

National Institutes of Health

National Advisory Allergy and Infectious Diseases Council

Minutes of Meeting

June 22, 2026

The 213th meeting of the National Advisory Allergy and Infectious Diseases Council (NAAIDC) convened virtually on **Monday, June 22, 2026**. Dr. James Gern, Professor of Pediatrics and Medicine at the University of Wisconsin-Madison School of Medicine and Public Health in Madison and Vice Chair for Research in the Department of Pediatrics, presided as acting chair.

In accordance with the provisions of Public Law 92-463, the meeting was open to the public from 1:00 p.m. to 2:44 p.m. The meeting was closed to the public from 10:00 a.m. to 12:00 p.m. for review and consideration of individual grant applications. Notice of the meeting was published in the *Federal Register*.

Meeting Attendees

Council Members Present:

Dr. Grace Aldrovandi
Ms. Emily Brown
Dr. Mary Estes
Dr. Laurence Morel
Dr. Guy Palmer
Dr. Maria Pascual
Dr. R. Stokes Peebles
Ms. Seema Shah

Chairperson Present:

Dr. James Gern, Acting

Executive Secretary Present:

Dr. Johanna Schneider

Council Members Absent:

None

Ex Officio Members Present:

Dr. Charlesnika Evans

Ex Officio Members Absent:

Dr. Terry Rauch

NIAID Senior Staff Present:

Dr. Robert Eisinger
Dr. David Spiro
Dr. Alkis Togias

I. Review of Grant Applications

The National Advisory Allergy and Infectious Diseases Council convened in closed session to consider applications in allergy and immunology, microbiology and infectious diseases, and AIDS.

Funding Actions: The Council reviewed 4,776 applications with primary and secondary assignment to NIAID for a requested amount of \$1,674,442,389 in first-year direct costs and recommended approval of 1,689 applications with \$708,368,067 in first-year direct costs.

II. Report of the Allergy, Immunology, and Transplantation Subcommittee – Alkis Togias, M.D., Acting Director, Division of Allergy, Immunology, and Transplantation (DAIT)

Director's Report

Dr. Togias welcomed the subcommittee members to the 213th meeting of the National Advisory Allergy and Infectious Diseases Subcommittee. He presented the following scientific and Division activities.

Staff and Organizational Changes

Dr. Daniel Rotrosen retired after leading DAIT for decades as its director.

John H. Powers III, M.D., was appointed acting NIAID director. Dr. Powers was previously the principal senior advisor to the director of NIAID and director of collaborative research with Leidos Biomedical Research in support of the Office of the Director at NIAID.

Concepts Presented for Clearance

The subcommittee endorsed and unanimously approved the following Research Concept Clearances:

Asthma and Allergic Diseases Cooperative Research Centers (U19 Clinical Trial Optional) Presenter: Patrice Becker, M.D.

This program aims to investigate mechanisms underlying the onset and progression of diseases of interest, including asthma, rhinitis (allergic and non-allergic), chronic rhinosinusitis, atopic dermatitis, food allergy, drug allergy, and urticaria/angioedema. The overarching goals of the program are to improve understanding of the pathogenesis of these conditions and to generate novel data that provide a rational foundation for new, effective treatments and/or disease prevention strategies.

Childhood Asthma in Urban Settings Clinical Research Network (UM1, U01 Clinical Trial Required)

Presenter: Patrice Becker, M.D.

The Childhood Asthma in Urban Settings (CAUSE) Clinical Research Network will support multi-site clinical studies and trials on the prevention and treatment of asthma in disadvantaged pediatric populations with a high disease burden. The Network will be composed of a Leadership Center (CAUSE-LC) and up to seven Clinical Research Centers (CAUSE-CRCs). The CAUSE-LC will provide the overall operational strategy, issue highly specialized subawards to support mechanistic

research, direct patient engagement strategies, and interact closely with the CAUSE-CRCs to support and direct the conduct of multi-site clinical studies and trials. A Steering Committee composed of CAUSE-LC and CRC PD/PIs will evaluate clinical proposals to select studies and/or trials. The CAUSE-CRCs will implement consortium trials and studies.

