



**CHARTER**  
**of the**  
**BOARD OF SCIENTIFIC COUNSELORS**  
**OFFICE OF INFECTIOUS DISEASES**

**Authority**

The Board of Scientific Counselors (BSC), Office of Infectious Diseases (OID), was established under Section 222 of the Public Health Service Act [42 U.S.C. §217a], as amended. The Board is governed by the provisions of the Federal Advisory Committee Act, as amended, (5 U.S.C. App.), which sets forth standards for the formation and use of advisory committees.

**Objective and Scope of Activities**

The Secretary is authorized under Section 301 [42 U.S.C. Section 241] and Section 311 [42 U.S.C. Section 243] of the Public Health Service Act, as amended, to: (1) conduct, encourage, cooperate with, and assist other appropriate public authorities, scientific institutions, and scientists in the conduct of research, investigations, experiments, demonstrations, and studies relating to the causes, diagnosis, treatment, control, and prevention of physical and mental diseases, and other impairments; (2) assist States and their political subdivisions in the prevention of infectious diseases and other preventable conditions, and in promoting health and well-being; and (3) train State and local personnel in public health work.

**Description of Duties**

The BSC, OID, shall advise the Secretary, Department of Health and Human Services (HHS); the Director, Centers for Disease Control and Prevention (CDC); the Director, OID, CDC; and the Directors of the National Center for Immunization and Respiratory Diseases (NCIRD), the National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), and the National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention (NCHHSTP), OID, CDC, concerning strategies, goals, and priorities for the programs and research within the national centers and monitor the overall strategic direction and focus of OID and the national centers.

The Board may also administer and oversee peer review of scientific programs. The Board may also perform second-level peer review of applications for grants-in-aid for research and research training activities, cooperative agreements, and research contract proposals relating to the broad areas within the national centers.

### **Agency or Official to Whom the Board Reports**

The Board provides advice to the Secretary, HHS; the Director, CDC; the Director, OIG, CDC; and the Directors of NCIRD, NCEZID, and NCHHSTP, OIG, CDC.

### **Support**

Management and support services shall be provided by the OIG, CDC.

### **Estimated Annual Operating Costs and Staff Years**

Estimated annual cost for operating the Board, including compensation and travel expenses, but excluding staff support, is \$72,942. Estimate of annual person-years of staff support required is 0.90 at an estimated annual cost of \$147,298.

### **Designated Federal Officer**

CDC will select a fulltime or permanent part-time Federal employee to serve as the Designated Federal Officer (DFO) to attend each Board meeting and ensure that all procedures are within applicable statutory, regulatory, and HHS General Administration Manual directives. The DFO will approve and prepare all meeting agendas, call all of the Board and subcommittee meetings, adjourn any meeting when the DFO deems adjournment to be in the public interest, and chair meetings when directed to do so by the official to whom the Board reports. The DFO or his/her designee shall be present at all meetings of the full Board and subcommittees.

### **Estimated Number and Frequency of Meetings**

Meetings shall be held approximately four times per year at the call of the DFO, in consultation with the Chair.

Meetings shall be open to the public except as determined otherwise by the Secretary, HHS, or other official, to whom the authority has been delegated, in accordance with the Government in the Sunshine Act (5 U.S.C. Section 552b(c)) and Section 10(d) of the Federal Advisory Committee Act. Notice of all meetings shall be given to the public.

### **Duration**

Continuing

### **Termination**

Unless renewed by appropriate action prior to its expiration, the BSC, OID will terminate two years from the date this charter is filed.

### **Membership and Designation**

The BSC, OID, shall consist of 17 members, including the Chair. Members and the Chair shall be selected by the Secretary, HHS, or designee, from authorities knowledgeable in the fields relevant to the issues addressed by the national centers, (i.e., infectious diseases and related disciplines, including epidemiology, laboratory science [e.g., microbiology, bacteriology, virology, pathology, entomology, zoology], bioterrorism threats, clinical medicine, bioinformatics, and health communications) and from the general public. Members shall be deemed Special Government Employees (SGEs).

The Board shall also consist of six nonvoting ex officio members: one representative from the Food and Drug Administration; two from the National Institutes of Health; one from the Department of Defense; one from the Department of Agriculture; one from the National Vaccine Program Office; and such additional officials of the United States Government as the Secretary, HHS, deems necessary for the Board to effectively carry out its functions.

If fewer than 10 SGEs are eligible to vote due to absence or a financial or other conflict of interest, the DFO or his/her designee shall have the authority to temporarily designate the ex officio members as voting members.

In addition, the Board shall consist of seven nonvoting liaison representatives: one representative from the Public Health Agency of Canada; one representative from the Mexico Ministry of Health; the Chair (or designee) of the Healthcare Infection Control Practices Advisory Committee; the Chair (or designee) of the Advisory Committee on Immunization Practices; the Chair (or designee) of the CDC/HRSA Advisory Committee on HIV, Viral Hepatitis and STD Prevention and Treatment; the Chair (or designee) of the Advisory Council for the Elimination of Tuberculosis; the Chair (or designee) of the Clinical Laboratory Improvement Advisory Committee; and such other liaison representatives as the Secretary, HHS, deems necessary for the Board to effectively carry out its mission. Liaisons shall be deemed representatives.

Members shall be invited to serve for overlapping terms of up to four years, except that any member appointed to fill a vacancy for an unexpired term shall be appointed for the remainder of that term. Terms of more than two years are contingent upon the renewal of the Board by appropriate action prior to its termination. A member may serve 180 days after the expiration of that member's term if a successor has not taken office.

### **Subcommittees**

Subcommittees composed of members and nonmembers of the parent committee may be established with the approval of the Secretary, HHS, or his/her designee. The subcommittees must report back to the parent committee and do not provide advice or work products directly to the agency. The Department Committee Management Officer will be notified upon establishment of each subcommittee and will be provided information on its name, membership, function, and estimated frequency of meetings.

### **Recordkeeping**

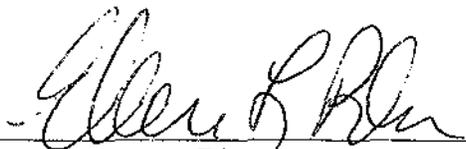
The records of the Board, established subcommittees, or other subgroups of the Board, shall be managed in accordance with General Records Schedule 6.2, Federal Advisory Committee Records, or other approved agency records disposition schedule. These records shall be available for public inspection and copying, subject to the Freedom of Information Act (5 U.S.C. §552).

### **Filing Date**

October 31, 2015

APPROVED:

10/23/15  
Date

  
Director  
Management and Analysis and Service Office