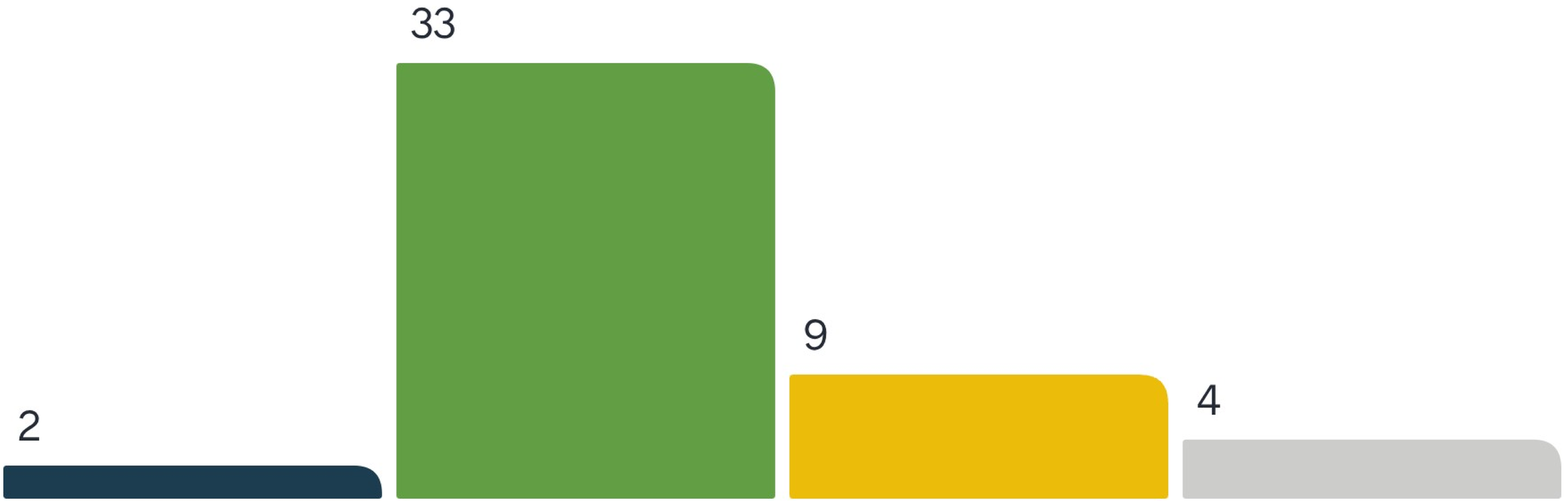
To the best of your knowledge, what is the status of the following agreements in your jurisdiction

