NATIONAL CENTER FOR HIV, STD, AND TB PREVENTION (CVB)

The mission of this organization is to provide leadership in preventing and controlling human immunodeficiency virus infection, other sexually transmitted diseases (STDs), and tuberculosis (TB) by collaborating with community, state, national, and international partners and applying well integrated, multi-disciplinary programs of research, surveillance, technical assistance, and evaluation. In carrying out this mission, the National Center for HIV, STD, and TB Prevention (NCHSTP): (1) coordinates the development of CDC short- and long-range plans for preventing the spread of HIV infection in the United States; (2) allocates and tracks CDC resources for HIV prevention programs; (3) conducts national public information and awareness activities; (4) coordinates HIV prevention activities with other Federal agencies and with international organizations, including the World Health Organization in conjunction with the Director, Office of Global Health; (5) plans, directs, and coordinates national programs of assistance involving preventive health services to State and local health agencies; (6) assists State and local health agencies in integrating and coordinating preventive services delivered by private and public organizations in the community and in assuring delivery of preventive services to all persons regardless of socioeconomic status; (7) assists states and localities in specifying major health problems in the community and in formulating technical theories on which intervention strategies can be based; (8) serves as the primary focus for assisting states and localities through grants and other mechanisms, in establishing and maintaining prevention and control programs directed toward health problems related to acquired immunodeficiency syndrome, sexually transmitted diseases, and tuberculosis; (9) maintains operational knowledge of the nature, scope, and occurrence of preventable health problems; (10) conducts operational research to improve the assistance programs; (11) conducts applied and operational research relating to the distribution, diagnosis, prevention, and control of HIV and other STDs, TB, non-TB mycobacteria, and non-HIV Retroviruses, including vaccine development; (12) provides reference diagnostic services for HIV and other STDs, TB, non-TB mycobacteria, and non-HIV Retroviruses;(13) provides technical assistance to states and localities and to other nations in the investigation and diagnosis of STDs, TB, HIV, and Retroviruses; (14) assesses program operations and public health practices and provides technical assistance to states in the operation of preventive health service programs; (15) maintains liaison with other U.S. governmental agencies, State and local health agencies, national organizations, and educational institutions; (16) provides technical assistance to other nations; (17) in carrying out the above functions, collaborates, as appropriate, with other Centers, Institute, and Offices (CIOs) of the CDC. (Approved 10/20/2003)

<u>Office of the Director (CVB1)</u>

(1) Provides leadership and guidance on the development of goals and objectives, policies, program planning and development, program management and operations of the activities of the NCHSTP; (2) manages, directs, coordinates, and evaluates the Center's activities; (3) facilitates closer linkages between HIV, STD, and TB surveillance activities and prevention programs at all levels; (4) facilitates collaboration, integration, and multi-disciplinary approaches to enhance the effectiveness of HIV, STD, and TB prevention programs; (5) facilitates integration of science and prevention programs throughout the NCHSTP; (6) enhances the coordination and integration of HIV, STD, and TB prevention services for individuals and populations at increased risk for

more than one of these infections; (7) coordinates the integration of CDC funding of state and local health departments for HIV, STD, and TB prevention; (8) facilitates the assignment of field staff in accordance with CDC and NCHSTP priorities and objectives; (9) reassesses the role of NCHSTP field staff assignees to state and local health jurisdictions and restructures career development plans accordingly; (10) provides and coordinates administrative and program support services; (11) provides technical information services to facilitate dissemination of relevant public health information; (12) facilitates collaboration with national health activities with CDC components, other agencies and organizations, and foreign governments on international health activities; (13) provides oversight for the programmatic coordination of HIV, STD, and TB activities between NCHSTP and other CIOs and, as the lead CIO for these programs, develops recommendations to the CDC Director in concert with other CIOs, for distribution of HIV, STD, and TB funds CDC-wide; (14) advises the Director, CDC, on other policy matters concerning NCHSTP activities. (Approved 10/20/2003)

Financial and Administrative Services Office (CVB12)

The mission of the Financial and Administrative Services Office (FASO) in the Office of the Director in the National Center for HIV, STD, and TB Prevention (NCHSTP) is to centralize and facilitate the financial and administrative duties required to manage NCHSTP. In carrying out this mission, the Financial and Administrative Services Office: (1) Plans, coordinates, and provides administrative and management advice and guidance for NCHSTP; (2) provides and coordinates Center-wide administrative, management, and support services in the areas of fiscal management, personnel, travel, procurement, facility management, and other administrative services; (3) coordinates NCHSTP requirements relating to small purchase procurements, VISA procurements, materiel management, and intra-agency agreements/reimbursable agreements; (4) provides lead fiscal management for contracts and supportive fiscal management for grants and cooperative agreements; (5) serves as a liaison for external inquiries of current fiscal year funding expenditures; (6) coordinates facility management issues, problems and changes, physical security issues, and policies regarding telecommunications, office furniture and equipment; (7) provides oversight and management of NCHSTP conference rooms, support and coordination of Envision services and audio-visual equipment; (8) provides meeting planning assistance and services, serves as Project Officer and liaison for any meeting planning contractors, negotiates with vendors for providing conference location, rental of equipment; (9) maintains liaison with CIOs, Staff Offices, Staff Service Offices, and NCHSTP staff. (10) Serves as an initial point of contact between partners and NCHSTP programs; (11) provides guidance and coordination to divisions on cross-divisional negotiated agreements; (12) facilitates NCHSTP shifts to the administration of non-categorical, cross-cutting grants/cooperative agreements; (13) facilitates state and local cross-divisional issues identification and solutions; (14) advocates for consistent and judicious interpretation and application of established Center-level policy related to cross-divisional issues and field staff management; (15) facilitates and provides consultation on field staff human resource management issues; (16) advocates the use of information technology to strengthen the communications among the divisions, field staff, and partners; (17) develops, reviews, and implements policies, methods, and procedures for NCHSTP extramural assistance programs; (18) provides financial tracking for Center-wide extramural grants and cooperative agreements; (19) provides consultation and technical assistance to NCHSTP program officials in the

