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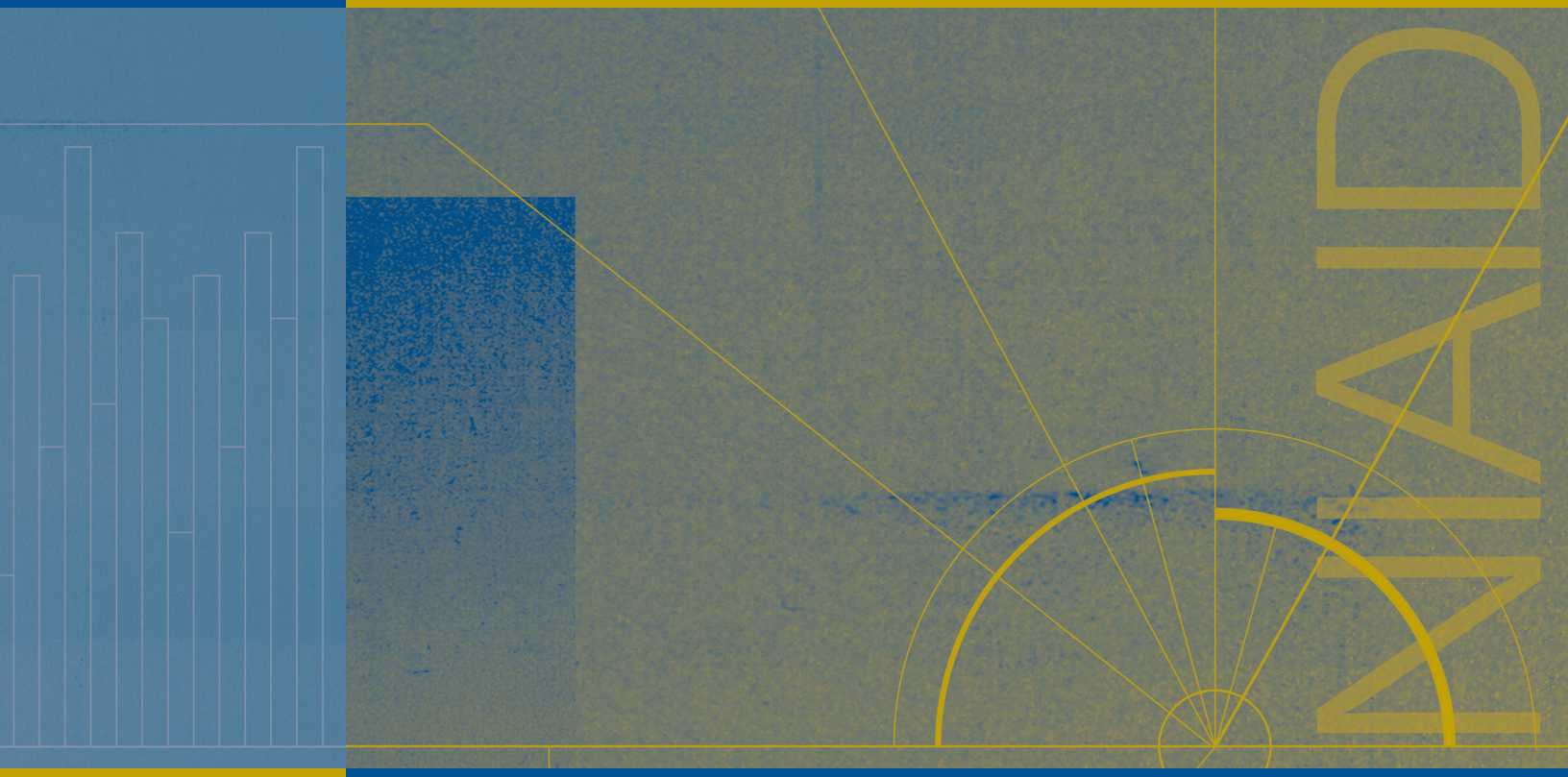
National Institute of Allergy and Infectious Diseases



FY 2007 Fact Book

A Year in Review

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
National Institutes of Health

The mission of the National Institute of Allergy and Infectious Diseases is to conduct and support basic and applied research to better understand, identify, treat, and prevent infectious and immune-related diseases.