The Immunization DUA addendum



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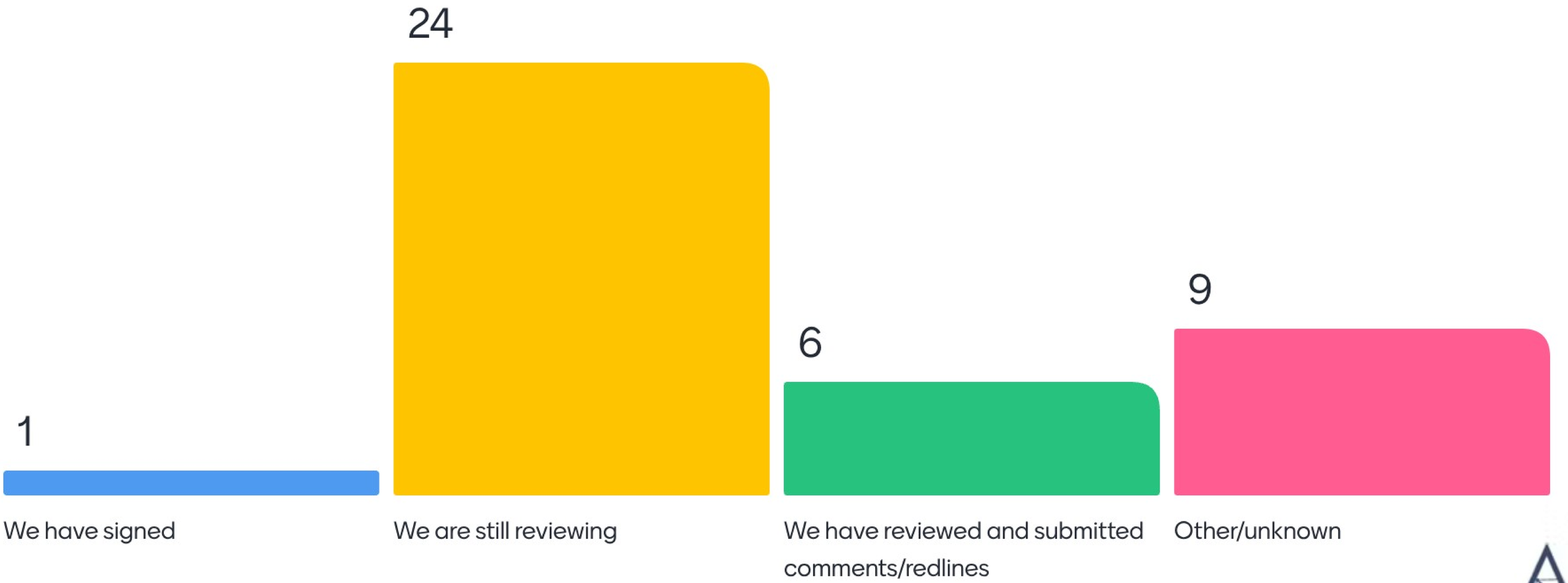
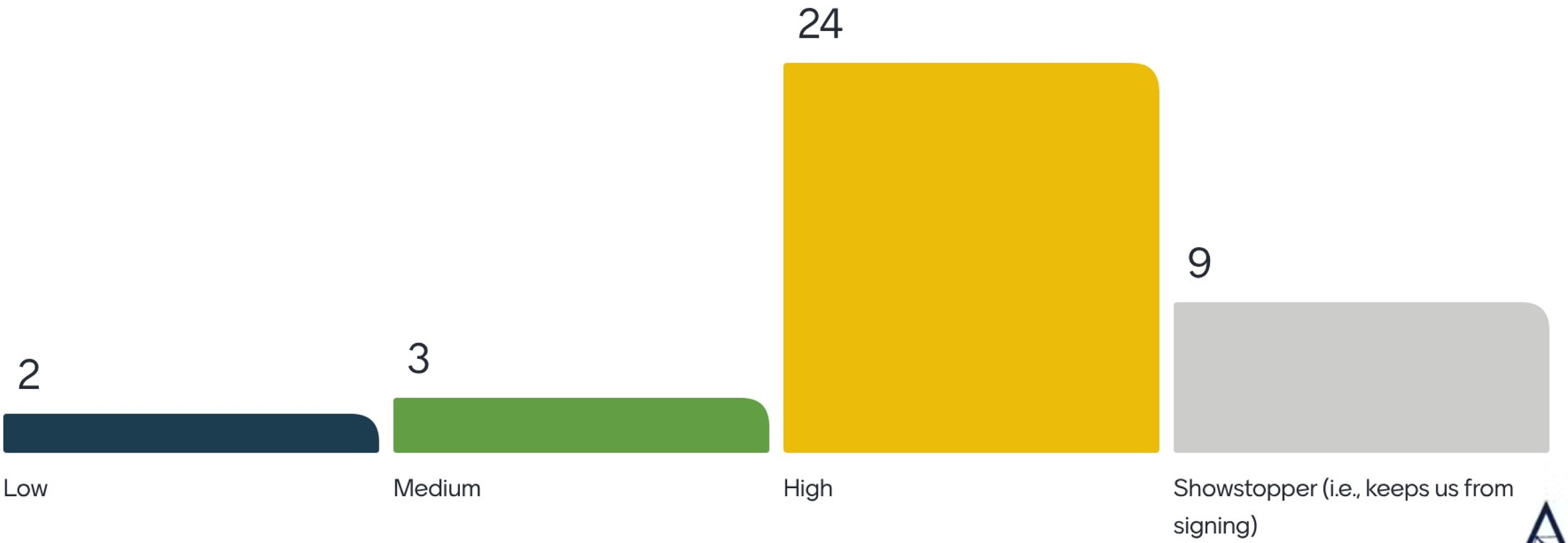
The original/previous Immunization DUA (expired June 30, 2025) that this addendum amends