planning, implementation, and administration of assistance programs; (20) participates in evaluation of project resources and the resolution of audit exceptions; (21) develops and implements objective review processes, including use of special emphasis panels, for competitive application cycles; (22) assures Center-wide consistency in providing review of continuation assistance applications; (23) interprets general policy directives, proposed legislation, and appropriations language for implications on extramural programs; (24) provides Center-wide management training to supervisors, managers and team leaders; (25) facilitates international training through short-term TDYs with international programs; (26) through short-term TDYs provides technical assistance to CDC's international program; (27) provides developmental training to NCHSTP's field staff; and (28) provides liaison with OPS and OD staff offices. (Approved 11/10/2003)

Communications Office (CVB13)

(1) Provides technical assistance to divisions on issues management, public affairs, and health communications strategies; (2) collaborates with external organizations and the news, public service, and entertainment and other media to ensure that effective findings and their implications for public health reach the public; (3) collaborates closely with divisions to produce materials designed for use by the news media, including press releases, letters to the editor, public service announcements, television programming, video news releases, and other electronic and printed materials; (4) secures appropriate clearance of these materials within NCHSTP and CDC; (5) coordinates the development and maintenance of Center-wide information systems through an Internet Home Page; (6) develops strategies and operational systems for the proactive dissemination of effective findings and their implications for prevention partners and the public; (7) apart from the clearinghouses, hotlines, or other contractual mechanisms, responds to public inquiries and distributes information materials; (8) provides graphics and publishing services for NCHSTP staff; (9) operates a center-wide Information Center; (10) maintains liaison with CDC public affairs and communications staff offices. (Approved 7/21/2006)

Prevention Informatics Office (CVB14)

(1) Designs, develops, and maintains a Center-wide network to facilitate the dissemination and availability of information; (2) designs, develops, and supports center-wide consolidated application file servers, remote access servers, and administrative database servers; (3) collaborates with divisions to coordinate, plan, and advocate for training to ensure that all staff have and fully utilize their IRM environment; (4) provides a focus for joint planning within NCHSTP both long-term and short-term; (5) conducts cost-benefit, cost effectiveness, and economic analyses, evaluation, and other special studies related to the impact of advanced information processing technology on NCHSTP programs; (6) provides a centralized research and development function and, in consultation with Division IRM staff, undertakes research and development projects; (7) develops unified Center-wide administrative systems and advocates and supports the commitment of resources to application development; (8) supports organizational components to disseminate or access information on the Internet; (9) maintains liaison with the Office of Program Support and CIO IRM offices. (Approved 11/10/2003)

Planning and Evaluation Office (CVB15)

(1) Reviews, prepares, and coordinates congressional testimony and briefing documents, and analyzes the implications of legislation and legislative proposals; (2) maintains liaison with the CDC Office of Program Planning and Evaluation and the Financial Management Office; (3) plans and coordinates the annual program planning process; (4) maintains liaison with CIOs in determining and interpreting operating policy and in ensuring their respective management input for specific program activity plans; (5) interprets general policy directives and proposed legislation relating to NCHSTP program goals and objectives; (6) coordinates the development and review of congressional reports; (7) serves as the coordination point for Inspector General and General Accounting Office audits and reviews; (8) coordinates and manages external groups such as advisory committees; (9) serves as central point for Office of Management and Budget clearances, controlled correspondence, Freedom of Information Act requests, and Privacy Act inquiries; (10) advises on activities that might affect other CIOs. (Approved 9/29/2004)

Office of Health Disparities (CVB16)

The mission of the Office of Health Disparities (OHD) in the Office of the Director in the National Center for HIV, STD, and TB Prevention (NCHSTP) is to improve the health of populations disproportionately affected by HIV, STDs, TB and other related diseases and conditions and ultimately to eliminate health disparities. These populations include racial and ethnic minorities, women, persons incarcerated in the correctional system, and other persons disproportionately affected by these conditions. In carrying out this mission, the Office of Health Disparities: (1) coordinates and tracks health disparity activities within the center; (2) collaborates with the CDC Office of the Director and other CIOs on health disparity activities; (3) develops partnerships with other federal agencies and nongovernmental organizations working on similarly-affected populations; (4) supports research, surveillance, education, training, and program development to reduce health disparities; (5) provides project management, technical support and funding to the Tuskegee University National Center for Bioethics in Research and Health Care; (6) manages the Tuskegee Participants Health Benefits Program; (7) promotes and facilitates collaboration of state and local health department and corresponding correctional systems to build strong systems for screening, testing, surveillance, prevention education, and continuity of care for HIV, STDs, TB, and related conditions for persons incarcerated in correctional systems; (8) sponsors workgroups, meetings, and conferences related to health disparities; (9) promotes a diverse public health workforce through internships, fellowships, training programs, and other activities; (10) works with the CDC Office of Minority Health to monitor progress in meeting the four Executive Orders related to improving minority health. (Approved 6/03/2003)