Clinical Trials in Organ Transplantation in Children and Adults (U01 Clinical Trial Required)

Presenter: Megan Morsheimer, M.D.

The goal of this research is to improve the outcome of organ transplantation by:

- Evaluating innovative therapies that will increase graft survival while decreasing medication-induced injury.
- Identifying and validating biomarkers of immune activation, immune quiescence, and pending graft injury in urine, blood, or tissue samples that will allow individualization and optimization of anti-rejection therapy.
- Evaluating the use of cell transplantation, limited to transplantation of:
 - Immunologically active cells such as regulatory T cells, regulatory dendritic cells, and others to modify the immune response to the allograft.
 - Metabolically active cells such as pancreatic islets, hepatocytes, and others as an alternative to whole organ transplantation.

All clinical trials must be accompanied by studies of immune mechanisms using human specimens that will increase our understanding of allograft rejection, injury and/or survival, or of immunologic tolerance.

Translational Transplantation Tolerance Cooperative Study Group (U19 Clinical Trial Not Allowed)

Presenter: Julia Shaw, Ph.D.

This initiative will enable establishment of a multi-center, cooperative program dedicated to developing, optimizing, and evaluating approaches to induce and maintain immune tolerance to allogeneic transplants which will be tested in translationally relevant models. The overarching goal is to facilitate clinical translation of safe and effective transplant tolerance regimens that achieve long-term graft survival without the need for life-long administration of immunosuppressive drugs.

Immune Tolerance Network (UM1 Clinical Trial Required)

Presenter: Leighton Thomas

This initiative will enhance understanding of the underlying mechanisms of the induction, maintenance, and loss of immune tolerance in humans and to develop improved tolerogenic interventions for the prevention and treatment of immune-mediated diseases (including transplant rejection, autoimmune diseases, and asthma and allergic diseases).

Clinical Data, Safety and Statistical Centers (CDSSC) (UM1 Clinical Trial Not Allowed)

Presenter: Leighton Thomas

This initiative will provide a broad range of support critical for the design, development, implementation, and analysis of clinical research carried out by multiple Division-supported programs in three disease areas: asthma and allergy, autoimmune diseases, and transplantation. The support includes statistical design and analysis, protocol development, study initiation and management, data management, safety monitoring, sample tracking, final analysis of study findings, and manuscript development.

III. Report of the Microbiology and Infectious Diseases Subcommittee – David Spiro, Ph.D., Acting Director, Division of Microbiology and Infectious Diseases (DMID)

Director's Report

Dr. David Spiro, acting director of the Division of Microbiology and Infectious Diseases (DMID), co-chaired the proceedings of the combined meeting of the Allergy, Immunology, and Transplantation Subcommittee and Microbiology and Infectious Diseases Subcommittee on June 22, 2026. He announced the selection of John H. Powers III, M.D., as NIAID's Principal Deputy Director and noted that Dr. Powers will serve as acting director of NIAID until a permanent director is appointed.

Dr. Spiro also provided DMID personnel updates:

- Dr. Velasco Cimica joined DMID as a Program Officer in the Vaccine Section of the Office of Translational Innovation for Project Development (OTIPD).
- Dr. Christine Sizemore joined DMID as a contractor who will serve as a Senior Advisor to the DMID Acting Director.

Following staff introductions, Dr. Spiro and selected staff provided an update on recent DMID activities:

- **Collaboration with the NIAID Bioinformatics and Computational Biosciences Branch (BCBB) to demonstrate rigor and reproducibility.** DMID program staff worked with BCBB biostatisticians to develop statistical tools for analysis of data derived from animal model studies supported under DMID's preclinical services programs to understand gaps in model development and performance.
- **Workshop on Microphysiological Systems (MPS) Modeling Infectious Disease Research and Product Development.** DMID hosted a workshop in June 2026 that brought together experts in basic, translational, and regulatory science to share knowledge and discuss existing capabilities and key gaps in new approach methodologies (NAMs) modeling and therapeutic product testing. Participants included staff from the recently launched Office of Research Innovation, Validation, and Application (ORIVA) in the NIH Office of the Director, which will coordinate NIH-wide efforts to develop, validate, and scale NAMs.
- **Centers for Accelerating Phage (Bacteriophage) Therapy to Combat ESKAPE Pathogens (CAPT- CEP).** This new, recently awarded FY2026 research program aims to fill current gaps in phage therapeutics research and development, which could contribute significantly to the fight against antimicrobial resistance, specifically for ESKAPE pathogens *Enterococcus faecium*, *Staphylococcus aureus*, *Klebsiella pneumoniae*, *Acinetobacter baumannii*, *Pseudomonas aeruginosa*, and *Enterobacter*, which are among the top ten pathogens attributed to AMR-related deaths.

Tuberculosis Research Highlights

Dr. Lakshmi Ramachandra, Chief, Tuberculosis and other Mycobacterial Diseases Section within DMID's Respiratory Diseases Branch, provided two recent research advances stemming from DMID-supported programs:

- Investigators with the NIAID Feasibility and Evaluation of Novel Diagnostics (FEND) network played a pivotal role in advancing the use of non-invasive diagnostic tools, particularly tongue swab-based molecular testing for tuberculosis, which offers a rapid, painless alternative to traditional sputum collection. Recently, the World Health Organization (WHO) formally updated its guidelines to endorse tongue swabbing as an acceptable specimen type for TB testing.
- A DMID-supported Phase 4 trial found that a one-month antibiotic course of isoniazid and rifapentine (1HP, H for isoniazid and P for rifapentine) to prevent TB is safe and well tolerated for TB-exposed people regardless of HIV status. The findings support the broader use of the 1HP regimen.

Malaria Research Highlights

Dr. Lee Hall, Chief of the Parasitology and International Programs Branch in DMID, provided an update on malaria research advances stemming from DMID support:

- DMID supports a robust portfolio of malaria drug discovery and development, which is critically important given emerging resistance to current antimalarials in endemic areas. A recent interesting finding in this area is the critical role that hemozoin plays in detoxifying hydrogen peroxide as a means of host defense against infection. This insight provides new opportunities for future drug development.
- The malaria sporozoite vaccine PfSPZ, developed by Sanaria and collaborators with extensive DMID support, was found to prevent infection and clinical malaria in Malian women of childbearing potential over two transmission seasons. This particular study was a collaborative effort that included the NIAID Laboratory of Malaria Immunology and Vaccinology. A follow-on observation indicates that among infants born to the vaccinated mothers who participated in the study, there were fewer cases of clinical malaria in their first year of life.

Concepts Presented for Clearance

The following concepts were presented to the Council members and unanimously approved:

Systems Biology of Infection and Inflammation in Chronic Diseases

Presenter: Keehwan Kwon, Ph.D.

The objective of this concept is to advance systems-level understanding of the complex interactions among infection and inflammatory pathways that result in predisposition, onset and progression of chronic diseases. Centers supported under this program will conduct multi-project studies integrating biospecimen collection, multi-omic analyses, and advanced AI and computational modeling. Some Centers will focus on the connection between chronic and infectious diseases while others will address the role(s) of inflammation in chronic diseases. By integrating clinical metadata and large-scale datasets, validating findings through laboratory, organoid, and animal models, and refining predictive models with real-world data, the consortium aims to deliver precision strategies for prediction, prevention, and treatment of chronic consequences of infectious diseases.

Translational Centers Using Microphysiological Systems for Infectious Diseases

Presenter: Mark Williams, Ph.D.

The objective of this concept is to accelerate use of microphysiological systems (MPS) for infectious diseases and medical intervention development, promoting adoption for use by product developers and consideration for regulatory review and acceptance. The program will target regulatory qualification of MPS models of infectious disease as drug development tools (DDTs) in accordance with Food and Drug Administration (FDA) guidance.