The Core DUA (Common Provisions)

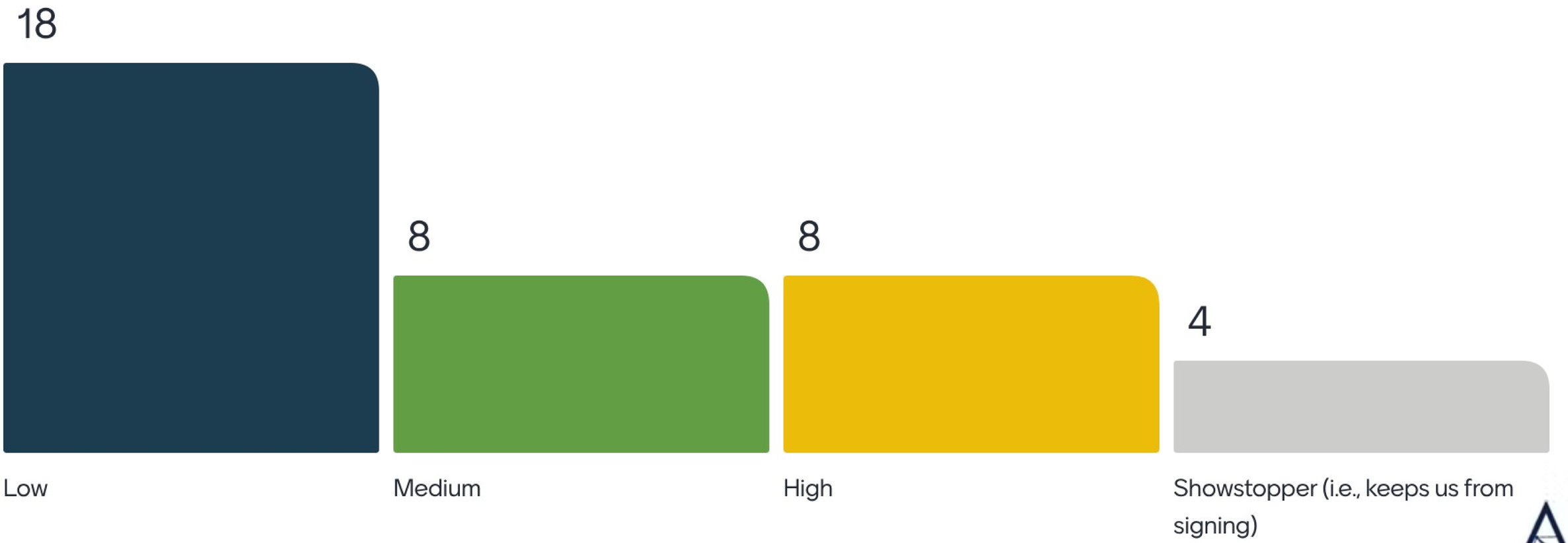


In working with your legal teams and your leadership, what level of concern does your jurisdiction have about the following areas within the DUA

