

NATIONAL CENTER FOR HIV/AIDS, VIRAL HEPATITIS, STD, AND TB PREVENTION (CVJ)

The National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) maximizes public health and safety nationally and internationally through the elimination, prevention, and control of disease, disability, and death caused by Human Immunodeficiency Virus Infection/Acquired Immunodeficiency Syndrome (HIV/AIDS), non-HIV retroviruses, viral hepatitis, other sexually transmitted diseases (STDs), and tuberculosis (TB). In carrying out its mission, NCHHSTP: (1) Builds capacity and enhances public health infrastructure for preventing and treating HIV/AIDS, viral hepatitis, STDs, and TB; (2) coordinates activities and programs across CDC and with other Department of Health and Human Services Operational Divisions in order to maximize the public health impact of HIV/AIDS, viral hepatitis, STDs, and TB interventions; (3) conducts surveillance and research to determine the distribution, determinants, and burden of HIV/AIDS, viral hepatitis, STDs, and TB; (4) conducts program evaluation to improve programs and activities relating to the prevention of HIV/AIDS, viral hepatitis, STDs, and TB, and determine their impact; (5) provides reference laboratory and clinical diagnostic services for HIV/AIDS, viral hepatitis, STDs, and TB to relevant stakeholders; (6) promotes collaboration and service integration among HIV/AIDS, viral hepatitis, STDs, and TB programs; (7) engages external partners to develop and implement effective HIV/AIDS, viral hepatitis, STDs, and TB policies, research, and programs; (8) engages partners, to promote health equity and reduce health disparities among those affected by HIV/AIDS, viral hepatitis, STDs, and TB; (9) provides technical assistance and training in the diagnosis, treatment, and prevention of HIV/AIDS, viral hepatitis, STDs, and TB; (10) conducts public health communication activities to disseminate research findings and increase awareness of HIV/AIDS, viral hepatitis, STDs, and TB; (11) conducts operational, behavioral, and biomedical research to improve the distribution, diagnosis, prevention, and control of HIV/AIDS, viral hepatitis, STDs, and TB; (12) provides scientific leadership regarding public health ethics and protection of human subjects linked to HIV/AIDS, viral hepatitis, STDs, and TB; (13) translates research findings into public health practice and policy for HIV/AIDS, viral hepatitis, STDs, and TB prevention; (14) plans, coordinates, and guides programs and activities with external partners, federal agencies, and other organizations related to HIV/AIDS, viral hepatitis, STDs, and TB prevention, care, and treatment; (15) leads and participates in the development, implementation, and evaluation of policies and guidelines related to HIV/AIDS, viral hepatitis, STDs, and TB; (16) provides scientific leadership regarding screening, treatment, immunization, and other prevention interventions relevant to HIV/AIDS, viral hepatitis, STDs, and TB; (17) assures all public health decisions are based on the highest quality scientific data, openly and objectively derived; (18) provides leadership to assist international partners in establishing and maintaining, HIV/AIDS, viral hepatitis, STDs, and TB screening, treatment, immunization, and other prevention and control programs; (19) ensures that programmatic and scientific activities are aligned with, and in support of, CDC's overall mission, goals, and strategic imperatives; (20) allocates and tracks CDC resources and contributes to the development of CDC's short-, medium- and long-term strategic plans for preventing the spread of HIV/AIDS, viral hepatitis, STDs, and TB; (21) collaborates with other federal agencies, domestic and international governmental and non- governmental organizations to advance CDC and NCHHSTP health protection goals; and (22) coordinates oversight of the NCHHSTP Federal Advisory Committees. (Approved 9/27/2010)

Office of the Director (CVJ1)

(1) Provides leadership and guidance on the development of goals and objectives, policies, program planning and development, and program management and operations of the activities of NCHHSTP and manages, directs, coordinates, and evaluates the center's activities; (2) plans and coordinates the annual program planning process; (3) coordinates with Office of the Director (OD), Centers/Institute/Offices (CIOs), and divisions in determining and interpreting operating policy and in ensuring their respective management input for specific program activity plans; (4) facilitates closer linkages between HIV, non-HIV retroviruses, STDs, viral hepatitis, and TB, surveillance activities and prevention programs at all levels, and facilitates collaboration, integration, and multi-disciplinary approaches to enhance the effectiveness of HIV, STD, viral hepatitis, and TB prevention programs; (5) facilitates collaboration among, and integration of, science and prevention programs throughout NCHHSTP and enhances the coordination and integration of HIV, STD, viral hepatitis, and TB prevention services for individuals and populations at increased risk for more than one of these infections; (6) coordinates the integration of CDC funding of state and local health departments for HIV, STD, viral hepatitis, and TB prevention; (7) maximizes center-wide collaboration to promote and support Program Collaboration and Service Integration (PCSI) in state and local HIV/AIDS, viral hepatitis, STD and TB programs to increase efficiencies and provide comprehensive evidence based prevention services to impacted populations; (8) develops partnership objectives and strategies for advancing center priorities (e.g., on cross-cutting functions PCSI, reducing health disparities, etc.) and leverages OD resources to address these objectives and strategies; (9) coordinates and tracks health equity science and program activities within the center; (10) coordinates and tracks science and program activities that concern or address social determinants of health within NCHHSTP and other programs; (11) collaborates with the CDC OD and other CDC components on health equity activities, and works with the CDC OD to monitor progress in meeting Executive Orders related to improving minority health; (12) develops partnerships with other federal agencies and nongovernmental organizations working on similarly-affected populations; (13) supports research, surveillance, education, training, and program development to achieve health equity and reduce health disparities; (14) sponsors workgroups, meetings, and conferences related to health equity; (15) promotes a diverse public health workforce through internships, fellowships, training programs, and other activities; (16) ensures process consistency for laboratory related functions within NCHHSTP and across the CIOs; (17) facilitates cross-center decision-making regarding laboratory activities; (18) monitors the performance of funded extramural research projects in the areas of HIV/AIDS, viral hepatitis, STD and TB; (19) collaborates with other federal agencies to advance prevention through healthcare; (20) coordinates and supports cross-cutting strategic initiatives in support of NCHHSTP divisions and partners; and (21) works across the agency to advance prevention priorities. (Approved 9/27/2010)

Office of the Associate Director for Science (CVJ12)

(1) Ensures process consistency for science across the CIOs; (2) facilitates cross-center decision-making regarding science; (3) facilitates communication regarding scientific and programmatic services across the Office of Infectious Diseases (OID); (4) conducts necessary regulatory and ethical reviews for activities involving human participants, including determining whether an

activity includes research, includes human subjects, is exempt or requires Institutional Review Board approval, and whether an exception is needed to the Public Health Service HIV policy; (5) reviews funded activities for application of human research regulations; (6) reviews, approves, and tracks research protocols, clinical investigations, and the Food and Drug Administration regulated response activities intended for submission to CDC Human Research Protections Office; and (7) coordinates and tracks Office of Management and Budget clearance under the Paperwork Reduction Act. (Approved 9/27/2010)

Informatics Office (CVJ13)

(1) Manages all information technology (IT) project costs, schedules, performances, and risks; (2) provides expertise in leading application development techniques in information science and technology to effect the best use of resources; (3) performs technical evaluation and integrated baseline reviews of all information systems' products and services prior to procurement to ensure software purchases align with NCHHSTP strategy; (4) provides access to quality data in support of programmatic data analysis; (5) coordinates all enterprise-wide IT security policies and procedures with key agency offices; (6) ensures operations are in accordance with CDC Capital Planning and Investment Control guidelines; (7) ensures adherence to CDC enterprise architecture guidelines and standards; (8) consults with users to determine IT needs and to develop strategic and action plans; and (9) participates in the evolution, identification, development, or adoption of appropriate informatics standards. (Approved 9/27/2010)

Extramural Research Program Office (CVJ14)

(1) Serves as the focal point for the OID for implementing policies and guidelines for the conduct of the peer review of infectious disease extramural research grant proposals and subsequent grant administration; (2) coordinates and conducts in-depth external peer review and secondary program relevance review of extramural research applications by use of consultant expert panels; (3) makes recommendations to the appropriate infectious disease center director on award selections and staff members serve as the program officials in conjunction with CDC grants management and policy officials to implement and monitor the scientific, technical, and administrative aspects of awards; (4) facilitates scientific collaborations between external and internal investigators; (5) disseminates and evaluates extramural research progress, findings, and impact; and (6) coordinates and executes objective review, including the special emphasis panel (SEP) process for funding of CDC infectious disease non-research grants and cooperative agreements. (Approved 9/27/2010)

Office of Management and Program Support (CVJ15)

