordinators (FMC) who routinely liaise with local medical staff

IHSC HQ Staff

- document demographic and custody information and known locations during exposure and contagious periods.
- adjudicate line lists with state and local health departments.
- notify other health jurisdiction, law enforcement agencies, and detention facilities impacted by exposures.
MUMPS OUTBREAK RESPONSE FOR ICE DETAINEES

MMR VACCINE PROCUREMENT

Facilities with IHSC medical staffing:
• IHSC pharmacist orders MMR for the facility and manages the on-site pharmacy.

Facilities without IHSC medical staffing:
• <100 doses:
  ▪ Medical staff order for each detainee who has agreed to accept vaccine through usual pharmacy service contract
• ≥100 doses (MMR only):
  ▪ Medical staff sends request to IHSC FMC, including:
    – list of detainees who have agreed to accept vaccine,
    – receiving address, and
    – name and phone # of person who will be available weekdays to receive shipment.
CORRECTIONAL HEALTH NURSES HAVE MANY RESPONSIBILITIES!

- Release planning
- Intake medical screening
- Medical transfer summaries
- Sick call
- Chronic care appointments
- Respond to emergency situations
- Medical housing unit care
- Document! Document! Document!
- Infection prevention & control
- Immunizations
- Public health reporting
- Environmental health & safety
- Contact & outbreak investigations
- Assess exposed & cohorted detainees
- Quality improvement & accreditation
POINTS OF CONTACT

ICE Health Service Corps
Public Health, Safety, & Preparedness Unit

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Phone: 202-680-9637

Infection Prevention/Eastern Region:
LT Brandy Cloud, DNP, FNP-C, RN, LPC-MHSP, AAHIVM-S
Email: Brandy.Cloud@ice.dhs.gov
Phone: 202-774-4633

ICE Enforcement and Removal Operations Field Offices
https://www.ice.gov/contact/ero

ICE Community Relations Officers
https://www.ice.gov/contact/orce

ICE Office of Public Affairs
https://www.ice.gov/contact/media-inquiries
CDC guidance for health departments on responding to mumps cases in detention facilities

Mariel Marlow, PhD, MPH
Division of Viral Diseases
National Center for Immunization and Respiratory Diseases
U.S. Centers for Disease Control and Prevention

NACCHO Webinar, Part 3
8/28/2019
CDC guidance for health departments on responding to mumps cases in detention facilities

- Intended for health departments responding to outbreaks in detention facilities that:
  - Are county, state, or privately owned or operated
  - House detainees or inmates under local, state or federal custody

- Supplements existing CDC guidance on mumps outbreak control with special considerations for the detention facility setting

- Developed based on technical consultations and conference calls with health departments and ICE Health Service Corps since December 2018
Unique challenges to mumps outbreak control in the detention facility setting

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<td>Need setting specific messaging for detainees/inmates and staff</td>
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Working together with detention facilities

- Health departments are responsible for providing guidance, recommendations, and assistance for outbreak response in detention facilities, *even when the outbreaks are among people under federal custody*

- Need to understand facility’s operations and procedures to develop effective and *feasible* guidance
  - Detention facilities can vary widely in size, staffing, and population turnover
  - Facilities may have developed their own infection control protocols based on health department/CDC guidance, but may need assistance updating or creating new guidance

- Helpful to establish direct lines of communication and systematic disease reporting protocols with facilities prior to an outbreak to improve outbreak detection and response time
Guidance topics covered in this presentation

- Testing and reporting
- Management of cases and exposed detainees
- Vaccination
Testing and reporting

- At the start of an outbreak, the health department should advise facilities to

  Send buccal swabs to the public health laboratory for RT-PCR testing when they first identify cases in a facility or when they have new cases that cannot be epidemiologically linked to the current outbreak (e.g. new cases in different housing units or recent transfers)

- Not test for mumps IgG to check for presumptive evidence of immunity among exposed detainees, inmates, or staff (different from procedures for varicella, which facilities may be more familiar with)

Note: a positive IgG titer only means that a person was previously exposed to mumps virus, through infection or vaccine, and does not necessarily mean a person is protected against mumps
Testing and reporting

- Once an outbreak is confirmed at a facility,
  - Cases that can be directly epi-linked to another probable or confirmed mumps case do not need to be tested and can remain classified as probable cases
  - Facilities should remain vigilant that other infectious diseases may cause parotitis, including influenza A

- Cases among detainees and inmates should be reported to NNDSS (National Notifiable Diseases Surveillance System)
  - To avoid duplicate reporting of transferred detainees, the jurisdiction where the case had onset of parotitis should report the case
Management of symptomatic and exposed detainees or inmates

Mumps patient(s) should be isolated (i.e. housed separately so they do not have close contact with others) for 5 days after parotitis onset.