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

(1) In cooperation with other CDC components, administers operational programs for the prevention of human immunodeficiency virus (HIV) infection and acquired immunodeficiency syndrome (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 (HCFA), Health Resources and Services Administration (HRSA), 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 Public Health Service 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; (12) provides technical support to CDC assignees to state and local health departments who are working on HIV/AIDS prevention and communications activities. (Approved 8/24/1998)

Office of the Director (CVBB1)

(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 NCHSTP divisions, CDC Centers, Institute, and Program Offices (CIO's), 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 and between the division and the Communications Office, NCHSTP, 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, and 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, administrative services, and information systems services; (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 CIO's to synthesize HIV prevention research findings and translate them into prevention practice; (16) in carrying out these activities, collaborates, as appropriate, with other divisions and offices of NCHSTP, and with other CIO's throughout CDC. (Approved 8/24/1998)

Prevention Research Branch (CVBBB)

(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) summarizes and synthesizes the intervention research literature to derive research priorities and specify the characteristics of effective interventions to prevent HIV infection; (5) contributes to the intervention research literature by publishing regularly in peer-reviewed journals and CDC-sponsored publications; (6) collaborates with federal, state, and local HIV prevention partners in identifying research priorities and in designing intervention research; (7) collaborates and consults with CDC staff, other Public Health Service 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 8/11/2004)

Prevention Programs Branch (CVBBC)

(1) In collaboration with state and local public health and non-governmental national/regional and local partners, CDC CIO's, 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) conducts continuing analysis of support utilization and career development of field personnel and analysis of other resource allocations and utilization in relation to HIV prevention; (8) provides supervision for HIV prevention field staff; (9) assists in the development of new operational programs and program solicitations for HIV prevention; (10) coordinates program development and implementation with state/local/regional community planning groups; (11) facilitates linkages with sexually

transmitted diseases (STD's) and other HIV prevention programs at all levels to ensure coordination of harm reduction and intervention strategies for populations with common prevention needs; (12) works with national partners to foster HIV prevention capabilities and activities in affected communities; (13) funds and monitors the progress of minority and other community-based organizations undertaking HIV prevention programs and activities; (14) 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; (15) promotes and facilitates the application of social marketing principles to HIV prevention at the state and local levels; (16) collaborates with external organizations and the news, public service, entertainment, and other media to ensure that effective prevention messages reach the public; (17) 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 4/06/2004)

Program Evaluation Research Branch (CVBBD)

(1) Evaluates the effectiveness, costs, and impact of HIV prevention interventions, strategies, policies, and programs as practiced or implemented by public health agencies and organizations at the national/regional and state/local levels; (2) collaborates in the application of evaluation findings and techniques to the ongoing assessment and improvement of HIV prevention programs; (3) conducts evaluation research activities that include studies to evaluate the effectiveness and impact of prevention strategies and programs, major prevention activities, and policies; economic evaluations of HIV prevention, including assessments of alternative prevention strategies to encourage the best use of prevention resources; and development of both process and outcome measures that HIV prevention programs can use to assess their ongoing performance; (4) seeks to advance the methodology of HIV prevention evaluation through evaluation research activities; (5) applies evaluation methods to improving HIV prevention programs, including serving as a resource to other branches/activities, grantees, and prevention partners regarding evaluation of both domestic and international HIV prevention programs; collaborating with other branches as they develop, test, and disseminate models for quality assurance of programs and services; and collaborating with other branches/activities in the development of methods to support the systematic assessment (including self-assessment) and continuous improvement of HIV prevention programs (Approved 6/20/1996)

Capacity Building Branch (CVBBE)

(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 (such as large-scale, on-site or distance-based, multi-access, science-based, rapid-response training mechanisms) to assist HIV prevention providers in applying sound technologies; (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 4/06/2001)

Technical Information and Communications Branch (CVBBG)

(1) Provides scientific, statistical, visual, and technical information on HIV/AIDS, in cooperation with other CDC organizations, to health care professionals, public health officials, prevention partners, and the general public; (2) develops policy and procedures that utilize technology and resources for information dissemination and management; (3) provides information services to the general public; the news media; Division and CDC staff; and CDC partners including electronic publications, bibliographies, and current awareness information; (4) develops and maintains a broad range of HIV/AIDS information for dissemination via the INTERNET and other electronic means; (5) maintains a specialized collection of HIV/AIDS resources that includes subject files and reprints of CDC-authored publications and *MMWR* articles; (6) reviews HIV/AIDS materials from outside organizations and other agencies for technical and scientific accuracy; (7) provides lead scientific/technical guidance and support for the CDC National AIDS Hotline and the CDC National AIDS Clearinghouse; (8) prepares and monitors clearance of manuscripts for publication in scientific and technical journals and publications, including articles and guidelines published in the *MMWR*; (9) produces and coordinates the worldwide print and electronic distribution of the CDC *HIV/AIDS Prevention* newsletter; (10) prepares, tracks and coordinates controlled and general correspondence; (11) prepares responses and coordinates the provision of materials requested by Congress; (12) prepares reports, briefings, speeches, and Congressional testimony on HIV/AIDS for the Division Director, and assists Division staff in preparing such materials for the Center Director, the CDC Director, and other public health officials; (13) coordinates preparation of documents for annual program review with the Directors of NCHSTP and CDC; (14) serves as the Division liaison with the Management Analysis and Services Office (MASO) to ensure appropriate management and disposal of Federal records; (15) coordinates responses and maintains records for Freedom of Information Act requests; (16) designs, develops, and produces visual information for widespread dissemination using computer graphics, desktop publishing, and video production services to support scientific presentations, publications, and training for HIV/AIDS, including the HIV/AIDS slide series; (17) in collaboration with the Capacity Building Branch and the Prevention Programs Branch, creates and disseminates materials that incorporate prevention marketing principles for use at national, State, and local levels; (18) works closely with all Division Branches and the Division of HIV/AIDS Prevention--Surveillance and Epidemiology to disseminate surveillance reports and other scientific publications electronically and through the CDC National AIDS Clearinghouse; (19) works closely with other relevant offices or groups, including the NCHSTP Office of Communications and the CDC Office of Communications, to produce materials designed for use by CDC prevention partners and the news media, including press releases, letters to the editor, public service announcements, television programming, video news releases, and other electronic and print materials, and, in cooperation with the Deputy Director, secures appropriate clearance of these materials both within and outside of the Division; and (20) designs, produces, and facilitates clearance of public health brochures and other publications for the public. (Approved 7/21/2006)