(1) Helps implement and enforce management and operations policies and guidelines developed by federal agencies, DHHS, and Staff Service Offices (SSO); (2) plans, develops, implements, and provides oversight and quality control for center-wide policies, procedures, and practices for administrative management and acquisition and assistance mechanisms, including contracts, memoranda of agreement, and cooperative agreements; (3) provides management and coordination of NCHHSTP-occupied space and facilities; (4) supplies technical guidance and expertise regarding occupancy and facilities management to emergency situations; (5) provides

oversight and management of the distribution, accountability, and maintenance of CDC property and equipment; (6) provides oversight, quality control, and management of NCHHSTP records; (7) serves as lead and primary contact and liaison with relevant SSO on all matters pertaining to the center's procurement needs, policies, and activities; (8) develops, reviews, and implements policies, methods and procedures for NCHHSTP non-research extramural assistance programs; (9) interprets general policy directives, proposed legislation, and appropriation language for implications on management and execution of center's programs; (10) provides consultation and technical assistance to NCHHSTP program officials in the planning, implementation, and administration of assistance programs; (11) develops and implements objective review processes, including use of SEP process for competitive application cycles; (12) oversees the formulation of the NCHHSTP budget and responds to inquiries related to the budget; (13) provides technical information services to facilitate dissemination of relevant public health information and facilitates collaboration with national health activities, CDC components, other agencies and organizations, and foreign governments on international health activities; (14) provides oversight for the programmatic coordination of HIV, STD, viral hepatitis, and TB activities between NCHHSTP and other CIOs; develops recommendations to the CDC Director as the lead CIO for these programs for the distribution of HIV, STD, viral hepatitis, and TB funds CDC-wide; (15) provides guidance and coordination to divisions on cross-divisional negotiated agreements; (16) facilitates state and local cross-divisional issues identification and solutions; (17) in coordination with the Office of Program Planning and Policy Coordination, responds to Congress as needed; (18) serves as NCHHSTP liaison to relevant SSOs for all matters related to financial management; (19) serves as focal point for emergency operations and deployment; (20) manages and coordinates workforce development and succession planning activities within NCHHSTP in collaboration with internal and external partners, and coordinates the recruitment, assignment, technical supervision, and career development of staff with emphasis on developing and supporting diversity initiatives and equal opportunity goals; (21) facilitates the assignment of field staff in accordance with CDC and NCHHSTP priorities and objectives and reassesses the role of NCHHSTP field staff assignees to state and local health jurisdictions; and (22) provides center-wide training to supervisors, managers and team leaders. (Approved 9/27/2010)

Office of Program Planning and Policy Coordination (CVJ16)

(1) Identifies program priorities through strategic planning and other processes as appropriate; (2) oversees the development of the center's performance plan and performance reports to ensure accountability and improve programs and activities; (3) coordinates with the center director and management officer the formulation of the NCHHSTP budget; (4) liaises with the CDC SSOs on Congressional, legislative, and other inquiries; (5) maintains liaison with Congress on matters including appropriations, legislative bill tracking, and legislative requests, testimony for hearings, congressional inquiries, etc.; (6) develops policy- and program-related materials, and talking points; (7) oversees the preparation and routing of controlled correspondence; (8) maintains liaison with key CDC offices and individuals working on public health policies and legislative issues; (9) serves as liaison to governmental and nongovernmental partners on policy-related issues; (10) oversees priority issues management and proactive and reactive strategic media efforts; (11) conducts environmental analysis in response to short-term issues to be shared with leadership and program managers; (12) works with the Health Communication Science Office to coordinate communication strategy and manage short-term issues; (13) formulates

strategic media objectives for advancing program priorities and addressing identified long-range issues; and oversees the implementation of strategic media plans through several functional areas; (14) develops and implements all proactive media outreach and reactive media responses for the center; (15) provides media training and technical assistance, as appropriate; and (16) serves as liaison to key offices for obtaining CDC and HHS media clearance on products/activities. (Approved 9/27/2010)

Health Communication Science Office (CVJ17)

(1) Serves as the principal advisor to NCHHSTP on communication and marketing science, research and practice; (2) provides oversight to ensure the quality and science of health communication and marketing campaigns and products created by NCHHSTP and its divisions; (3) serves as NCHHSTP clearance office for health communication campaigns and products; develops and manages clearance systems; (4) provides strategic planning and coordination for NCHHSTP communication and marketing programs in collaboration with OD and division-level staff; (5) collaborates with NCHHSTP policy and media relations staff to ensure consistent and timely translation of center-specific health information; (6) executes communication activities to support strategic goals and objectives of the NCHHSTP OD and activities to support division-level programs; (7) coordinates and provides center input on communication activities; (8) coordinates CDC and NCHHSTP brand management; (9) provides oversight and consultation on partnership development and partner/stakeholder communication; (10) develops and manages partner relationships in collaboration with NCHHSTP divisions and CDC CIOs; (11) coordinates partnership strategies across NCHHSTP divisions; (12) manages communication infrastructure for NCHHSTP partnerships; (13) oversees management, policy guidance, and governance of NCHHSTP digital channels and Web sites per HHS and CDC policy for the use of communication technologies; (14) provides coordination and conducts activities to support NCHHSTP's presence on networked media, such as social and mobile media; and (15) collects/analyzes user data/metrics from communication channels and technologies to assess system performance, usability, accessibility, and usefulness. (Approved 9/27/2010)

Division of HIV/AIDS Prevention-Intervention Research and Support (CVJB)

(1) In cooperation with other CDC components, administers operational programs for the prevention of HIV/AIDS; (2) provides consultation, training, promotional, educational, other technical services to assist state and local health departments, as well as national, state, and local nongovernmental organizations, in the planning, development, implementation, evaluation and overall improvement of HIV prevention programs; (3) conducts behavioral, communications, evaluation, and operational research into factors affecting the prevention of HIV/AIDS; (4) develops recommendations and guidelines on the prevention of HIV/AIDS; (5) evaluates prevention and control activities in collaboration with other CDC components; (6) provides assistance and consultation on issues related to programmatic support, research, evaluation methodologies, and fiscal and grants management to state and local health departments, nongovernmental organizations, national organizations, and other research institutions; (7) promotes linkages between health department HIV/AIDS programs and other governmental and nongovernmental partners who are vital to effective HIV/AIDS prevention efforts; (8) works closely with Health Care Financing Administration, Health Resources and Services

Administration, other governmental and nongovernmental agencies, and the managed care community (or the private medical sector) to enhance and evaluate HIV prevention services in public and private health care delivery systems; (9) provides consultation to other PHS agencies, medical institutions, private physicians, and international organizations or agencies; (10) provides information to the scientific community and the general public through publications and presentations; (11) implements national HIV/AIDS prevention public information programs and assists in developing strategic communications activities and services at the national level to inform and educate the American public about HIV/AIDS, especially people whose behavior places them at risk for HIV infection; and (12) provides technical support to CDC assignees to state and local health departments who are working on HIV/AIDS prevention and communications activities. (Approved 3/22/2007)

Office of the Director (CVJB1)

(1) Plans, directs, and evaluates the activities of the division; (2) develops goals and objectives and provides national leadership and guidance in HIV/AIDS prevention policy formulation and program planning and development; (3) provides leadership for developing research in behavioral aspects of HIV/AIDS prevention, evaluation of HIV/AIDS prevention, and in coordinating activities between the division and other NCHHSTP divisions, CDC NCs, and national-level prevention partners who influence HIV/AIDS prevention programs involved in HIV/AIDS investigations, research, and prevention activities; (4) in collaboration with other components of CDC and with other governmental and non-governmental organizations, develops and promotes policies and evaluation methods, and recommends research to enhance HIV prevention and control efforts in public and private health care delivery systems; (5) provides oversight for human subjects review of protocols and coordinates human subjects review training; (6) coordinates within the division the response to the national and local communications media on HIV/AIDS issues; (7) ensures multidisciplinary collaboration in HIV/AIDS prevention activities; (8) provides leadership and guidance for program management and operations and the development of training and educational programs; (9) coordinates the development of guidelines and standards to ensure ongoing, effective HIV prevention programs and their evaluations; (10) oversees the creation of materials designed for use by the media, including press releases, letters to the editor, other print and electronic materials and programs, and ensures appropriate clearance of these materials; (11) assists in the preparation of speeches and congressional testimony on HIV/AIDS for the division director, the center director, and other public health officials; (12) provides program services support in extramural programs management; (13) collaborates, as appropriate, with nongovernmental organizations to achieve the mission of the division; (14) provides international consultation in collaboration with the Division of HIV/AIDS Prevention-Surveillance and Epidemiology's lead activity on international HIV/AIDS activities; (15) collaborates with other branches, divisions, and CIOs to synthesize HIV prevention research findings and translate them into prevention practice; and (16) collaborates, as appropriate, with other divisions and offices of NCHHSTP, and with other CIOs throughout CDC in carrying out these activities. (Approved 9/27/2010)

Prevention Research Branch (CVJBB)

(1) Applies current theory, practice, and empirical findings in designing and conducting research

on state-of-the-art interventions to prevent HIV infection; (2) conducts research to examine methodological issues related to implementation, design and evaluation aspects of behavioral intervention research trials; (3) conducts research to examine the processes and factors that influence effective and efficient translation, diffusion, and sustainability of behavioral intervention research findings to HIV prevention programs; (4) conducts research to improve the effectiveness and cost effectiveness of HIV prevention interventions as delivered by health departments, community-based organizations, and other providers of prevention services; (5) summarizes and synthesizes the intervention research literature to derive research priorities and specify the characteristics of effective interventions to prevent HIV infection; (6) contributes to the intervention research literature by publishing regularly in peer-reviewed journals and CDC-sponsored publications; (7) collaborates with federal, state, and local HIV prevention partners in identifying research priorities and in designing intervention research; and (8) collaborates and consults with CDC staff, other PHS agencies, state and local health departments, and other groups and organizations involved in HIV prevention activities to devise and facilitate technical assistance systems and activities related to the application of behavioral science research findings to prevention programs and policies. (Approved 4/11/2007)