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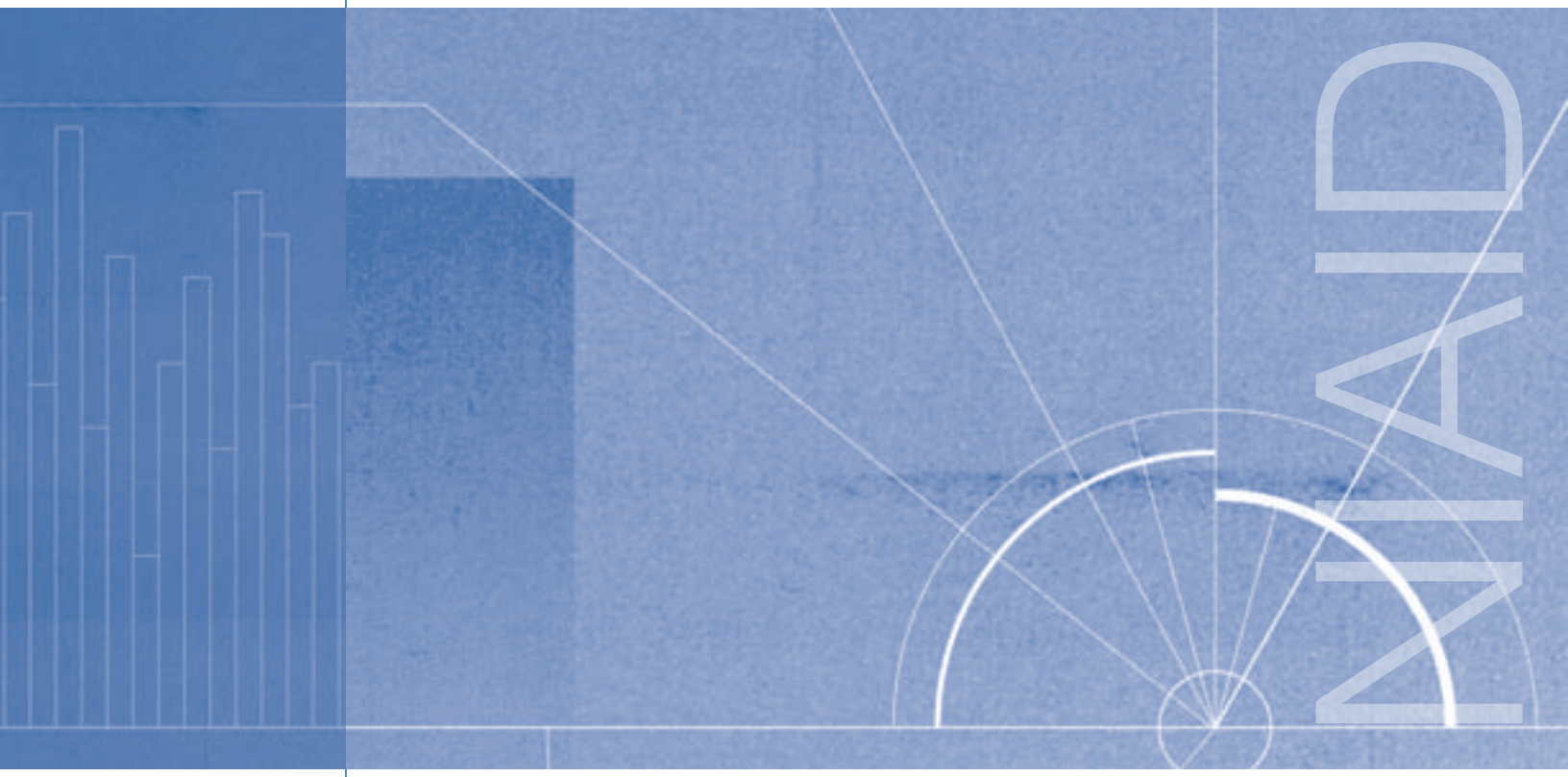
National Institute of Allergy and Infectious Diseases