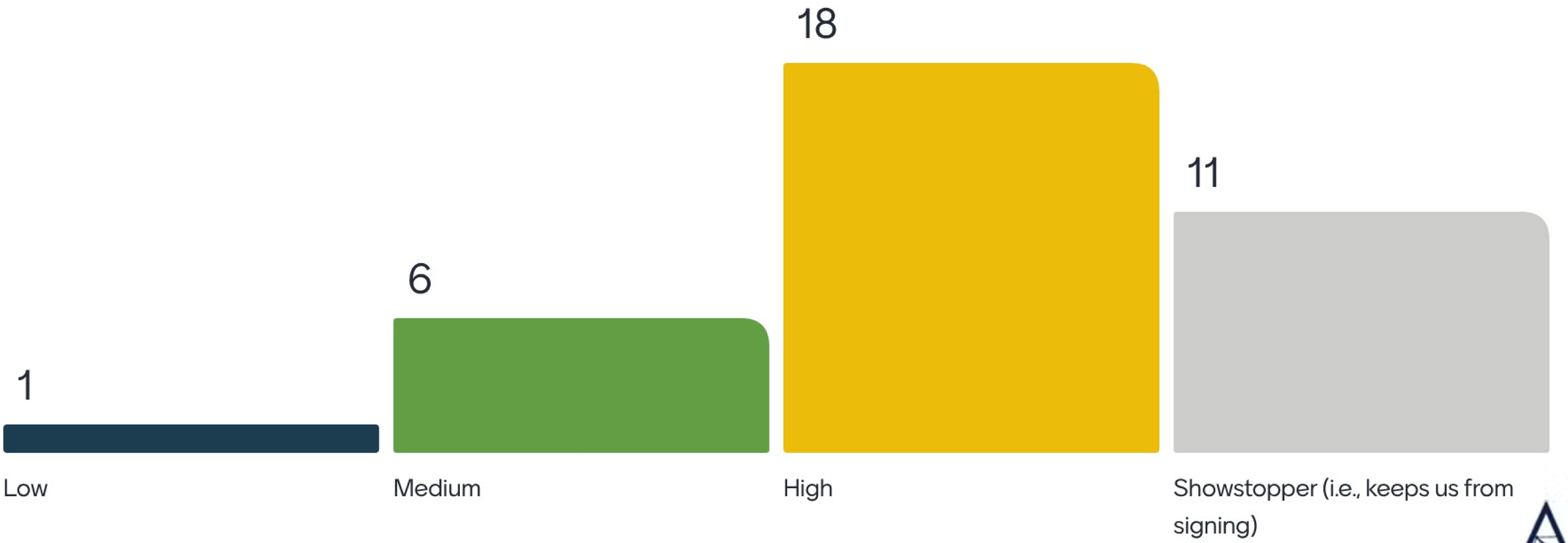
References to the Core DUA/Common Provisions, unclear content of the agreement, and whether other programs had reviewed/signed it



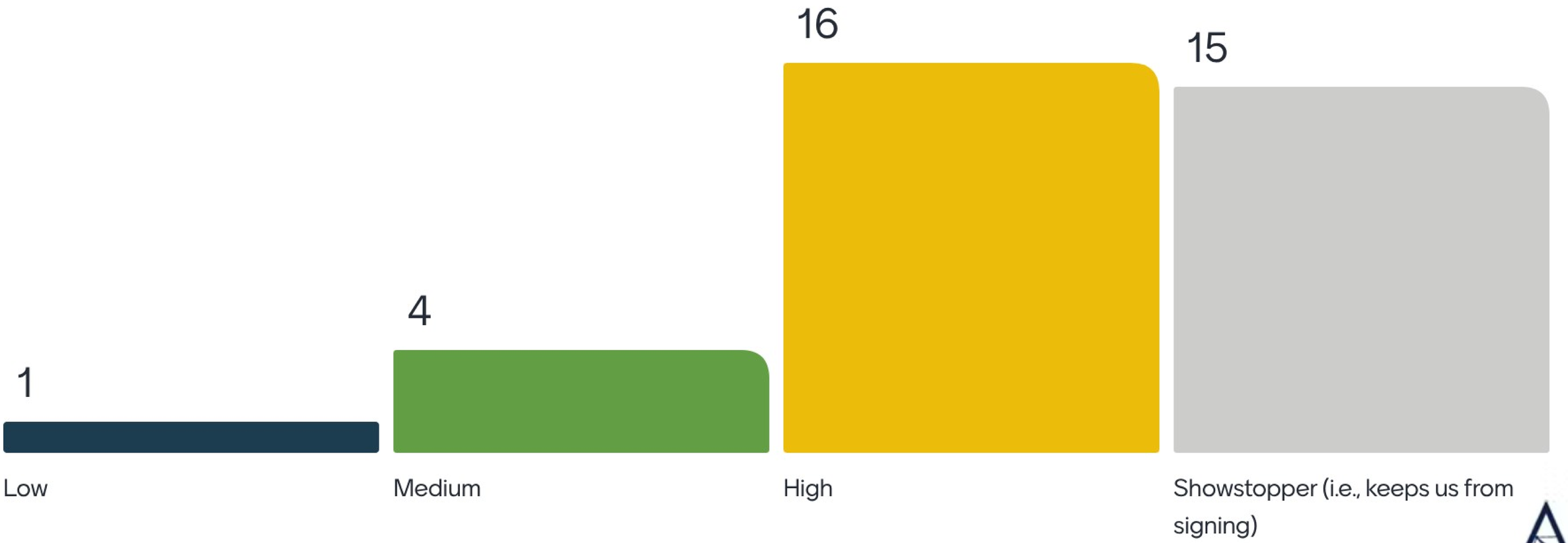
References to the original/previous DUA that this addendum amends (particularly if your jurisdiction had not signed that DUA)