Prevention Program Branch (CVJBC)

(1) In collaboration with state and local public health and non-governmental national/regional and local partners, CIOs, and other federal agencies, develops and implements programs, policies, and activities that enable and mobilize affiliates and communities to become involved with, and support, local and statewide strategic community planning that improves HIV prevention programs and activities; (2) plans, develops, implements, and manages strategies and resources that build a comprehensive public health-private sector partnership to prevent HIV infection/AIDS; (3) provides technical consultation and assistance to state and local health departments, community planning groups, and non-governmental and other prevention partners in operational aspects of HIV prevention; (4) monitors activities of HIV prevention projects to ensure operational objectives are being met; (5) establishes guidelines and policies for implementation and continuation of state and local HIV prevention programs; (6) provides technical review of grant applications and prevention plans; (7) coordinates program development and implementation with state/local/regional community planning groups; (8) facilitates linkages with STD's and other HIV prevention programs at all levels to maximize coordination of harm reduction and intervention strategies for populations with common prevention needs; (9) works with national partners to foster HIV prevention capabilities and activities in affected communities; (10) monitors the progress of community-based organizations undertaking HIV prevention programs and activities; (11) develops national public information programs for HIV/AIDS prevention, working closely with behavioral scientists to create communications messages that effectively promote adoption or maintenance of safe behaviors; (12) promotes and facilitates the application of social marketing principles to HIV prevention at the state and local levels; (13) collaborates with external organizations and the news, public service, entertainment, and other media to ensure that effective prevention messages reach the public; and (14) in collaboration with the Capacity Building Branch, creates and disseminates materials that incorporate prevention marketing principles for use at national, state, and local levels. (Approved 9/27/2010)

Program Evaluation Branch (CVJBD)

(1) Evaluates the effectiveness and impact of HIV prevention interventions, strategies, policies, and programs as practiced or implemented by CDC-funded public health agencies and organizations at the national/regional and state/local levels; (2) collaborates within DHAP, with HIV prevention program grantees, and with other national partners to systematically collect, process, and use HIV prevention program data for program planning and improvement; (3) collaborates in the conduct of evaluation research activities and economic evaluations of HIV prevention activities; (4) seeks to advance the methodology of HIV prevention evaluation through CDC evaluation activities and with the field of program evaluation more broadly; and (5) collaborates with other branches as they develop, test, and disseminate models for quality assurance of programs and services. (Approved 9/27/2010)

Capacity Building Branch (CVJBE)

(1) Assesses training and technical assistance needs and develops strategies to address the training of grantee organizations, other external partners involved in HIV/AIDS prevention programs and activities, and division headquarters staff; (2) works with other branches to synthesize, translate, and disseminate research findings applicable to HIV prevention program operations through training, conferences, and other systems; (3) conducts intramural/extramural training and training needs assessments; (4) manages conference grants and conference support services; (5) develops, maintains, and facilitates technical support systems to assist HIV prevention providers in applying sound technologies; and (6) assesses technical assistance and training needs of HIV prevention service providers, coordinates with other branches, and maintains communications between research and program staff at CDC. (Approved 4/11/2007)

Prevention Communications Branch (CVJBG)

(1) Implements science and evidence based HIV/AIDS communication programs and approaches that target opinion leaders, stakeholders, persons at risk for and living with HIV/AIDS and the general public; (2) systematically translates and disseminates science based messages through multiple communication channels; (3) effectively implements agenda setting and mobilization efforts; and (4) implements efficient internal communication approaches targeting DHAP staff. (Approved 9/27/2010)

Division of HIV/AIDS Prevention-Surveillance and Epidemiology (CVJJC)

(1) Conducts national surveillance of the HIV/AIDS; (2) provides consultation and statistical, epidemiological, and other technical services to assist state and local health departments, as well as national, state, and local nongovernmental organizations, in the planning, development, implementation, and overall improvement of HIV prevention programs; (3) conducts epidemiologic, surveillance, etiologic, health services and operational research into factors affecting the prevention of HIV/AIDS; (4) develops recommendations and guidelines on the prevention of HIV/AIDS and associated illnesses; (5) monitors sentinel surveillance of HIV infection and infectious diseases and other complications of HIV/AIDS; (6) monitors surveillance of risk behaviors associated with HIV transmission; (7) determines risk factors and

transmission patterns of HIV/AIDS by conducting national and international HIV/AIDS surveillance, epidemiologic investigations, and research studies; (8) develops preventive health services models for a variety of HIV-related activities; (9) provides assistance and consultation on issues related to epidemiology, surveillance, and research to NCHHSTP, CDC, other PHS agencies, state and local health agencies, community-based organizations, CDC prevention partners, medical institutions, private physicians, and international organizations; (10) provides epidemic aid, epidemiologic and surveillance consultation, and financial assistance for HIV/AIDS surveillance activities to state and local health departments; (11) provides information on HIV/AIDS surveillance and epidemiology to the scientific community and the general public through publications and presentations; (12) works closely with other CIOs on HIV/AIDS surveillance and epidemiologic investigations that require laboratory collaboration, and on activities related to the investigation and prevention of HIV-related opportunistic infections; (13) provides technical support to CDC assignees to state and local health departments who are working on HIV/AIDS surveillance activities; and (14) serves as the WHO Collaborating Division on HIV/AIDS for epidemiology and surveillance. (Approved 3/22/2007)

Office of the Director (CVJC1)

(1) Plans, directs, and evaluates the activities of the division; (2) develops goals and objectives and provides national leadership and guidance in HIV/AIDS prevention policy formulation and program planning and development; (3) provides leadership in developing research in epidemiology, surveillance, and other scientific aspects of HIV/AIDS prevention, and in coordinating activities between the division and other NCHHSTP divisions, CIOs, and national-level prevention partners who influence HIV/AIDS prevention programs involved in HIV/AIDS investigations and research; (4) provides oversight for human subjects review of protocols and coordinates human subjects review training; (5) maintains lead responsibility for HIV/AIDS issues related to epidemiology, surveillance, or policy; (6) provides leadership and guidance for the development of data management systems; (7) assists in the preparation of speeches and congressional testimony on HIV/AIDS for the division director, the center director, and other public health officials; (8) coordinates international HIV/AIDS activities of the division and ensures inter-divisional coordination of international activities within the center and CDC, as appropriate; (9) collaborates, as appropriate, with non-governmental organizations to achieve the mission of the division; and (10) collaborates, as appropriate, with other divisions and offices of NCHHSTP, and with other CIOs throughout CDC. (Approved 9/27/2010)

Epidemiology Branch (CVJCB)

(1) Designs and conducts epidemiologic and behavioral studies in the U.S. to determine risk factors, co-factors, and modes of transmission for HIV infection and AIDS; (2) conducts studies of the clinical epidemiology of HIV infection, including manifestations of HIV disease in adults, adolescents, and children; (3) designs and conducts research on the psychosocial, cultural and contextual determinants of risk behaviors related to HIV risk behaviors; (4) describes psychosocial impact of HIV on infected individuals, their families, and close contacts, and identifies psychosocial and cultural determinants of disease outcomes for HIV-infected individuals; (5) conducts both epidemiologic and behavioral studies to evaluate appropriate biomedical interventions for preventing HIV infection (primary prevention) and for preventing

manifestations of AIDS (secondary prevention); (6) conducts applied research to assist in evaluation of strategies, major activities, and policies; (7) conducts epidemiologic and investigations of HIV infection and associated infectious diseases, as well as other illnesses related to HIV/AIDS; (8) develops policy related to both primary prevention of HIV infection and secondary prevention of its severe manifestations based on scientific investigations and clinical trials; (9) provides epidemiologic consultation to state and local health departments, other PHS agencies, universities, and other groups and individuals investigating HIV/AIDS; (10) responds to inquiries from physicians and other health providers for information on the medical and epidemiologic aspects of HIV/AIDS; (11) collaborates and conducts research internationally of the epidemiology and prevention of HIV/AIDS; and (12) collaborates in studies to determine virologic and immunologic factors related to transmission and natural history of HIV infection. (Approved 4/11/2007)

Behavioral and Clinical Surveillance Branch (CVJCC)

(1) Conducts surveillance of behaviors related to acquisition or transmission of HIV infection in high risk populations to direct prevention resource allocation; (2) ensures that baseline and ongoing monitoring data on behavioral risk are collected to measure progress in meeting the goals, objectives, strategies and action steps of the HIV Prevention Plan; (3) develops, utilizes, and disseminates methods to monitor behaviors associated with HIV transmission or acquisition and evaluates the impact of prevention programs; (4) maintains, analyzes, and disseminates information from national surveillance of behaviors associated with HIV acquisition or transmission; (5) conducts investigation of unusual laboratory findings or special populations of epidemiologic importance; (6) conducts in-depth chart reviews of persons with HIV or AIDS in selected sites to monitor the morbidity and mortality of the HIV epidemic, evaluates access to care and quality of care, and to determine the efficacy and adverse outcomes of therapy; (7) conducts in-depth interviews of persons reported with HIV or AIDS to evaluate access to medical care and adherence to therapy, as well as behavioral risk and socioeconomic factors associated with HIV acquisition; (8) assesses the acceptability, implementation, and impact on HIV prevention of various HIV diagnostic modalities; (9) validates techniques for identifying recent HIV infection and other assays related to HIV diagnosis and monitoring, and provides technical assistance and support to laboratories implementing these modalities; (10) provides technical assistance to state and local health departments and academic organizations to assure high-quality behavioral monitoring systems; and (11) manages intramural and extramural funding and provides consultation and technical assistance on activities and surveillance methodologies to state and local health departments and national and international organizations and agencies. (Approved 4/11/2007)