Division of Sexually Transmitted Disease Prevention (CVBC)

(1) In cooperation with other CDC components, administers operational programs for the prevention of sexually transmitted diseases (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 STDs 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 NCHSTP components, research and prevention activities that focus on STD and HIV interaction; (6) promotes linkages between health department STD programs and other governmental and non-governmental partners who are vital to effective STD prevention efforts; (7) provides technical supervision for Division state and local assignees. (Approved 6/20/1996)

Office of the Director (CVBC1)

(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 and evaluation; development of training, educational, health communications and data management systems; and program management systems; (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 evaluation of STD prevention and control programs; (7) coordinates international STD activity of the Division; (8) collaborates, as appropriate, with other divisions and offices in NCHSTP, and with other CIOs throughout CDC; (9) collaborates as appropriate with non-governmental organizations to achieve the mission of the Division; (10) establishes linkages with other CIOs and national level prevention partners that impact on STD prevention and control programs. (Approved 6/20/1996)

Behavioral Interventions and Research Branch (CVBCB)

(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) 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; (3) in collaboration with other components of the Division, NCHSTP, 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; (4) in collaboration with other components of the Division, NCHSTP, 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; (5) in collaboration with internal and external

colleagues, translates behavioral research findings into programmatic interventions; (6) provides state and local health departments and other prevention partners with technical assistance in the development, implementation, and evaluation of behavioral intervention strategies to reduce STD morbidity; (7) participates in STD prevention and control reviews and guideline development. (Approved 6/20/1996)

Epidemiology and Surveillance Branch (CVBCC)

(1) Provides national and international leadership in the design and analysis of epidemiologic studies and surveillance data for STD to guide STD and HIV prevention programs; (2) plans epidemiology and surveillance direction-setting, in coordination with Branch staff and leadership in Division and outside CDC; (3) plans and develops new research opportunities and relationships; (4) plans and conducts scientific oversight for focus, impact, and quality of scientific work. (Approved 6/20/1996)

Program Development and Support Branch (CVBCD)

(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; 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 prevention programs at all levels to assure coordination of harm reduction and intervention strategies for STD and HIV. (Approved 6/20/1996)

Program Evaluation and Preventive Health Services Research Branch (CVBCE)

(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, NCHSTP, 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) in conjunction with other branches, establishes guidelines and standards for operational program development and evaluation; (8) provides technical assistance to state and local health departments and other prevention partners in building program evaluation and preventive health services research capacity. (Approved 06/20/1996)

Statistics and Data Management Branch (CVBCG)

(1) Provides leadership in the development of statistical and data management planning, policy, implementation, and evaluation; (2) collaborates with Division researchers in the design, implementation and analysis of studies; (3) coordinates the collection, compilation, analysis and dissemination of national STD surveillance data, including STD-related behavioral and health services data and STD morbidity data, and other large databases related to STD prevention and control efforts; (4) supports local/state health departments in the timely reporting, data processing and analysis of STD data, including electronic transmission of STD surveillance (morbidity) data; (5) develops, implements, and supports data systems for information management in local, state, and national STD prevention programs; (6) provides data management and professional statistical services for STD surveillance and epidemiologic studies; (7) assists state/local STD prevention programs in identifying STD outbreaks, and participates in such outbreak investigations by providing data analysis; (8) in collaboration with other components of the Division, NCHSTP, and CDC, develops and participates in studies/surveys of the prevalence of: sexual and drug using behaviors which increase the risk of STD infection, factors associated with risk behaviors, and health care seeking, utilization and provider behaviors; (9) provides advice and consultation regarding data management and statistical issues to other Division components; (10) in collaboration with other Division components develops and evaluates mathematical models of STD transmission dynamics and intervention effectiveness. (Approved 10/4/2006)

Training and Health Communication Branch (CVBCH)

(1) Provides leadership in development, implementation, and evaluation of training programs for providers of interventions to prevent and control STDs; (2) develops STD training programs for nationwide application; (3) plans and executes STD health communication activities to provide information to policy makers and the general public; (4) develops plans to address emerging and future training needs in support of national goals; (5) establishes and maintains partnerships with other national training entities to promote coordination and minimize duplicative efforts; (6) assists prevention partners to ensure quality STD training programs; (7) promotes the application of new technologies to enhance distance learning and communication with prevention partners; (8) builds STD training and teaching capacity in state and local health departments; (9) assists in the development of guidelines and program-specific instructional materials to be used in STD intervention. (Approved 3/3/1998)

Office of the Chief (CVBCH1)

Manages, directs, and coordinates the activities of the Training and Health Communication Branch. (Approved 3/3/1998)

Laboratory Reference and Research Branch (CVBCJ)

(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; and (6) provides consultation and laboratory support for international activities. (Approved 4/01/2005)

Division of Tuberculosis Elimination (CVBD)

To promote health and quality of life by preventing, controlling, and eventually eliminating tuberculosis from the United States, and by collaborating with other countries and international partners in controlling tuberculosis world-wide.