Limited Competition: Resources & Workforce Development for the Regional Biocontainment Laboratories (RBLs)

Presenter: Fayna Diaz San Segundo, D.V.M., Ph.D.

This concept would renew support for the Regional Biocontainment Laboratories (RBLs) for development and maintenance of resources, staff and facilities necessary to ensure biosafety and biosecurity while addressing infectious diseases research and public health emergency preparedness and response needs. In addition, this effort would support biocontainment training of researchers in biosafety level 3 (BSL-3) practices in order to maintain a capable BSL-3 level research workforce.

Improved Drug Susceptibility Testing (DST) for Mycobacteria

Presenter: Karen Lacourcier, Ph.D.

This concept would support comprehensive research aimed at developing improved drug susceptibility tests (DSTs) for mycobacterial drugs, including those currently used for treatment of tuberculosis (TB) and clinically important nontuberculous mycobacteria (NTMs), new drugs, and drugs in late-stage clinical development. The concept would target technology holders collaborating with academic, clinical, and laboratory mycobacterial diagnostic experts, ensuring that appropriate thresholds and cut-offs for determining drug resistance (DR) and sensitivity correlate with values used in clinical decision making with gold standard, culture-based DST.

IV. Joint Meeting of the AIDS Subcommittee and AIDS Research Advisory Committee (ARAC) – Robert Eisinger, Ph.D., Acting Director, DAIDS

ARAC Meeting Attendees

Council Members Present:

Dr. Grace Aldrovandi
Ms. Seema Shah

ARAC Members Present:

Dr. Kelly Gebo (Chairperson)
Dr. Timothy Henrich
Dr. Raphael Landovitz
Dr. Lishomwa Ndhlovu

Ex Officio Members Present:

Dr. Anne Neilan

Ex Officio Members Absent:

Dr. Geri Donenberg
Dr. Henry Masur
Dr. Robyn Neblett Fanfair

Executive Secretary Present:

Mr. Martin Gutierrez

NIAID Senior Staff Present:

Dr. Robert Eisinger

Call to Order and Quorum

Dr. Gebo called the meeting to order and confirmed quorum was established. The committee briefly waited for all members to join before proceeding.

Approval of Prior Meeting Minutes

Dr. Gebo asked for a motion to approve the minutes of the previous meeting. A motion was made, seconded by Ms. Seema Shah, and the minutes were approved unanimously.

Director's Report—Dr. Robert W. Eisinger, Acting Director, DAIDS

NIAID Budget Update

- The President's FY2027 budget request (released April 3) proposed a \$1.8 billion reduction to NIAID, from \$6.6 billion (FY2026 enacted) to \$4.8 billion — an approximately 28% decrease.
- The House Appropriations Committee issued its FY2027 budget mark on June 5, restoring NIAID's budget to \$6.6 billion (a ~0.3% increase, or approximately \$18.5 million above FY2026).
- The overall NIH program level for FY2026 is \$49 billion. The President's budget proposed a reduction to \$42.4 billion; the House mark proposes \$48.9 billion.
- The Senate appropriations level and final conference level are still pending.

Proposed Structural Changes to NIH (President's Budget)

- Consolidation of NIDA and NIAAA into a new institute: the *National Institute of Substance Use and Addiction Research (NISUAR)*.
- Relocation of the National Institute of Environmental Health Sciences (NIEHS) from NIH to CDC.
- Elimination of three institutes/centers: the National Center for Complementary and Integrative Health, the National Institute on Minority Health and Health Disparities, and the Fogarty International Center.
- The House Appropriations mark included no changes to NIH institutes and centers.

NIAID Leadership Changes

Dr. John H. Powers III was named Principal Deputy Director of NIAID and is also currently serving as acting director of the Institute.

Dr. Alkis Togias was named Acting Director, Division of Allergy, Immunology, and Transplantation.

Dr. Johanna Schneider was named Acting Director, Division of Extramural Activities.

Within the Division of AIDS (DAIDS):

- Dr. Maria Fatima-Jones was named Deputy Director, Treatment Research Program (TRP).
- Dr. Ronald Otten was named Chief, Laboratory and Clinical Sciences Branch, TRP.