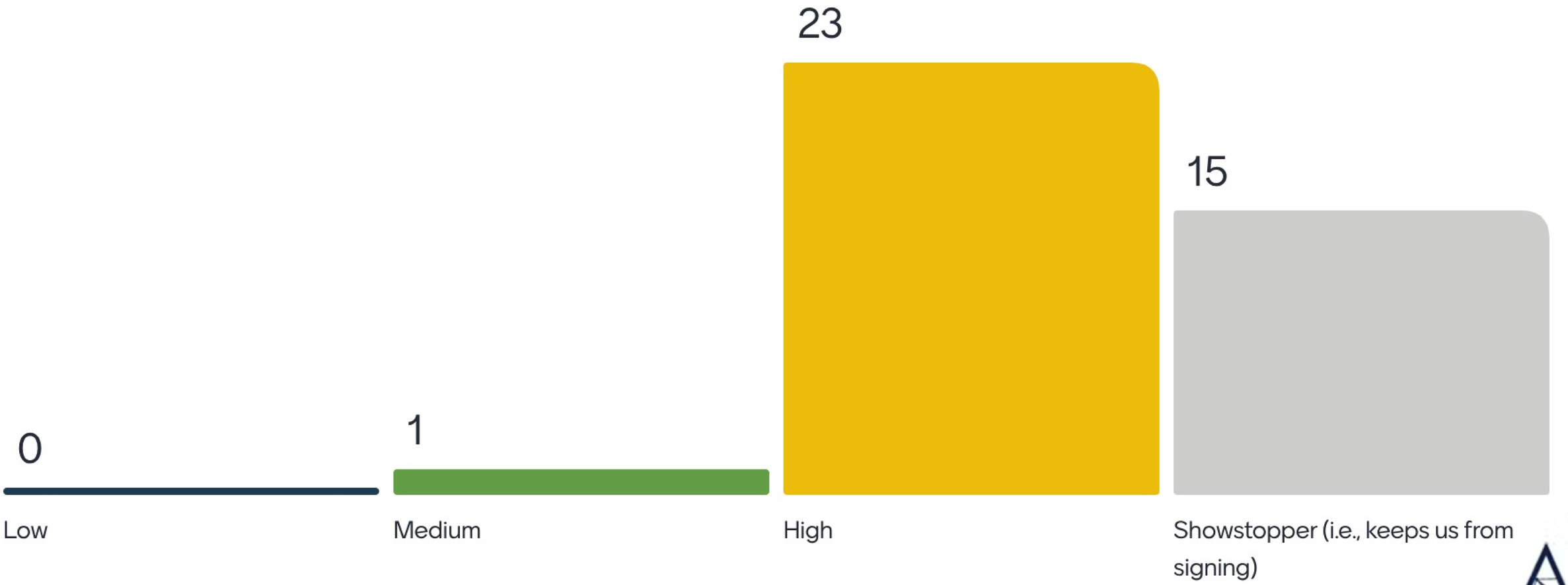
No end date or project tie (‘Monthly data submissions shall continue as a standing agreement beyond the current NOFO, not tied to any NOFO’)