Quantitative Sciences and Data Management Branch (CVJCD)

(1) Coordinates quantitative science and data management planning, policy development, and project monitoring and evaluation; (2) designs and develops statistical, economic, cost, resource allocation, and data management strategies, models, and methodologies in the public health arena; and (3) collaborates with scientists, program experts, and senior public health officials throughout the division to implement these strategies, models, and methodologies in support of HIV surveillance and prevention studies, prevention resource allocation issues, and prevention

program activities. (Approved 4/11/2007)

HIV Incidence and Case Surveillance Branch (CVJCE)

(1) Conducts surveillance of the clinical characteristics of persons diagnosed with HIV infection, the onset of AIDS, and deaths in persons with HIV/AIDS in coordination with and local health departments to provide population-based data for public health policy development and evaluation; (2) maintains, analyzes, and disseminates information from the national confidential registry of HIV/AIDS cases; (3) supports a population-based, national system to measure and monitor the incidence of HIV transmission; (4) pilots and coordinates methods for conducting population-based surveillance for the emergence and transmission of drug-resistant HIV; (5) supports a system of maternal to child HIV transmission surveillance through reports of outcomes of births of live infants to HIV infected women in high-prevalence areas; (6) promotes uses of surveillance data for prevention and evaluation; (7) conducts surveillance of special populations of epidemiologic importance; (8) evaluates surveillance systems for HIV infection and AIDS and modifies surveillance methodologies as needed to meet changing needs of HIV/AIDS programs; and (9) manages extramural funding of surveillance activities and provides consultations and technical assistance on surveillance activities and methodologies to state and local health departments and national and international organizations and agencies. (Approved 4/11/2007)

Laboratory Branch (CVJCG)

(1) Conducts studies of HIVs and other human and zoonotic retroviruses, including the diseases they cause and their modes of transmission, through virus detection, isolation, and characterization by virologic, molecular, and cellular biologic methods; (2) collaborates with NCHHSTP investigators to conduct HIV epidemiologic and surveillance studies worldwide particularly as they pertain to prevention and intervention strategies; (3) identifies and characterizes new HIV isolates and develops new screening tests for these isolates to determine their prevalence in various populations; (4) determines genotypic and phenotypic variations of HIVs that may affect pathogenesis, drug resistance, persistence, virulence, and transmissibility; (5) conducts and supports field epidemiologic investigations of the prevalence, distribution, trends, and risk factors associated with non-AIDS retroviral infections and associated diseases; (6) serves as a WHO Reference Center and as a member of the Joint United Nations Programme on HIV/AIDS (UNAIDS) Virus Network to provide international consultation and technical assistance on laboratory procedures for HIV isolation, detection, and characterization; (7) develops and evaluates procedures for the isolation and characterization of HIV and for the detection of retroviral DNA or RNA from clinical samples; (8) provides training, reference testing, and reference reagents for virologic and molecular characterization of divergent HIVs for public health laboratories in the U.S. and WHO; (9) serves as a reference laboratory for the isolation of zoonotic retroviruses from clinical samples; (10) develops collaborations with other CDC and non-CDC scientists to promote scientific progress and accomplishments; (11) collaborates with industry to promote commercialization of useful technology, methodologies, or reagents of public health importance; (12) conducts studies related to the development, evaluation, improvement, and standardization of laboratory technologies used for the diagnosis, surveillance, and monitoring of HIV infection both independently and in

collaboration with the biotechnology industry; (13) performs HIV antigen and antibody testing plus related standardized assays in support of the diagnostic/surveillance/epidemiologic requirements of CDC-based and CDC-affiliated studies of the HIV epidemic; (14) serves as a reference laboratory for state and local health departments; and (15) provides diagnostic services to other federal agencies, WHO, CDC-affiliated academic centers, CDC-affiliated studies with other countries, and community organizations, as appropriate. (Approved 4/11/2007)

Division of Sexually Transmitted Disease Prevention (CVJD)

(1) In cooperation with other CDC components, administers operational programs for the prevention of STD; (2) provides consultation, training, statistical, educational, epidemiological, and other technical services to assist state and local health departments in the planning, development, implementation, evaluation, and overall improvement of STD prevention programs; (3) supports a nationwide framework for effective surveillance of STD other than HIV; (4) conducts behavioral, clinical, epidemiological, preventive health services, and operational research into factors affecting the prevention and control of STD; (5) provides leadership and coordinates, in collaboration with other CDC components, research and program activities that focus on STD and HIV prevention; (6) promotes linkages between health department STD programs and other governmental and non-governmental partners who are vital to effective STD prevention efforts; and (7) provides technical supervision for division, state and local assignees. (Approved 3/22/2007)

Office of the Director (CVJD1)

(1) Plans, directs and evaluates the activities of the division; (2) provides national leadership and guidance in STD prevention and control policy formulation; program planning, development, management, and evaluation; development of training, educational, and health communications; (3) provides administrative, fiscal, technical, and communications support for division programs and units; (4) assures multidisciplinary collaboration in STD prevention and control activities; (5) in cooperation with other CDC components, provides leadership for developing research in behavioral, clinical, epidemiologic, and health services aspects of STD prevention and control, and for coordinating activities between the division and others involved in STD research; (6) coordinates the development of guidelines and standards to assure ongoing high quality performance of STD prevention and control programs; (7) coordinates international STD activity of the division; (8) collaborates, as appropriate, with other divisions and offices in NCHHSTP, and with other divisions throughout CDC; (9) collaborates as appropriate with non-governmental organizations to achieve the mission of the division; (10) establishes linkages with other NCs and national level prevention and STD research partners that impact on STD prevention and control programs; and (11) manages the Tuskegee Participants Health Benefits Program. (Approved 9/27/2010)

Behavioral Interventions and Research Branch (CVJDB)

(1) Plans and conducts research on individual and group behavior patterns, their individual and societal determinants, and consequences as they affect STD occurrence and transmission, and disseminates the results of this research; (2) plans and conducts research on health

communication messages and strategies, and disseminates the results of this research; (3) in collaboration with other relevant CDC units, plans and conducts studies to develop, evaluate, and apply new community and clinic-based behavioral intervention methods to STD prevention and control; (4) in collaboration with other components of the division, NCHHSTP, and CDC, plans, coordinates, implements, and monitors demonstration projects designed to provide information which will guide national program direction in behavioral intervention for STD prevention and control; (5) in collaboration with other components of the division, NCHHSTP, and CDC, develops an effective behavioral surveillance system to assist national STD prevention efforts; implements and evaluates new approaches to behavioral surveillance related to STD prevention and control; and analyzes behavioral surveillance data in conjunction with STD morbidity surveillance data to guide national STD prevention policy and program direction; (6) in collaboration with internal and external colleagues, translates behavioral and health communication research findings into programmatic interventions; (7) provides state and local health departments and other prevention partners with technical assistance in the development, implementation, and evaluation of health communication messages and strategies and behavioral intervention strategies to reduce STD morbidity; (8) participates in STD prevention and control reviews and guideline development; (9) collaborates with other components of the division to develop and implement strategies and activities to meet goals for key division priorities; and (10) translates overall NCHHSTP and division strategies into branch-specific implementation plan for research and programs. (Approved 4/11/2007)

Epidemiology and Surveillance Branch (CVJDC)

(1) Provides national and international leadership in the design and analysis of clinical and epidemiologic prevention research to improve understanding of the epidemiology of STD; advances knowledge of factors related to STD acquisition, transmission, and sequelae using a variety of epidemiologic tools including mathematical modeling; participates in evaluations of the effectiveness and immunologic characteristics of forthcoming STD vaccines; and, develops and evaluates new approaches for prevention, diagnosis, and treatment that will strengthen national and international STD prevention efforts; (2) assesses STD burden and sequelae by monitoring and interpreting surveillance data; by developing, implementing, and interpreting data from STD prevalence monitoring projects among populations of special interest and from national population-based surveys; by conducting sentinel surveillance projects to evaluate and monitor trends in STD antimicrobial sensitivity and to identify emerging STD problems, clinical presentations, and behavioral associations; and by conducting special investigations of epidemic increases in STD and of other emerging STD problems in the U.S. and abroad; (3) develops and evaluates, in close collaboration with program colleagues and field assignees, innovative, efficient, program-focused approaches to strengthen STD prevention at state and local levels, and to facilitate the translation of such research findings into prevention; (4) develops and disseminates, via the STD Treatment Guidelines and other methods, national and international guidance concerning STD diagnosis and treatment; disseminates timely information to the national and international public health community of emergent changes in STD epidemiology and in recommendations concerning STD treatment and diagnosis; (5) collaborates with other components of the division to develop and implement strategies and activities to meet goals for key division priorities; and (6) translates overall NCHHSTP and division strategies into branch-specific implementation plan for research and programs. (Approved 4/11/2007)