FY 2007 Fact Book

A Year in Review

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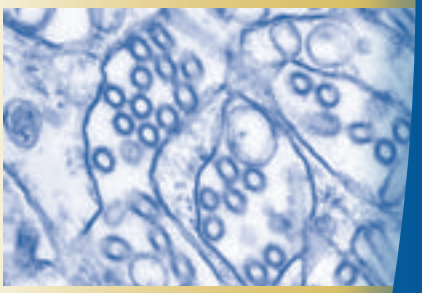
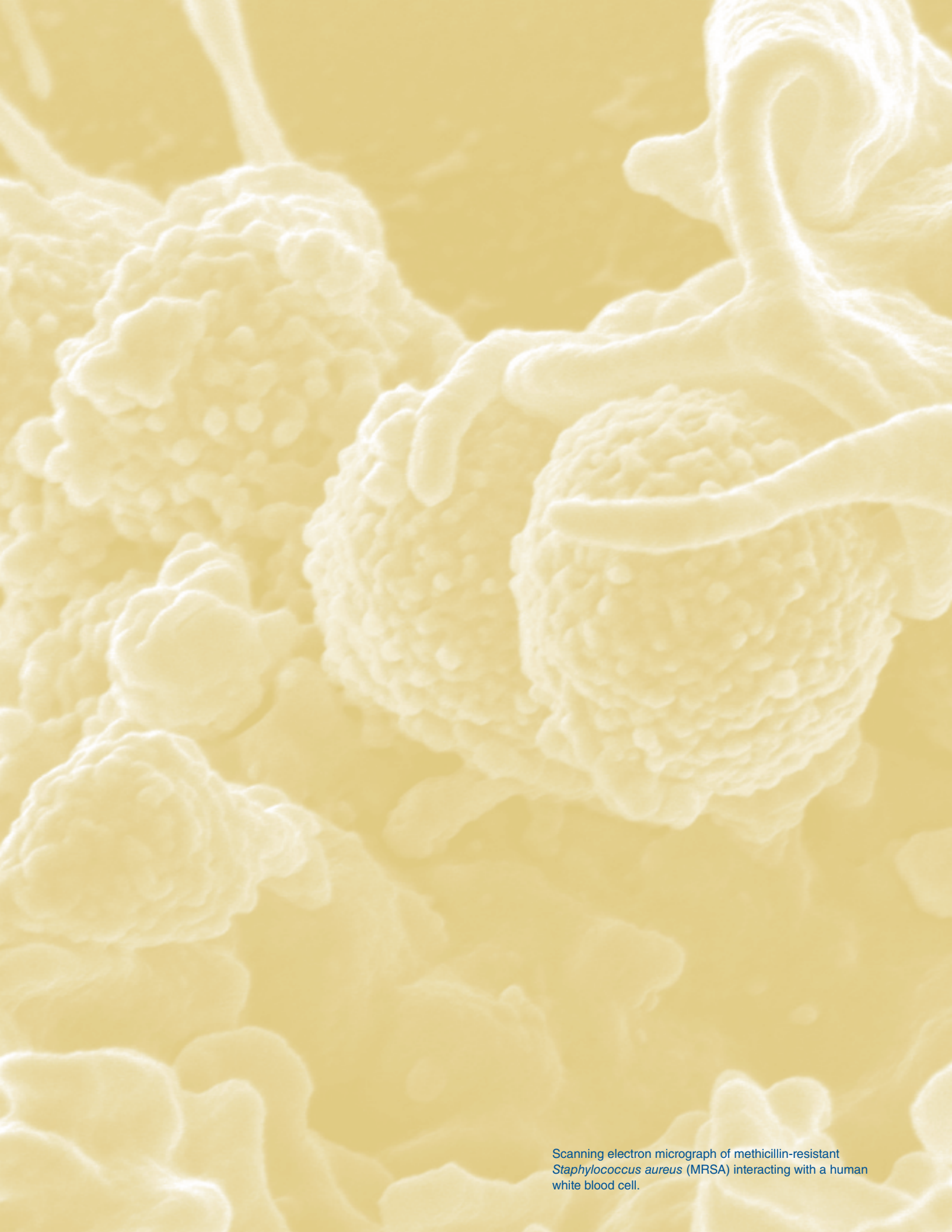
National Institute of Allergy and Infectious Diseases

NIH Publication No. 08-6285
July 2008

Contents



Credit: Centers for Disease Control and Prevention



Scanning electron micrograph of methicillin-resistant *Staphylococcus aureus* (MRSA) interacting with a human white blood cell.

Letter From the Director

For six decades, the National Institute of Allergy and Infectious Diseases (NIAID) has supported groundbreaking basic and clinical research to develop strategies to detect, prevent, and treat infectious and immune-mediated diseases. We have employed a multidisciplinary approach that engages academic, industrial, governmental, and non-governmental partners in these endeavors.

This year's NIAID Fact Book provides an overview of the Institute's fiscal landscape for FY 2007 and highlights the policies, programs, and mechanisms that enable NIAID to support a wide array of research and training activities.