Detainees or inmates exposed to mumps through close contact with a mumps patient should be cohort (i.e. housed separately and do activities as a group; no close contact with other non-exposed groups) for 25 days and offered a dose of MMR vaccine.

Detainees or inmates should be educated on mumps transmission and prevention, including the importance of vaccination for personal protection.
Management of symptomatic and exposed detainees or inmates

- After completion of the **25 day cohort period**, detainees or inmates who received a dose of MMR vaccine while in custody do not need to be cohorted again in the event of subsequent exposures (i.e. exposure to new case(s))

- If symptomatic or exposed detainees are transferred, facilities should notify the receiving facility; if health departments have information on transfers, they could also notify the health department in the receiving jurisdiction
All detainees, inmates and staff determined by the health department to be at increased risk for mumps should be offered MMR vaccine.

**At increased risk**
- Detainees or inmates in the same housing/cohorted unit as the case
- Groups of detainees or inmates who had close contact with the case during their infectious period (e.g. during transport, working in the kitchen, etc.)
- Staff who have close contact with the case or other groups listed above

**Might be at increased risk**
- All detainees or inmates under the same custody as the case (e.g. all ICE detainees)
- Groups under different custody at the same facility who may have contact with the groups at increased risk
- All staff at the facility who may have close contact with detainees or inmates

**Not at increased risk**
- Groups under different custody at the same facility who do not have contact with the groups at increased risk
- Staff who do not have close contact with inmates or detainees

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1. [https://www.cdc.gov/mmwr/volumes/67/wr/mm6701a7.htm](https://www.cdc.gov/mmwr/volumes/67/wr/mm6701a7.htm)
Vaccination – additional considerations

- Health departments should advise facilities to include vaccination records on the medical transfer summary of detainees, since vaccination history is not automatically or electronically shared between facilities.

- Facilities may have limited staffing resources to conduct large-scale vaccination efforts (e.g. vaccination of all detainees at the facility):
  - Health departments may need to provide additional nursing staff to assist in conducting an outbreak dose campaign.
  - Staffing limitations may also limit the ability of the facility to maintain vaccination of new detainees.
Vaccination – additional considerations

- MMR vaccine has not been shown to be effective at preventing disease in people already infected with mumps virus, so facilities should be aware that cases may still occur among people who were exposed prior to vaccination.
Initial questions to ask the detention facility
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- Which law enforcement agencies have agreements to house and care for detainees or inmates in the facility?
  - How many people are housed at the facility for each agency?
  - Have there been any recent changes to the population size or agencies?

- Who operates and owns the facility? Are there other contractors that employ staff at the facility (e.g. transportation, sanitation)?
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- Do the groups under different custodies have contact with each other? Any other ways they might come into contact either directly or indirectly (e.g. working in the kitchen, interact with same staff members)?
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- How is important information communicated to staff?

- How is important information communicated to detainees or inmates?
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- How is important information communicated to detainees or inmates?
- What type of resources/housing is available to isolate/quarantine or cohort?
Resources

- Infographics for detainees and staff (English, Spanish, Hindi)
  - Email the CDC mumps team at ncirddvdmmrhp@cdc.gov

- Letter to employer(s) at facilities on mumps symptoms and prevention
  - Email the CDC mumps team at ncirddvdmmrhp@cdc.gov

- FAQs for health departments on mumps outbreak response in detention facilities
  - Email the CDC mumps team at ncirddvdmmrhp@cdc.gov

- Provider job-aid on mumps testing

- CDC guidance on use of a third (or outbreak) dose of MMR vaccine during mumps outbreaks

- NIOSH Health Hazard Evaluation (HHE) program - on-site workplace evaluations of hazards or health concerns
  - https://www.cdc.gov/niosh/hhe/default.html
Acknowledgments

- State and local health departments
- CDC/NCIRD/DVD
- CDC/NCIRD/ISD
- DHS/ICE/ERO/ICE Health Service Corps
- APHL-CDC Vaccine Preventable Disease Reference Centers
- NIOSH
- CDC Public Health Law Office
- CDC/DDPHSIS
- CDC/NCEZID/DGMQ