For the purpose of fulfilling the mission, the Division administers and promotes a national program for the prevention, control, and elimination of tuberculosis (TB); provides leadership and formulates national policies and guidelines; conducts behavioral, health systems, and clinical research; supports a nationwide framework for surveillance of tuberculosis and evaluation of national TB prevention and control program performance; provides administrative support for the Federal TB Task Force, and supports and collaborates with the National Tuberculosis Controllers Association to promote effective national communications and coordinated feedback on urgent policy and program performance issues; provides technical supervision and training to Federal assignees working in the state and local tuberculosis control programs; develops training and educational materials, and provides technical assistance on communications and training needs; participates in the development of policies and guidelines for TB prevention and control within populations at high risk, such as persons with human immunodeficiency virus (HIV); provides programmatic consultation, technical assistance, and outbreak response assistance to state and local health departments; and, provides technical assistance to TB programs in other countries by collaborating with international partners.

Office of the Director (CVBD1)

(1) Provides leadership and guidance in program planning and management, policy formulation, and development of training, surveillance, and research programs; (2) directs and evaluates the operations of the Division; (3) establishes contact with, and promotes tuberculosis activities of, other national organizations which have an important role to play in achieving tuberculosis elimination; (4) provides administrative support services for the Division; (5) collaborates and coordinates Division activities with other components of the National Center for HIV, STD, and

TB Prevention (NCHSTP) and the Centers for Disease Control and Prevention (CDC); (6) provides administrative and technical support to the Advisory Council for the Elimination of Tuberculosis (ACET); and, (7) provides administrative and technical support for the National Coalition for the Elimination of Tuberculosis (NCET).

Communications, Education, and Behavioral Studies Branch (CVBDB)

(1) Provides technical assistance to health departments and other health care providers in assessing and meeting their TB training, education, and communication needs and in assessing the impact of their training and education activities; (2) provides technical assistance to health departments and other TB health care providers regarding behavioral studies research and intervention development; (3) collaborates with the World Health Organization (WHO), the World Bank, the International Union Against Tuberculosis and Lung Diseases (IUATLD), and the United States Agency for International Development (USAID), and others, in assessing and meeting TB training, education, and communication needs in other countries; (4) provides consultation and assistance in coordinating TB training, education, behavioral studies and interventions, and communication activities carried out by other CDC programs, Model TB Centers, and NCET members; (5) develops, markets, and maintains a list serve of persons with TB-related education, training, and communication responsibilities; (6) assists in planning and coordinating agendas necessary to conduct tuberculosis conferences and workshops sponsored by the Division; (7) provides coordination and oversight for duty officer functions; (8) organizes and maintains scientific and non-scientific information related to TB; (9) conducts formative research and evaluation on approaches to patient, provider, and public education; (10) conducts research on individual and social factors affecting health-care seeking and treatment outcomes related to tuberculosis; (11) based on research conducted, develops behavioral interventions targeted to health care providers, persons with or at risk for TB, and other high risk populations; (12) provides consultation to national and international organizations on behavioral research needs and study designs, and on the technical transfer of behavioral research findings into TB program practice and TB training and educational strategies; (13) 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 TIMS, ARPE, and surveillance activities; (14) provides consultation and assistance in coordinating the writing of studies for publication of manuscripts in scientific journals; (15) presents findings at national and scientific meetings; (16) develops, produces, disseminates, and evaluates training and educational materials and courses providing tuberculosis information to the scientific and public health communities, as well as the general population; (17) conducts training and education needs assessments and 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; (18) develops, conducts, and coordinates training courses on tuberculosis for state and big city TB program managers and nurse consultants; (19) 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; (20) plans, coordinates, and maintains the Division's Internet and Intranet Web sites; (21) conducts and/or coordinates communications programs designed to build public support and sustain public interest and commitment to the elimination of TB; (22) 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; (23) coordinates and tracks materials for purposes of clearance and approval for publications and presentations; (24) provides graphic support to the Division and senior field staff; (25) 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; (26) maintains information and procedures for duty officer functions; (27) develops, coordinates, and staffs the Division's exhibit booth at conferences/meetings; (28) develops and provides support for, or coordinates a TB Voice and FAX Information System; (29) assists in developing or coordinating a clearing house of TB training and education resources; (30) maintains inventory of TB training opportunities and coordinates with employees and supervisors for training necessary to carry out their duties; and, (31) presents communication issues to the Advisory Council for the Elimination of Tuberculosis and to Division management staff. (Approved 7/21/2006)

Information Technology and Statistics Branch (CVBDC)

(1) Provides computer programming, systems analysis, information management, and statistical services to the Division; (2) consults and assists in the development and implementation of appropriate data collection and management methods for scientific studies conducted Division-wide; (3) collaborates in the analysis of data and in the preparation of materials for publication; (4) maintains expertise in information science and technology to effect the best use of the Division’s resources; (5) provides technical assistance in the areas of IT systems and services to process information; (6) manages information security for the Division’s information systems; (7) maintains application software systems; (8) provides training and consultation to headquarters and field staff in the use of application software; and, (9) develops, distributes, provides training for and supports the TB Information Management System (TIMS) to facilitate the collection and analyses of data, both patient and program, to improve the effectiveness of prevention and control activities. (Approved 11/10/2003)

Field Services and Evaluation Branch (CVBDD)

(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; and, (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.