Clinical Trial Networks (CTN) Re-Competition Update

At the previous ARAC meeting, the committee approved concepts for the re-competition of four clinical trial networks. Key milestones:

Component	Estimated notice of funding opportunity (NOFO) Issuance	Estimated Application Due	Estimated Award Date
Leadership & Operations Centers (LOCs)	~End of August 2026	~End of January 2027	December 1, 2027
Laboratory Centers	~End of August 2026	~End of January 2027	~Early December 2027
Statistical & Data Management Centers (SDMCs)	~End of August 2026	~End of January 2027	~Early December 2027
Clinical Trial Units (CTUs)	~End of August 2026	~End of January 2027	December 1, 2027

Note: Unlike prior re-competitions, the CTU NOFO will be issued simultaneously with the other three NOFOs.

Highlighted Topics (HTs) DAIDS Has Signed Onto

1. *Implementation Science to Optimize HIV Prevention and Treatment* led by the Office of AIDS Research (OAR).
2. *Advancing Prevention and Treatment of Bacterial STIs in HIV-Affected Populations* led by National Institute of Child Health and Human Development (NICHD).
3. *Multidisciplinary Studies of HIV, AIDS, and Aging* led by the National Institute on Aging (NIA).

All three HTs will expire approximately two years from their respective posting dates.

Cheshire Network

Dr. Eisinger highlighted the Cheshire Network, a recently independently funded implementation science network designed to support research aimed at ending the HIV epidemic in the United States. The network grew out of the Centers for AIDS Research (CFAR) and National Institute of Mental Health (NIMH) AIDS Research Centers and covers a range from framework and measure selection to community partnerships and dissemination.

Committee Discussion

Committee members offered comments in support of DAIDS priorities.

Dr. Landovitz emphasized the critical importance of the CFAR NOFO mechanism for training the next generation of HIV physician-scientists and PhD scientists, and the essential role of the Clinical Trials Networks in responding to global pandemics, in addition to their ongoing HIV prevention and treatment work.

Dr. Ndhlovu echoed the value of the CFAR network for training and education across the country, noting personal benefit from CFAR mentorship, and expressed support for the coordination between CFAR and CTN.

Dr. Henrich noted that both CFAR and CTN have provided training frameworks extending beyond HIV into areas such as oncology, infectious diseases, and aging.

Ms. Shah praised continued emphasis on both domestic and international research funding, underscoring that ending the HIV epidemic in the United States requires substantial international research given the global epidemiology.

Dr. Aldrovandi affirmed the value of resource-limited international site inclusion, particularly for the TB research agenda and pediatric and child global health priorities.

Dr. Gebo highlighted the cross-disciplinary value of CFAR and CTN in building expertise relevant to comorbid conditions including cancer and aging.

Dr. Eisinger thanked committee members for their continued support and reaffirmed DAIDS' commitment to both domestic and international clinical trial units in the re-competition.

Office of AIDS Research Advisory Council (OARAC) Liaison Report—Dr. Anne Neilan, Mass General Research Institute

Dr. Neilan presented highlights from the 71st OARAC Meeting, chaired by Dr. Luis Montaner (Wistar Institute).

OAR Director's Report (delivered by Dr. Leslie Marshall on behalf of Dr. Geri Donenberg)

- **Personnel.** Captain Mary Glenshaw departed her role as OARAC Executive Secretary to become Senior Advisor to the Director of NICHD's Division of Extramural Research. Melissa Herrera (OAR Public Health Analyst) now serves as OARAC Executive Secretary.
- **Budget Transfer Authority.** In FY2026, OAR exercised for the first time its authority (established under the 1993 NIH Revitalization Act) to execute a budget transfer, moving less than 2% (~\$61 million) toward priority research areas including implementation science, aging with HIV, and co-occurring conditions.
- **HIV Research Budget.** The FY2026 NIH HIV research budget remained level at approximately \$3.28 billion. The FY2027 President's budget proposes a significant reduction; the final level will be determined by Congress.
- **Early Career Investigator Support.** OAR's Early Career Investigator Office Hours connected 35 program representatives across 14 institutes and centers with 107 Early Career Investigators through one-on-one consultations this year.
- **Upcoming Engagements.** Collaborations with the U.S. Military HIV Research Program and the Mid-Atlantic CFAR Consortium Nursing Initiative (with the National Institute of Nursing Research).
- **International Implementation Science.** OAR now operates two international programs.
 - *Adolescent Prevention and Treatment Implementation Alliance* (est. 2017) focuses on overcoming implementation challenges for adolescents abroad.