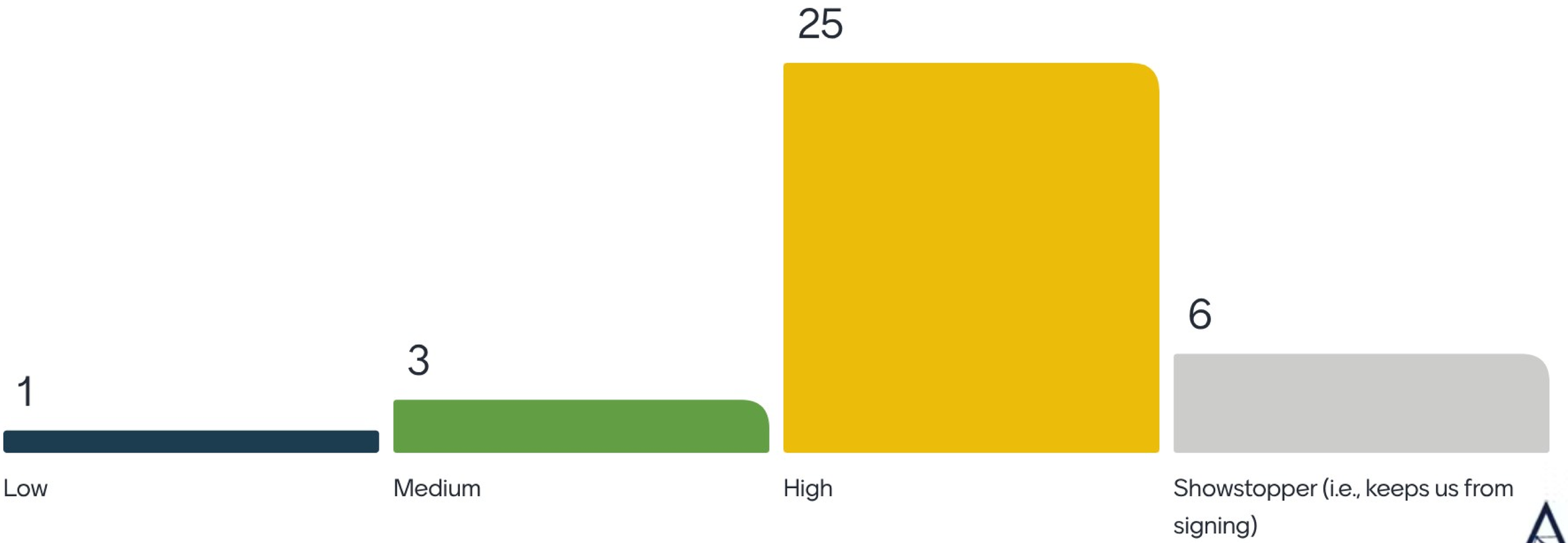
References to “ad-hoc analyses, which may be considered research” – when some state laws prohibit use of PH data for research purposes



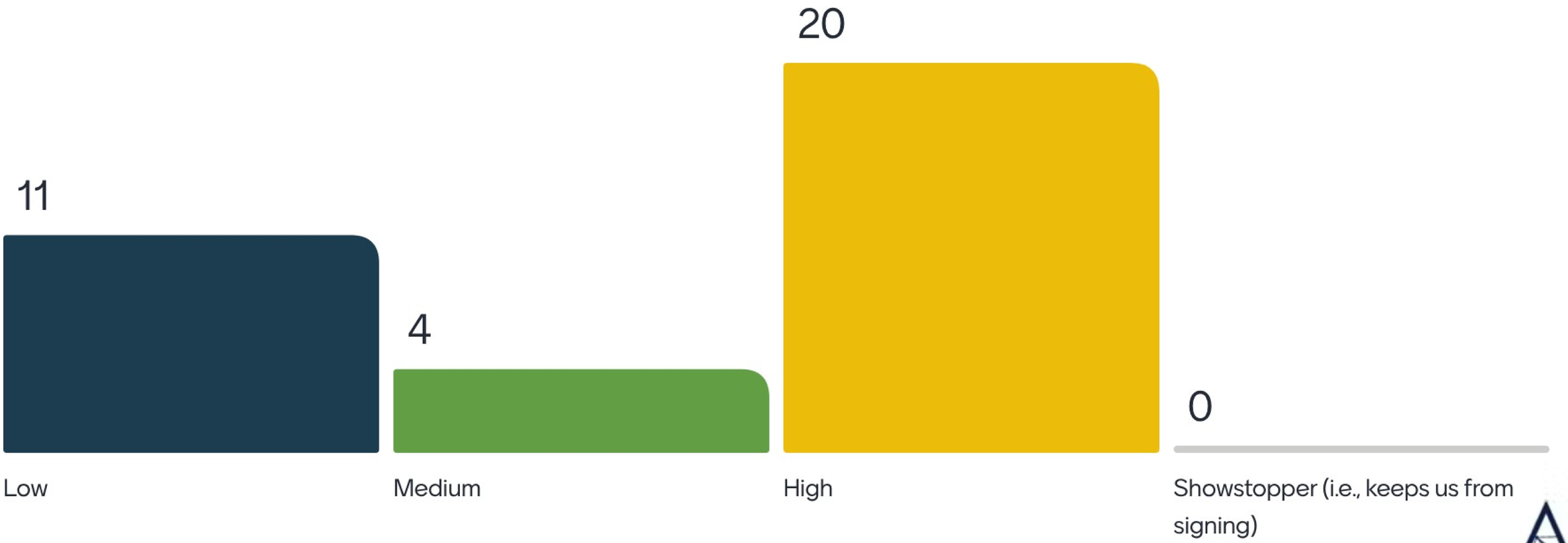
Broad definition of "Authorized User" of the data