Clinical and Health Systems Research Branch (CVBDE)

(1) Assesses the need for and conducts studies of new drug regimens used in the prevention and treatment of tuberculosis, including dosage, duration, and toxicity; (2) supports the TB Trials Consortium in the conduct of studies of new drugs, drug delivery systems, immunologic agents and other treatments for active tuberculosis and latent tuberculosis infection; (3) conducts studies to evaluate the safety and efficacy of recommended regimens for the treatment and prevention of tuberculosis; (4) provides clinical support and oversight for the distribution of investigational drugs for the treatment and prevention of tuberculosis by NCID/SR/Drug Service; (5) assesses the need for and conducts clinical and field trials of more specific and rapid tests to diagnose active tuberculosis and latent tuberculosis infection and to identify drug-resistant tuberculosis; (6) collaborates with and provides consultation and technical assistance to national and international organizations on the design and conduct of clinical trials and research needs; (7) 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 tuberculosis outcomes to further the goal of tuberculosis elimination in the U.S.; (8) targets these studies toward various populations at high risk for tuberculosis, including persons from high tuberculosis prevalent countries, homeless persons, HIV-infected persons, residents of correctional facilities, substance abusers, and health care workers; (9) provides consultation to local, state, national, and international organizations on health care systems research needs, study designs, and analyses; (10) conducts or facilitates training of tuberculosis program field staff in decision and economic analyses, epidemiology, evaluation techniques, and qualitative research methods; (11) reports study results to public health practitioners through direct communication, articles in scientific journals and CDC publications, and oral/poster presentations at national and international scientific meetings; (12) provides input into statements and guidelines issued by the CDC, the Advisory Council on the Elimination of Tuberculosis, and other professional organizations.

Surveillance, Epidemiology, and Outbreak Investigations Branch (CVBDG)

(1) Directs national surveillance of tuberculosis to provide accurate and timely national data and to monitor progress toward the elimination of tuberculosis in the United States; (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 tuberculosis 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 United States; (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 Epidemiologic Intelligence Service (EIS) officers in the conduct of their two year assignments; (13) prepares manuscripts for publication in scientific journals; and, (14) presents findings at national and international scientific meetings.

International Research and Programs Branch (CVBDH)

(1) Coordinates Division and Center international TB activities; (2) coordinates the assessment of immigration and its impact on TB patterns in the United States and assists with the evaluation of overseas TB screening procedures for immigrants and refugees; (3) conducts and coordinates operational research and demonstrations to improve both the overseas screening for tuberculosis of immigrants and refugees and the domestic follow-up of those entering with suspected TB (done in collaboration with Division of Global Migration and Quarantine, NCID); (4) promotes the improved recognition and management of tuberculosis among the foreign-born through special studies on the U.S./Mexico border and at other overseas sites; (5) collaborates with the World Health Organization (WHO), the World Bank, the International Union Against Tuberculosis and Lung Diseases (IUATLD), the United States Agency for International Development (USAID), and others to improve the quality of TB programs globally by supporting implementation of the WHO-recommended directly observed therapy, short-course (DOTS) strategy; (6) collaborates with the nation of Botswana, the WHO, the World Bank, the IUATLD, the USAID, and others, to conduct investigations into the diagnosis, management and prevention of tuberculosis in persons with and without HIV infection; (7) collaborates with the Global AIDS Program (GAP) in addressing the AIDS pandemic in countries where both HIV and TB are reported in epidemic proportions; (8) collaborates with the 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; and, (11) supervises Epidemic Intelligence Service (EIS) officers in the conduct of their two year assignments. (Approved 06/03/2003)

Mycobacteriology Branch (CVBDJ)

(1) Provides laboratory support for epidemic investigations, surveillance activities, and special studies of tuberculosis and other mycobacteria-caused diseases; (2) administers contracts to provide *Mycobacterium tuberculosis* genotyping, maintains a national database of genotypes, and conducts operational research to implement genotyping; (3) develops and evaluates new methods to subtype mycobacteria for epidemiologic studies; (4) serves as primary CDC focus for diagnostic mycobacteriology laboratory services and for laboratory aspects of nontuberculosis *Mycobacterium* species and of Hansen disease (leprosy); (5) administers grants and cooperative agreements with states and others to upgrade laboratory activities and provide special services; (6) provides reference diagnostic services, consultation, technical assistance, and training to State, Federal, and municipal public health laboratories; (7) provides laboratory support, reference services, assessment, consultation, and training for CDC's international tuberculosis activities; (8) develops, evaluates, or improves conventional and molecular methods for the detection, classification, identification, characterization, and susceptibility testing of mycobacteria and mycobacteria-caused diseases; (9) conducts studies to define the role of bacterial virulence factors, host factors, and pathogenic and immunologic mechanisms in disease processes and protective immunity and develops, evaluates, and improves immunologic methods for the diagnosis and prevention of mycobacteria-caused diseases; (10) develops tissue culture and animal models of mycobacteria-caused diseases and conducts studies on chemotherapy, immunotherapy, pathogenesis, pathology, and vaccines for mycobacteria-caused diseases; (11) conducts studies on the isolation, taxonomy, and ecology of mycobacteria and develops tests to identify new species;(12) conducts and supports studies to characterize newly emerging pathogenic species of *Mycobacterium* and associated diseases. (Approved 4/01/2005)