- *NIH PEPFAR Local Implementation Science Network* aims to strengthen in-country, sustainable implementation science alliances abroad.

NIH Unified Funding Strategy

- Dr. John Lorsch (NIH Deputy Director for Extramural Research) provided the new strategy, aimed at prioritizing scientific merit, portfolio balance, workforce sustainability, and equitable funding distribution.
- Dr. Ross Shonat reviewed the transition to standard receipt dates for HIV-related applications beginning in 2027, eliminating separate submission cycles to improve efficiency and study section integration.
- Council members raised concerns about transparency, declining funding rates, reviewer burden, and potential impacts on early career investigators.

External Review of HIV Clinical Trial Networks

Dr. Margarita Lightfoot, Associate Dean for Research and Doctoral Programs at Oregon State University, provided a presentation on the recommendations from the external review of Clinical Trial Networks. The working group identified 12 priority areas and 33 recommendations, emphasizing the bridge between scientific discovery and real-world impact. Key recommendations included:

- Maintaining a balanced research portfolio across prevention, treatment, cure, and co-occurring conditions.
- Expanding implementation science integration into clinical trials.
- Strengthening cross-network coordination and federal/community partnerships.
- Preserving and expanding international research capacity.
- Embedding community engagement as a core component of research design.

NIH leadership confirmed recommendations are being incorporated into forthcoming NOFOs and CTN re-competition planning.

HIV Clinical Practice Guidelines Updates

Adult & Adolescent ARV Guidelines: New leadership introduced; plans to integrate knowledge gaps sections to inform future research priorities.

Perinatal HIV Guidelines: Expanded guidance on PrEP during pregnancy and breastfeeding, hepatitis co-infection management, and evolving ARV recommendations.

Adult & Adolescent Opportunistic Infections Guidelines: Rolling updates across 30+ infections; high global utilization noted.

Health Disparities Research

Dr. Monica Webb Hooper, acting director of the National Institute on Minority Health and Health Disparities (NIMHD), provided an overview of NIH's commitment to HIV-related health disparities research, emphasizing rigorous, data-driven, and solution-oriented approaches. Key themes:

- Advancing from descriptive to intervention-focused disparities research
- Expanding implementation science
- Addressing multi-level biological, behavioral, and structural drivers of disparities

Upcoming OARAC Meeting

The next OARAC meeting will be held in person at the Grand Hall, Fishers Lane Building, on Thursday, June 25, 2026, and will be videocast for public viewing.

Closing Remarks

Dr. Gebo thanked Dr. Eisinger and the full committee for their participation.

Dr. Eisinger closed the meeting, noting the next ARAC meeting will be held virtually in September 2026.

V. Adjournment

The meeting of the Council adjourned at 2:44 p.m., on Monday, June 22, 2026.

We do hereby certify that, to the best of our knowledge, the foregoing minutes are accurate and complete.

-S-
 Signed by Katherine Beck, Ph.D.
 Acting Deputy Director for Science
 Management and Executive Officer,
 on behalf of John H. Powers III, M.D.
 Acting Director, National Institute of Allergy
 and Infectious Diseases

 Date

-S-
 Johanna Schneider, Ph.D.
 Executive Secretary
 National Advisory Allergy and Infectious Diseases Council
 Acting Director, Division of Extramural Activities
 National Institute of Allergy and Infectious Diseases

 Date

Council will formally consider these minutes at its next meeting; any corrections or notations will be incorporated in the minutes of that meeting.