Health Services Research and Evaluation Branch (CVJDD)

(1) Develops and evaluates methodologies for conducting program evaluation and preventive health services research related to STD prevention and control; (2) plans, coordinates, and disseminates the results of evaluation studies for a wide variety of behavioral, clinical, and operational program issues including access (and barriers) to care, quality of care, health care delivery systems, and the impact of these on STD-related clinical/behavioral outcomes; (3) serves as a bridge in translating program relevant research into STD program operations, including cost-effectiveness and cost-benefit analyses; (4) develops preventive health services models for a variety of STD-related issues including counseling/testing, partner notification, and integration of services; (5) in collaboration with other components of the division, NCHHSTP, and CDC, explores and evaluates the role of managed care and other private sector entities in STD prevention and control efforts; (6) in collaboration with other components of the division, conducts studies to develop new or to refine old methods of STD prevention; (7) uses economic methods such as econometrics, diffusion analysis, modeling, and cost-effectiveness analysis to identify costs and cost-effectiveness of STD prevention interventions and help resolve allocation decisions; (8) provides technical assistance to state and local health departments and other prevention partners in building program evaluation and preventive health services research capacity; (9) participates in STD prevention and control reviews and guideline development; (10) collaborates with other components of the division to develop and implement strategies and activities to meet goals for key division priorities; and (11) translates overall NCHHSTP and division strategies into branch-specific implementation plan for research and programs.

(Approved 4/11/2007)

Laboratory Reference and Research Branch (CVJDE)

(1) Performs research on the pathogenesis, genetics, and immunology of syphilis and other treponematoses, gonococcal and chlamydial infections, chancroid, genital herpes, donovanosis, bacterial vaginosis and trichomoniasis; (2) conducts and participates in clinical, field, and laboratory research to develop, evaluate, and improve laboratory methods used in the diagnosis and epidemiology of these sexually transmitted infections (STIs); (3) provides consultation and reference/diagnostic services for these STIs; (4) conducts laboratory-based surveillance for and research on the genetics of antimicrobial resistance in *Neisseria gonorrhoeae*; (5) serves as the WHO International Collaborating Center for Reference and Research in Syphilis Serology; (6) provides consultation and laboratory support for domestic and international activities; (7) serves as the reference laboratory for the WHO STD diagnostics initiative; (8) participates in STD prevention and control reviews and guideline development; (9) collaborates with other components of the division to develop and implement strategies and activities to meet goals for key division priorities; and (10) translates overall NCHHSTP and division strategies into branch-specific implementation plan for research and programs. (Approved 4/11/2007)

Program and Training Branch (CVJDG)

(1) In collaboration with other division components, provides technical consultation and assistance to state and local health departments, non-governmental, and other prevention partners in operational aspects of STD prevention and control; (2) monitors activities of STD prevention

projects to assure operational objectives are being met; (3) establishes guidelines and policies for implementation and continuation of state and local STD prevention and control programs; (4) establishes guidelines and standards for STD negotiated agreements and assures implementation; (5) provides technical review and funding recommendations related to grant applications; (6) conducts continuing analysis of field personnel and other resource allocations and utilization in relation to STD prevention and control; and conducts site review to identify and resolve STD prevention problems in project areas; (7) provides technical support and supervision, including analysis of performance and development, for STD field staff; (8) assists in the development of new operational programs and program solicitations for STD prevention and control; (9) facilitates coordination within state/local project areas regarding STD activities with other program partners; (10) coordinates program development and implementation with state/local/regional community planning processes; (11) facilitates linkages with HIV and viral hepatitis prevention programs at all levels to assure coordination of prevention strategies; (12) provides leadership in development, implementation, and evaluation of training programs for providers of interventions to prevent and control STDs; (13) develops STD training programs for nationwide application; (14) develops plans to address emerging and future training needs in support of national goals; (15) establishes and maintains partnerships with other national training entities to promote coordination and minimize duplicative efforts; (16) promotes the application of new technologies to enhance distance learning and communication with prevention partners; (17) builds STD training and teaching capacity in state and local health departments; (18) initiates and facilitates adoption of scientific, evidence-based interventions and practices through provision of program guidance, technical assistance, curricula and training program development and collaborations with appropriate STD prevention partners; assists with research for program translation by implementing projects that assist partners in demonstrating and replicating significant research findings in practical, non-research settings; (19) participates in STD prevention and control reviews and guideline development; (20) collaborates with other components of the division to develop and implement strategies and activities to meet goals for key division priorities; and (21) translates overall NCHHSTP and division strategies into branch-specific implementation plan for research and programs. (Approved 4/11/2007)

Statistics and Data Management Branch (CVJDH)

(1) Provides leadership in and coordination of statistical and data management planning, policy development and monitoring, and data-based project implementation and evaluation; (2) coordinates and supports the collection, compilation, analysis, and dissemination of national data related to STD prevention and control efforts, including STD-related behavioral and health services data; (3) conducts statistical research and methods development focused on STD prevention issues including mathematical models of STD transmission dynamics, diagnostic test performance, and intervention effectiveness; (4) provides data management and statistical design, implementation and analysis support for STD surveillance and research studies; (5) provides consultation and technical assistance regarding data management, data analysis, visualization, and reporting, and statistical issues to other division components and local and state STD control programs; (6) participates in STD prevention and control reviews and guideline development; (7) collaborates with other components of the division to develop and implement strategies and activities to meet goals for key division priorities; and (8) translates overall NCHHSTP and division strategies into branch-specific implementation plan for research

and programs. (Approved 4/11/2007)

Field Services Branch (CVJDJ)

(1) In collaboration with the Program and Training Branch assigns Public Health Advisors to state and local health departments; (2) provides state and local health departments technical assistance with the development and implementation of strategies for addressing the STD burden; (3) provides state and local health departments assistance with developing, implementing and evaluating core public health activities to reduce the incidence, strengthen public, private clinical and community-based partnerships; and (4) promotes and enhances capacity-building within state and local health departments through consultation, demonstration and technical expertise. (Approved 9/27/2010)

Division of Tuberculosis Elimination (CVJE)

The Division of Tuberculosis Elimination (DTBE) promotes health and quality of life by preventing, controlling, and eventually eliminating TB from the United States (U.S.), and by collaborating with other countries and international partners in controlling TB worldwide. In carrying out its mission, the division conducts the following activities under each focus area: (1) Administers and promotes a national program for the prevention, control, and elimination of TB; (2) supports a nationwide framework for surveillance of TB and evaluation of national TB prevention and control program performance; (3) provides programmatic consultation, technical assistance, and outbreak response assistance to international, state, and local TB programs; (4) co-chairs and coordinates administrative support for the Federal TB Task Force, and supports and collaborates with the National Tuberculosis Controllers Association and the Tuberculosis Education and Training Network to promote effective national communications and coordinated feedback on urgent policy and program performance issues; (5) supports development of TB patient education materials and interventions, capacity development, and access to medical consultation; (6) provides national and supranational reference laboratory function for identification, drug susceptibility testing of *Mycobacterium tuberculosis*; (7) fosters patient-centered measures, including directly-observed therapy, to promote adherence with long-term treatment for improvements in well-being and interruption in community transmission of *M. tuberculosis*; (8) promotes targeted testing of idemiologically-defined at-risk populations and treatment of persons with latent TB; (9) conducts epidemiologic, laboratory, behavioral, health systems, and clinical research; (10) supports patient and provider research to identify barriers and facilitators to TB services; (11) supports multicenter consortia for epidemiologic, laboratory, diagnostics, clinical, and vaccine development research; (12) develops and applies mathematical TB transmission models to forecast future incidence and prevalence trends; (13) provides leadership and formulates national and global policies and guidelines; (14) provides technical supervision and training to federal assignees working in international, state, and local TB control programs; (15) develops training and educational materials, and provides technical assistance on communications and training needs; (16) participates in the development of policies and guidelines for TB prevention and control within populations at high risk, such as persons infected with HIV or racial and ethnic minorities; (17) provides programmatic consultation, technical assistance, and outbreak response assistance to other countries by collaborating with national and international partners; (18) supports technical activities and operational research to

reduce TB in foreign-born populations; (19) provides leadership and technical support to the global health initiatives for the prevention and control of TB and drug-resistant TB; (20) provides leadership and technical support to the World Health Organization (WHO)-hosted Stop TB Partnership for implementation of the Global Plan to Stop TB and Millennium Development Goals; (21) monitors progress and trends towards TB elimination; (22) monitors progress towards CDC, Healthy People 2010, and the Government Performance Results Act goals; (23) provides progress reports to, and solicits advice from, the Advisory Council for the Elimination of Tuberculosis (ACET); and (24) facilitates partnerships with affected communities, nongovernmental, professional, and global organizations. (Approved 9/27/2010)

Office of the Director (CVJE1)