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

(1) Conducts national surveillance of the human immunodeficiency virus/acquired immunodeficiency syndrome (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 NCHSTP, CDC, other Public Health Service 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 National Center for Infectious Diseases (NCID) 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 World Health Organization (WHO) Collaborating Division on HIV/AIDS for epidemiology and surveillance. (Approved 8/24/1998)

Office of the Director (CVBE1)

(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 NCHSTP divisions, CDC CIO's, 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) provides program services support in extramural programs management, administrative services, and information systems services; (10) collaborates, as appropriate, with non-governmental organizations to achieve the mission of the division; and (11) in carrying out these activities, collaborates, as appropriate, with other divisions and offices of NCHSTP, and with other CIO's throughout CDC. (Approved 8/24/1998)

Epidemiology Branch (CVBEB)

(1) Designs and conducts epidemiologic and behavioral studies in the United States to determine risk factors, co-factors, and modes of transmission for HIV infection and AIDS; (2) conducts studies of the natural history 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, including effectiveness trials, to assist in evaluation of strategies, major activities, and policies;

(7) conducts epidemic aid 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 Public Health Service 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 internationally with HIV/AIDS researchers and the International Activities Branch in the conduct of epidemiologic studies; and (12) works closely with NCID to determine virologic and immunologic factors related to transmission and natural history of HIV infection. (Approved 8/24/1998)

Behavioral and Clinical Surveillance Branch (CVBEC)

(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, e.g., persons with HIV-2 infection; (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, e.g. rapid tests; (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; (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 8/11/2004)

Statistics and Data Management Branch (CVBED)

(1) Manages, directs, and coordinates the statistics and data management activities and services for the division and the Division of HIV/AIDS Prevention--Intervention Research and Support (DHAP/IRS); (2) provides leadership in the development of statistical and data management planning, policy, implementation, and evaluation; (3) provides data management and statistical services for HIV/AIDS surveillance, HIV serosurveys, epidemiologic studies and other studies conducted within the division and DHAP/IRS; (4) creates mathematical models to project the incidence of AIDS and HIV infection; (5) develops, monitors, and evaluates projects to construct

mathematical models of the spread of AIDS and HIV infection and other HIV and AIDS studies; (6) provides statistical models of epidemiologic parameters to describe the efficiency of HIV transmission and the incubation time for AIDS; (7) responds to inquiries from medical professionals, health departments, the media, and the public about AIDS epidemic statistical issues, including projections of the number of AIDS cases and estimates of persons infected with HIV; (8) coordinates contracted programming services for the division. (Approved 10/4/2006)

HIV Incidence and Case Surveillance Branch (CVBEE)

(1) Conducts surveillance of HIV infection and 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, e.g., persons with HIV-2 infection, health care workers for occupationally-related HIV transmission, and persons reported with unrecognized modes of transmission; (8) evaluates surveillance systems for HIV infection and AIDS and modifies surveillance methodologies as needed to meet changing needs of HIV/AIDS programs; (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 8/11/2004)

HIV and Retrovirology Laboratory Branch (CVBEG)

(1) Conducts studies of human immunodeficiency viruses (HIVs) and other human and zoonotic retroviruses, including the diseases they cause, their modes of transmission, and the means for their control through virus detection, isolation, and characterization by virologic, molecular, and cellular biologic methods; (2) collaborates with NCHSTP 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 World Health Organization (WHO) Reference Center and as a member of the 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 United States 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; and (11) collaborates with industry to promote commercialization of useful technology, methodologies, or reagents of public health importance. (Approved 4/01/2005)

HIV Immunology and Diagnostics Branch (CVBEH)

(1) Conducts basic and applied studies of microbial-host interactions that occur in infections, particularly infection with human immunodeficiency virus (HIV); (2) conducts basic and applied investigations of the immune cell interactions that occur in HIV infection as well as in related immunologic/infectious diseases; conducts investigations of genetic traits of the host that influence the susceptibility, disease course, and immune response to infectious disease, particularly HIV disease; (3) 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; (4) 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; (5) serves as a reference laboratory for State and local health departments; and (6) provides diagnostic services to other Federal agencies, the World Health Organization, CDC-affiliated academic centers, CDC-affiliated studies with other countries, and community organizations, as appropriate. (Approved 4/01/2005)

Global AIDS Program (CVBG)

(1) Provides financial and technical assistance to nations heavily affected by the HIV/AIDS epidemic; (2) provides U.S.-based (headquarters) and onsite (in-country) technical assistance and oversight for CDC financial assistance which is designed to (a) develops and implements programs on HIV/AIDS prevention and surveillance as well as medical care, support, and treatment for people living with HIV/AIDS and (b) strengthens infrastructure to support prevention and care programs through training, informatics, laboratory support, program evaluation, operational research, and other relevant activities; (3) serves as liaison to other divisions/offices within NCHSTP and other CIOs; USAID and other Federal agencies; UNAIDS, the World Health Organization (WHO), and other agencies of the United Nations involved in HIV/AIDS-related activities and programs; non-governmental agencies working at the international level, and health agencies of other countries; (4) serves as the primary disseminator of information from CDC about the global HIV/AIDS epidemic through health communications materials, scientific publications, and presentations.