RE: Disclosure, saying CDC agrees not to disclose “except where necessary for public health purposes" is vague and concerning, and lacks definition



Expanded definition of ‘Jurisdiction’ to include entities with a legal relationship to local/state health jurisdictions for data collection



What additional concerns do you have?

Ambiguity everywhere, and zero transparency.

Does federal HIPAA prohibit states / jurisdictions from sharing line-level data? If so, which section?

Lack of clear, consistent communication on the process, mechanism for redlining, and expectations.

IT requested to add IT security language

adding a provision that we would be notified when data is shared/requested; does the proposed language apply retroactively to historical data

Too man vague terms that require definition

Lack of notification and opportunity to review analyses

Concern with conflicts in our state law that do not appear to even be of interest to the drafters.

What additional concerns do you have?

Use of DOB, and county or zip, is highly identifiable. CDC uses the word "redacted" in the DUA, and "identifiable" in the Common Provisions and unwillingness to define.

Tying our compliance to funding

No minimum time period on state notification

Insufficient technical security language

Recently released cdc priorities makes clear that HHS will use datasets to look at cause of autism spectrum disorder and neurosevelopmental disorders

Concerns about public perception about sharing data with Feds. Don't want to end up with opt in system.

No definition of who and what can be declared a pH emergency /need for data. Who could get access

if other HHS agencies are covered by the authorized user form and unable to forward along the information to other requestors

What additional concerns do you have?

The approach breeds suspicion

Ambiguity and how they don't seem to be able to clearly discuss this

The vague nature of specific things make it difficult to sign as a legal document, especially one so poorly written. We need more surety and it doesn't appear this is happening.

Utilization of data to find cause of autism

Specific dates reports are due, rather than acknowledging the dates should be linked to when the file specifications are provided by CDC, and then allowing enough time to build / adjust reports.

The link to funding is critical. Can we draw down funding between now and 12/1/25 deadline?

Concerns that CDC will attempt to interpret state/local laws.

lack of clarity on where "redaction" or suppression would occur with "authorized users"

What additional concerns do you have?

PPRL and Health Verity technical details - trying to "promise" DOB and zip are redacted but no visibility of the actual data file (new to PPRL)

Lack of visibility in the use of data- authorized and unauthorized

Submission of race, ethnicity, and sex

The ambiguity can allow for data sharing interdepartmentally

No terms on disagreement process and resolution

Public health purposes are not clearly defined.

Lack of clarity with terms and definitions would appear to complicate FOIA requests for data sets

Priorities document says CDC will use “least burdensome public use data agreements” to restore trust

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What additional concerns do you have?

Core DUA: We sent redlines, which were all rejected, then encouraged to make redlines again for the same issues, and all but assured they would be rejected again.

Lack of end date

Lack of coordination at CDC. Our IIS SME is trying to hold us accountable to the CORE DUA but can't tell us who is responsible