(1) Provides leadership and guidance in program planning and management, policy formulation, and development of training, surveillance, and research programs in TB; (2) directs and evaluates the operations of the division; (3) establishes contact with, and promotes TB activities of, other national and international organizations which have an important role to play in achieving TB elimination; (4) coordinates administrative and logistical support services for the division; (5) provides consultation and assistance in writing reports for presentation at local, regional, national, and international scientific meetings and for publication in scientific journals; (6) coordinates and tracks materials for purposes of clearance and approval for publications and presentations; (7) presents findings at national and international scientific meetings; (8) presents division overview at the ACET meetings; (9) collaborates and coordinates division activities with other components of NCHHSTP and CDC; (10) provides technical support to ACET; (11) provides administrative and technical support for the Stop TB USA (previously the National Coalition for the Elimination of Tuberculosis) and the Federal TB Task Force; and (12) provides leadership and technical expertise to the global Stop TB partnership. (Approved 9/27/2010)

Communications, Education, and Behavioral Studies Branch (CVJEB)

(1) Provides technical assistance to health departments and other health care providers in assessing and meeting their TB training, education, and communication needs; (2) provides technical expertise to assess the impact of training and education activities by health departments; (3) provides technical assistance to health departments and other TB health care providers regarding behavioral studies research and intervention development; (4) collaborates with the WHO, the World Bank, the International Union Against Tuberculosis and Lung Diseases (IUATLD), United States Agency for International Development (USAID), and others, in assessing and meeting TB training, education, and communication needs in other countries; (5) provides consultation and assistance in coordinating TB training, education, behavioral studies and interventions, and communication activities carried out by other CDC programs, Regional Training and Medical Consultation Centers, and Stop TB USA members, and develops, markets, and maintains electronic mailing lists for persons with TB-related education, training, and communication responsibilities; (6) develops, plans, and coordinates agendas necessary to conduct TB conferences and workshops sponsored by the division; (7) provides DTBE coordination and oversight and technical information for CDC INFO; (8) organizes and maintains scientific and non-scientific information resources related to TB; (9) conducts formative research and evaluation on approaches to patient, provider, and public education, and

conducts research on individual and social factors affecting health-care seeking behavior and treatment outcomes related to TB; (10) based on research findings, develops behavioral interventions targeted to health care providers, persons with or at risk for TB, and other high-risk populations; (11) provides consultation to national and international organizations on behavioral research needs and study designs; on the technical transfer of behavioral research findings into TB program practice and TB training and educational strategies; and provides consultation, technical assistance, and coordination to other branches within the division regarding development and implementation of behavioral interventions and training for branch specific activities such as Report of Verified Case of Tuberculosis, Aggregate Reports for Program Evaluation, and surveillance activities; (12) presents findings at national and scientific meetings and develops, disseminates, and evaluates training and educational materials and courses providing TB information to the scientific and public health communities, as well as the general population; (13) conducts training and education needs assessments; identifies resources available for health department TB control officers and senior managers, TB nurse consultants, TB training and education directors and for senior staff carrying out TB activities in other programs or facilities serving persons at high risk for TB; and develops, conducts, and coordinates training courses on TB for state and big city TB program managers and nurse consultants; (14) based on needs assessments, develops and conducts or coordinates training courses and materials for staff who train and/or supervise front-line TB program staff; (15) provides oversight in the planning, coordination, and maintenance of the division's Internet and Intranet Web sites; (16) conducts and/or coordinates communications programs designed to build public support and sustain public interest and commitment to the elimination of TB; (17) conducts communications research and identifies communications resources available for health department TB control officers and senior managers, TB nurse consultants, and for senior staff carrying out TB activities in other programs or facilities serving persons at high risk for TB; (18) coordinates graphic support to the division and senior field staff; (19) provides coordination and oversight for division responses and relations with the media and public and serves as point of contact for telephonic, written, and electronic (e-mail) requests for information from the media and public; (20) develops, coordinates, and staffs the division's exhibit booth at conferences/ meetings; (21) provides oversight and coordination for TB related voice and Web-based TB information, training, and education resources; (22) maintains inventory of TB training opportunities and coordinates with employees and supervisors for training necessary to carry out their duties; and (23) presents communications issues to ACET and at national and international scientific meetings. (Approved 9/27/2010)

Data Management and Statistics Branch (CVJEC)

(1) Provides division-wide leadership in and coordination of data management and statistical planning, policy development and monitoring within an integrated systems framework, playing a central role in the education of all DTBE staff on the science and methods of data management, statistics, and epidemiology; (2) consults and assists in appropriate data collection, management, analysis, and reporting for scientific studies conducted division-wide; (3) collaborates in the statistical analysis of data and in the preparation of materials for publication; (4) coordinates and oversees data management and statistical design, implementation and analysis support, and consultation for the TB Clinical Trials and the TB Epidemiologic Studies Consortia; (5) conducts statistical research and methods development, including mathematical models of TB

transmission and diagnostic test performance to improve the effectiveness of prevention and control activities; (6) coordinates data management and statistical services provided under contractual services; (7) collaborates with other components of the division to develop and implement strategies and activities to meet goals for division priorities; (8) translates overall NCHHSTP and DTBE strategies into branch-specific implementation plans for research and programs; and (9) presents data management, statistical considerations, and reporting issues to ACET and other national and international scientific meetings. (Approved 4/11/2007)

Field Services and Evaluation Branch (CVJED)

(1) Provides medical and programmatic consultation to assist state and local health departments in developing, implementing and evaluating their activities toward achieving tuberculosis prevention, control, and elimination; (2) promotes adoption of CDC tuberculosis-related policies by national organizations, health departments, and health care providers; (3) acts as advocate for health departments when conveying resource needs; (4) participates in development of national policies and guidelines for tuberculosis elimination; (5) evaluates tuberculosis program performance; (6) provides technical assistance to states and localities for improving program operations; (7) develops funding guidelines, assists in application reviews, makes funding recommendations, and monitors performance of programmatic portion of Tuberculosis Cooperative Agreements with state and local health departments; (8) provides supervision to medical staff assigned to state and local health departments; (9) analyzes data to assess progress toward achieving national TB objectives and prepares program management and evaluation reports for publication; (10) supports program consultants in providing technical assistance and recommendations to health departments; (11) encourages and facilitates the transfer of new technology and guidelines into clinical and public health practice; (12) participates in the development of comprehensive evaluation methods for TB prevention and control programs; (13) serves as liaison or focal point to assist TB controllers in linking with proper resource persons and obtaining technical assistance, both within and outside the division; (14) conducts a continuing analysis of the effectiveness of field personnel and utilization of other resources in relation to the tuberculosis problems; (15) provides consultation and assists state and local health departments in the methodology and application of tuberculosis control techniques recommended by CDC; (16) acts as advocate for state and local health departments during needs assessments and requests for resources; (17) provides technical supervision and support for the CDC field staff; (18) identifies specific management, operational, and staff performance problems associated with not achieving TB control objectives or with not implementing essential TB components, and recommends solutions; (19) provides input into the development of branch and division policy, priorities and operational procedures; (20) coordinates technical reviews of cooperative agreement applications and makes appropriate funding recommendations; (21) serves as an agent of technology transfer to ensure that good program methodology in one program is known and made available to other state and local programs; (22) provides programmatic oversight, technical assistance, and medical consultation to the Regional Training and Medical Consultation Centers; and (23) presents programmatic activities to ACET and at national and international scientific meetings. (Approved 4/11/2007)

Clinical Research Branch (CVJEE)

(1) Assesses the need for and conducts studies of new or existing drugs and regimens used in the prevention and treatment of TB, including dosage, duration, pharmacokinetics and toxicity; (2) supports the TB Trials Consortium in the conduct of studies of new treatments for active TB and latent TB infection; (3) supports coordinated and standardized data management for branch research, and serves as the Data and Coordinating Center for the TB Trials Consortium, collaborating as needed with both internal and external partners; (4) collaborates with private and public institutions in the area of vaccine development; (5) provides clinical support and oversight for the distribution of investigational drugs for the treatment and prevention of TB by CIOs/Scientific Resources/Drug Service; (6) assesses the need for and conducts clinical and field trials of more specific and rapid tests to diagnose active TB and latent TB infection and to identify drug-resistant TB in collaboration with the Laboratory Branch; (7) collaborates with and provides consultation and technical assistance to national and international organizations on the design and conduct of clinical trials and research needs; (8) conducts, participates in, and collaborates with other DTBE units in research on clinical, epidemiologic, immunologic and genetic aspects of TB prevention and control; (9) collaborates in contact investigation research with other branches and local programmatic areas; (10) conducts multidisciplinary studies (including the analysis of behavioral, economic, and epidemiologic factors) of health care systems to assess the cost, effectiveness, and impact of public health policies, programs, and practices on TB outcomes to further the goal of TB elimination in the U.S., and targets these studies toward various populations at high risk for TB, including persons from high TB prevalent countries, homeless persons, HIV-infected persons, residents of correctional facilities, substance abusers, and health care workers; (11) provides consultation and training to local, state, national, and international organizations, and to TB program field staff, on design and conduct of clinical trials, TB therapeutics and diagnostics, health care systems research needs, decision and economic analyses, evaluation techniques, qualitative research methods, and research on TB transmission; (12) has responsibility for divisional engagement in preparing for and participating in trials of new TB vaccines; (13) reports study results to public health practitioners through direct communication, articles in scientific journals and CDC publications, and oral and poster presentations at national and international scientific meetings; (14) provides input into statements and guidelines issued by the CDC, the ACET, and professional organizations; and (15) presents research issues and findings to ACET and at national and international scientific meetings. (Approved 9/27/2010)