Office of the Director (CVBG1)

(1) Directs the activities of the Global AIDS Program (GAP); (2) provides leadership and guidance on policy development and interpretation, budget formulation, and program planning, development, management, operations, and evaluation; (3) provides GAP-wide administrative and management services including personnel, contracts, grants and cooperative agreements, interagency/reimbursable agreements, travel, facility management, and equipment inventory and coordinates or ensures coordination with the appropriate NCHSTP or CDC staff offices;

(4) develops and implements strategies and increases host government capacity to monitor and evaluate the process, impact, and outcome of GAP and other HIV prevention and care programs; (5) provides scientific and editorial review and clearance of manuscripts for publication, abstracts for presentation, protocols for Institutional Review Board (IRB) and human subjects review, and other scientific, programmatic, and informational materials. (Approved 9/29/2004)

HIV/AIDS Care and Treatment Branch (CVBGB)

(1) Provides technical assistance in developing comprehensive programs for the prevention, diagnosis, and treatment of HIV/AIDS, tuberculosis, and other opportunistic infections; (2) provides assistance in the development of policy and programs for the appropriate use of antiretroviral drugs; (3) designs and assists in implementing home- and community-based models for HIV/AIDS care; (4) develops and assesses operational research protocols to improve the effectiveness and implementation of GAP treatment and care technical strategies; (5) reviews and analyzes findings of GAP-sponsored and other operational research to guide GAP programs and policies; (6) provides technical support to GAP headquarters and country programs in developing laboratory, clinical, and administrative capacities to prevent and treat HIV and AIDS-related conditions; (7) monitors the quality and impact of care programs for persons living with HIV/AIDS and their families; (8) assists in monitoring the training of health care workers to provide care, support, and treatment; (9) assists in monitoring the impact of HIV/AIDS on health care systems in GAP countries, including monitoring the clinical spectrum of disease, response to treatment, and emerging antiretroviral and antimicrobial resistance; (10) provides technical support in increasing access to and availability of home- and community-based care and access to antiretroviral, tuberculosis, and other drug programs that will extend life and enhance the quality of life for persons living with HIV/AIDS; (11) provides technical assistance to GAP country programs in recruiting safe blood (products) donors, quality testing, blood bank management, appropriate use of blood and blood products, and prevention of severe anemia; (12) fosters the improvement of HIV prevention and counseling services through blood donor education, mobilization, and retention of safe blood donors.

Country Program Support Branch (CVBGC)

(1) Serves as the focal point for communications and program and administrative support for all country HIV prevention programs; (2) provides a link between GAP country programs and GAP headquarters in Atlanta and supports and assists GAP country program staff in communications with other GAP programs around the world; (3) provides logistical and administrative support to GAP country programs for implementing at least 17 technical strategies under HIV/STD/TB prevention, AIDS treatment and care, and infrastructure development relevant to specific country programs and plans; (4) coordinates with BEB/FMO in the development, disbursement, and oversight of country budgets;; (5) arranges for international travel and all policy and administrative issues relevant to the overseas assignment of CDC staff and their families; (6) develops operational research protocols to evaluate novel approaches to implementing GAP technical strategies within each program; (7) procures and inventories materials and equipment needed to support country plans; (8) develops plans and provides financial, technical, and administrative assistance for developing, implementing, and evaluating in-country HIV programs.

Surveillance and Infrastructure Development Branch (CVBGD)

(1) Develops, implements, and evaluates comprehensive systems for collecting, disseminating, and applying epidemiologic and behavioral surveillance data to monitor trends in HIV, other sexually transmitted infections, and tuberculosis; (2) develops policies, systems, and programs and provides technical assistance to increase host government capacity to conduct quality laboratory testing for HIV, other sexually transmitted infections, and tuberculosis; (3) provides technical and other assistance to develop, maintain, and evaluate GAP and host government informatics systems; (4) develops, provides, and evaluates training activities in support of GAP technical strategies and assesses and improves the training capacity of host governments to support HIV prevention and care programs.

HIV Prevention Branch (CVBGE)

(1) Supports GAP field sites in their collaborations with national and international partners to implement, improve, expand, sustain, and maximize effectiveness of HIV prevention programs; (2) provides technical assistance to GAP country programs in the development, implementation, and evaluation of model behavior change interventions and programs to reduce risk-behaviors and enhance health-seeking behaviors; (3) provides technical assistance to GAP country programs to strengthen, expand, and make accessible programs to prevent, diagnose, and treat sexually transmitted infections and to prevent HIV infection among persons seeking treatment for sexually transmitted infections; (4) provides technical assistance to GAP country programs to implement, expand, monitor, and evaluate programs to provide antenatal services, decrease mother-to-child HIV transmission, and improve care and support of infected mothers and children; (5) provides technical assistance to GAP country programs on tailoring HIV prevention programs to meet the special needs of youth and drug-using populations; (6) provides technical assistance to GAP country programs to develop, expand, and evaluate voluntary HIV counseling and testing programs; (7) provides technical assistance for the development of strategies to maximize the impact of HIV prevention programs in GAP countries through public-private partnerships, national program expansion, and community mobilization. (Approved 2/2/2003)