Surveillance, Epidemiology, and Outbreak Investigations Branch (CVJEG)

(1) Directs national surveillance of tuberculosis to provide accurate and timely national data and to monitor progress toward the elimination of tuberculosis in the U.S.; (2) conducts analyses of national TB surveillance data to monitor national trends in TB in order to assist in program planning, evaluation, and policy development and to identify areas for further study to guide elimination efforts; (3) conducts surveillance-related studies that evaluate current TB surveillance systems and develops new surveillance methods and systems in order to better monitor and accelerate TB elimination efforts; (4) provides technical surveillance expertise to state, local, and international TB control programs, other federal agencies, and other organizations involved in TB prevention and control; (5) conducts epidemiologic research to

assess the characteristics of persons with *M. tuberculosis* disease and infection in the U.S.; (6) analyzes research findings to develop improved interventions for eliminating tuberculosis and better analytic tools for future studies; (7) provides technical epidemiologic expertise to state, local, and international tuberculosis control programs; (8) supports the TB Epidemiologic Studies Consortium in the conduct of studies of programmatically relevant epidemiologic, behavioral, economic, laboratory, and operational research concerning the identification, diagnosis, prevention and control of TB disease and latent infection; (9) investigates outbreaks of tuberculosis; (10) provides consultation and technical expertise on TB surveillance, epidemiology, and outbreaks to state, local, and international tuberculosis control programs; (11) analyzes TB outbreak investigation findings in order to improve the ability of tuberculosis control programs to detect future outbreaks and respond to them promptly and appropriately to limit transmission; (12) supervises EIS officers in the conduct of their two year assignments; (13) prepares manuscripts for publication in scientific journals; (14) presents findings at national and international scientific meetings; and (15) presents surveillance, epidemiology, and outbreak findings to ACET and at national and international scientific meetings. (Approved 4/11/2007)

International Research and Programs Branch (CVJEH)

(1) Coordinates division and center international TB activities; (2) coordinates the assessment of immigration and its impact on TB patterns in the U.S. and assists with the evaluation of overseas TB screening procedures for immigrants and refugees; (3) conducts and coordinates operational research and demonstration projects to improve both the overseas screening for TB of immigrants and refugees and the domestic follow-up of those entering with suspected TB (in collaboration with other CIOs); (4) promotes the improved recognition and management of TB among the foreign-born through epidemiological analyses of national TB surveillance data and special studies on the U.S./Mexico border and in countries contributing to foreign-born TB cases in the U.S.; (5) collaborates with WHO, the World Bank, IUATLD, USAID, and others to improve the quality of TB programs globally by supporting implementation of the WHO-recommended directly observed therapy, short-course strategy; (6) collaborates with the nation of Botswana, WHO, the World Bank, IUATLD, USAID, and others, to conduct investigations into the diagnosis, management, and prevention of TB in persons with and without HIV infection; (7) collaborates with the Division of Global AIDS and the Office of Global AIDS Coordination in addressing the AIDS pandemic in countries where both HIV and TB are reported in epidemic proportions; (8) collaborates with WHO, USAID, and several nations to reduce the impact of multi-drug resistant TB on global TB control; (9) prepares manuscripts for publication in scientific journals; (10) presents findings at national and international scientific meetings; (11) supervises EIS officers in the conduct of their two year assignments; and (12) presents international and operational research findings to ACET and national and international scientific meetings. (Approved 9/27/2010)

Laboratory Branch (CVJEJ)

(1) Serves as the national reference laboratory in support of the mission of DTBE, fulfilling public health function in leadership, clinical and consultative service, and research; (2) provides laboratory support for epidemic investigations, surveillance activities, and special studies of TB, in collaboration of other branches; (3) administers contracts to provide *Mycobacterium*

tuberculosis genotyping, maintains a national database of genotypes, and conducts operational research to implement genotyping; (4) develops and evaluates new methods to subtype *M. tuberculosis* for epidemiologic studies; (5) serves as primary CDC focus for diagnostic laboratory services for TB; (6) administers grants and cooperative agreements with states and others to upgrade laboratory activities and provide special services; (7) provides reference diagnostic services, consultation, technical assistance, and training to state, federal, and municipal public health laboratories; (8) provides laboratory support, reference services, assessment, consultation, and training for CDC's international TB activities; (9) develops, evaluates, or improves conventional and molecular methods for the detection, classification, identification, characterization, and susceptibility testing of *M. tuberculosis*; (10) conducts studies to define the role of bacterial virulence factors, host factors, and pathogenic and immunologic mechanisms in disease processes and protective immunity in mycobacteria, and develops, evaluates, and improves immunologic methods for the diagnosis and prevention of TB; (11) develops tissue culture and animal models of TB and conducts studies on chemotherapy, immunotherapy, pathogenesis, pathology, and vaccines for TB; (12) prepares manuscripts for publication in scientific journals; (13) presents findings at national and international scientific meetings; (14) supervises and trains fellows in temporary or multi-year educationally-based programs in endeavors related to the mission of the branch; and (15) presents laboratory issues to ACET and at national and international scientific meetings. (Approved 9/27/2010)

Division of Viral Hepatitis (CVJH)

The Division of Viral Hepatitis (DVH), in collaboration with domestic and global partners, provides the scientific and programmatic foundation and leadership for the prevention and control of hepatitis virus infections and their manifestations. To achieve its mission, DVH: (1) conducts public health surveillance, epidemiologic, and behavioral studies to identify and monitor modes of hepatitis virus transmission and the burden of diseases attributable to infections with hepatitis viruses; (2) provides reference laboratory services for viral hepatitis; (3) conducts epidemiologic, laboratory, operational, and behavioral studies to identify and characterize agents and host factors associated with acute and chronic hepatitis and associated liver disease, determine risks for transmission of hepatitis viruses, define the pathogenesis and natural history of hepatitis virus infections, characterize disease cofactors, and assess health impact; (4) conducts evaluations to improve programs and strategies for prevention of viral hepatitis and prevention of the adverse outcomes of chronic viral hepatitis; (5) translates research findings into public health practice and policy; (6) integrates related prevention services that will help persons protect themselves from viral hepatitis infections, HIV infection, STD, and subsequent disease manifestations; (7) engages partners, particularly affected communities, to reduce disparities in access to preventive services such as vaccines among those at risk for and affected by viral hepatitis; (8) disseminates information for training and education through health communication materials, tools, and programs and scientific publications and presentations; (9) leads and participates in the development, implementation, and evaluation of domestic and international policies and guidelines related to viral hepatitis prevention; (10) builds capacity and enhances public health infrastructure for prevention of viral hepatitis domestically and internationally; (11) plans, coordinates, and guides programs and activities with federal agencies and other domestic and international organizations; (12) sustains and strengthens multidisciplinary partnerships in prevention research, policy development, and communications;

(13) provides scientific leadership regarding screening, treatment, immunization, food safety, safe injection practices, and other prevention interventions relevant to viral hepatitis; (14) provides technical and programmatic leadership to state and local health departments and other partners for the development, implementation, and evaluation of programs that provide and support immunization, counseling, testing, referral, safe food management, safe injection practices, and other services to prevent infections with hepatitis viruses and diseases caused by these infections; (15) provides technical assistance to state and local health departments, other federal agencies, other CDC components, and national and international health organizations; (16) provides training opportunities in epidemiology, prevention, and laboratory science; (17) provides leadership and coordination to integrate viral hepatitis prevention and control activities into other prevention services supported by CDC and other federal agencies; (18) provides leadership and technical expertise to assist international partners including WHO, other U.S. agencies, and Ministries of Health in developing, implementing, and evaluating immunization, safe injection, and other viral hepatitis prevention and control programs, and in conducting epidemiologic and research studies; (19) serves as a WHO Collaborating Center for Reference and Research on Viral Hepatitis; (20) ensures that programmatic and scientific activities are aligned with, and in support of, the missions, goals, and strategic imperatives of NCHHSTP and CDC; and (21) bases all public health decisions on the highest quality scientific data, openly and objectively derived. (Approved 3/22/2007)

Office of the Director (CVJH1)

(1) Plans, directs, and administers DVH domestic and international programs and activities; (2) leads and advises on public health surveillance, research, policy development, and program planning and evaluation activities related to viral hepatitis; (3) leads and advises on the coordination and integration of viral hepatitis prevention and control activities with appropriate CDC components, HHS, other federal agencies, international organizations, and other groups; (4) ensures that programmatic and scientific activities are aligned with, and in support of, the missions, goals, and strategic imperatives of NCHHSTP and CDC; (5) leads and advises on the development of community and professional partnerships to enhance and support hepatitis and liver disease prevention and control activities; (6) provides division-wide administrative and program support services; (7) provides manuscript review and clearance and coordination and oversight for human subjects review; and (8) provides support to DVH components in writing, and communication services. (Approved 4/11/2007)

Epidemiology and Surveillance Branch (CVJHB)

(1) Determines rates and risk factors associated with acute and chronic infections with hepatitis viruses and diseases caused by these infections, and monitors trends in incidence and prevalence; (2) evaluates epidemiologic data that reflect the performance and effectiveness of prevention strategies; (3) conducts research and outbreak investigations to determine the epidemiology of known and new hepatitis viruses and their variants and the disease manifestations caused by these infections; (4) estimates the disease burden attributable to infections with hepatitis viruses, the impact of co-factors on disease progression, and the impact of prevention strategies on reducing this burden; (5) evaluates the performance of viral hepatitis vaccines and of diagnostic tests for hepatitis virus infections; (6) provides statistical support and consultation for the

division; (7) provides consultation to local, national, and international authorities on the conduct of public health surveillance and epidemiologic studies, including investigation of disease outbreaks, and other activities related to the prevention and control of viral hepatitis; (8) disseminates information through scientific publications and presentations; and (9) provides training opportunities for public health professionals enrolled in CDC-sponsored programs. (Approved 4/11/2007)

Prevention Branch (CVJHC)

(1) Develops, administers, implements, and evaluates domestic and international programs to prevent viral hepatitis based on findings from public health surveillance and epidemiologic, behavioral, clinical, and laboratory studies; (2) leads efforts to integrate viral hepatitis prevention and control activities into settings that provide services for persons at risk for viral hepatitis, in collaboration with appropriate CDC components, HHS, other federal agencies, international organizations, and other groups; (3) conducts research and evaluation to ascertain educational and training needs, the most appropriate and effective communication methods to meet these needs, and the effectiveness of educational programs for health professionals, persons at risk for infection with hepatitis viruses, and the public; (4) develops and disseminates accurate, timely, and effective educational and training materials, tools, and programs for prevention of infections with hepatitis viruses and diseases caused by these infections; (5) develops and conducts research and evaluation, including economic and behavioral studies, to assess the effectiveness of interventions and programs to prevent viral hepatitis and to identify successful strategies to overcome barriers to implementing prevention services; (6) develops, disseminates, and evaluates health services models for prevention of infections with hepatitis viruses and diseases caused by these infections; (7) provides leadership for and coordinates the development of CDC recommendations and other national standards and performance objectives for the prevention of viral hepatitis infections and liver disease, and works with agencies and partners to adopt these standards; (8) develops indicators and measures by which to evaluate the performance and effectiveness of viral hepatitis prevention programs; (9) disseminates information through scientific publications and presentations; and (10) provides training opportunities for students and public health professionals participating in CDC-sponsored programs and continuing education for public health professionals and clinicians. (Approved 4/11/2007)

Laboratory Branch (CVJHD)

(1) Conducts research and applies state-of-the-art laboratory methods in support of studies related to the epidemiology, molecular epidemiology, and natural history of acute and chronic infections with hepatitis viruses; (2) conducts research to develop and validate diagnostic approaches to identify infections with hepatitis viruses; (3) evaluates methods, including vaccines, to prevent acute and chronic infections with hepatitis viruses and diseases caused by these infections; (4) determines the viral, immunologic, and other host responses to infection with hepatitis viruses, including responses related to co-infection with HIV, in humans and animal models; (5) identifies and characterizes agents that cause hepatitis; (6) provides reference diagnostic testing for markers of infection with hepatitis viruses for state and local public health laboratories; (7) provides leadership and collaboration to ensure the transfer of state-of-the-art methods and approaches for identification and diagnosis of infections with hepatitis viruses to

public health laboratories, both nationally and internationally; (8) develops and maintains archives of clinical specimens from clinical trials and epidemiologic and laboratory studies; (9) disseminates information through scientific publications and presentations; and (10) provides training opportunities for students and laboratorians participating in CDC-sponsored programs. (Approved 4/11/2007)

Division of Adolescent and School Health (CVJ)

(1) In cooperation with other CDC components, administers programs addressing priority sexual health risks and related health behaviors among youth; (2) identifies and monitors priority sexual health risks and related health behaviors among youth that result in the transmission of HIV/AIDS, other sexually transmitted infections and unintended pregnancy; (3) provides consultation, training, educational, and other technical services to assist state, territorial, and local education and health departments, tribal governments, national nongovernmental organizations, and other societal institutions to implement and evaluate policy, systems, and environmental changes and interventions to reduce priority sexual health risks among youth; (4) in coordination with other CDC components, supports international, national, state, tribal, and local school-based surveillance systems to monitor priority health risk behaviors and health outcomes among youth, along with the policies, programs, and practices schools implement to address them; (5) conducts evaluation research to expand knowledge of the determinants of priority health risk behaviors among youth and to identify effective policies and practices that schools and other societal institutions can implement to reduce priority health risks among youth; (6) develops and disseminates guidelines and tools to help schools and other societal institutions apply research synthesis findings to reduce priority health risks among youth; (7) provides leadership and consultation on the use of a coordinated approach to school health; (8) provides leadership and consultation to other divisions within NCHHSTP and CDC on how schools work and how to foster effective collaboration between public health and education departments; (9) provides information to the scientific community and the general public through publications and presentations; and (10) in accomplishing the functions listed above, collaborates with other components of CDC and HHS; the U.S. Department of Education and other federal agencies; national professional, voluntary, and philanthropic organizations; international agencies; and other societal institutions as appropriate. (Approved 1/11/2012)

Office of the Director (CVJJ1)

(1) Plans, directs, and evaluates the activities of the division; (2) provides national leadership and guidance in policy formulation and program planning and development to reduce sexual health risks among youth and improve school health programs, policies, and practices; (3) provides leadership and guidance for program management and operations; (4) provides leadership in coordinating activities between the division and other NCHHSTP divisions in addressing priority sexual health risks among adolescents; (5) promotes collaboration with other NCHHSTP divisions and other governmental and non-governmental organizations for the development of policies and evaluation methods; (6) coordinates division responses to inquiries from national and local communications media; (7) implements science and evidence-based communication programs, initiatives, and strategies that target state and local health and education partners, media, national organizations, and consumers; (8) systematically translates, promotes, and disseminates science-based messages through multiple communication products

and channels; (9) implements effective internal communication strategies targeting the Division of Adolescent and School Health (DASH) and other CDC staff; (10) oversees creation, production, promotion, and dissemination of materials designed for use by the media, partners, national organizations, and consumers, including press releases, brochures, fact sheets, toolkits, other print and electronic materials, and ensures appropriate clearance of these materials; (11) assists in the preparation of speeches and congressional testimony for the division director, the center director, and other public health officials; (12) provides program services support in extramural programs management; and (13) collaborates, as appropriate, with other divisions and offices of NCHHSTP, other CIOs throughout CDC, and other federal agencies in carrying out these activities. (Approved 1/11/2012)

Program Development and Services Branch (CVJJB)

(1) Provides consultation, training, educational, and other technical services to assist state, territorial, and local education and health departments, tribal governments, national nongovernmental organizations, and other societal institutions to implement and improve policy, systems, and environmental changes and interventions to reduce priority sexual health risks among youth; (2) uses the results of surveillance and evaluation research and research syntheses to improve the impact of school- and community-based interventions designed to reduce priority health risks among youth and to promote changes in behaviors related to HIV/AIDS, other sexually transmitted diseases, and unintended pregnancy; (3) provides leadership to the nationwide network of leaders in school-based HIV prevention to promote linkages between state and local public health departments with education agencies; (4) assesses training and technical assistance needs and develops strategies to build the capacity of funded partners, other external partners, and division staff, and (5) provides consultation to other divisions within NCHHSTP and CDC on how schools work and how to foster effective collaboration between public health and education departments. (Approved 1/11/2012)

Research Application and Evaluation Branch (CVJJC)

(1) Conducts evaluation research to expand knowledge of the determinants of priority health risk behaviors among youth and to identify effective policies and practices that schools and other societal institutions can implement to reduce priority health risks among youth; (2) synthesizes and disseminates research findings to improve the impact of interventions designed to reduce priority sexual health risks among youth, including those designed to address cross-cutting issues and protective factors; (3) develops and disseminates guidelines and tools to help schools and other societal institutions apply research synthesis findings to reduce priority health risks among youth; and (4) in collaboration with other NCHHSTP divisions and with other governmental and non-governmental organizations, develops and promotes evidence-based policies, practices, and evaluation methods. (Approved 1/11/2012)

School-Based Surveillance Branch (CVJJD)

(1) Maintains international, national, state, tribal, and local school-based surveillance systems to identify and monitor priority health risk behaviors and health outcomes among youth; (2) maintains national, state, tribal, and local surveillance systems to monitor school health

policies and practices designed to address priority health risk behaviors and health outcomes among youth; (3) designs, develops, and disseminates a wide variety of products describing school-based surveillance data; (4) provides comprehensive technical assistance to state and local education and health agencies, tribal governments, and ministries of health and education in the planning and implementation of school-based surveillance systems; (5) manages extramural funding of school-based surveillance systems; and (6) collaborates with other branches, divisions, and offices in NCHHSTP and other CIOs throughout CDC to accomplish the functions listed above. (Approved 1/11/2012)