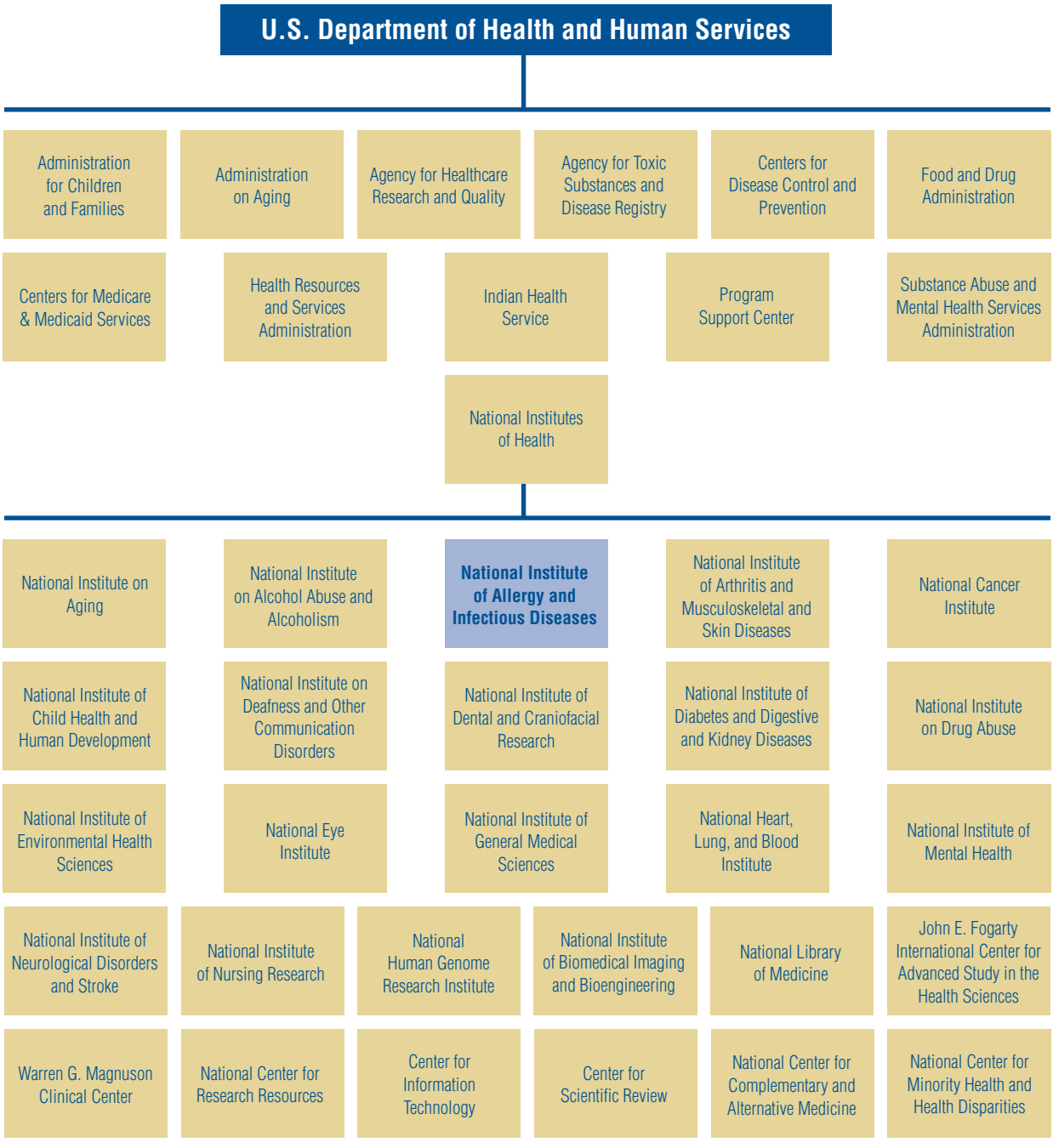
NIAID research efforts in infectious diseases such as HIV/AIDS, tuberculosis (TB), malaria, neglected tropical diseases, and other emerging and re-emerging infectious diseases have taken on added importance in today's increasingly globalized society. As we address these problems in a global context, we simultaneously contribute to our country's preparedness against the threat of bioterrorism and naturally occurring disease outbreaks. NIAID recently developed research agendas to address malaria and multidrug-resistant TB (MDR-TB) and published a review of the Institute's portfolio and goals with regard to antimicrobial resistance. We also have made significant advances in the detection, prevention, and treatment of HIV/AIDS, malaria, TB, methicillin-resistant *Staphylococcus aureus* (MRSA), influenza, and other important infectious diseases. For example, NIAID-supported research contributed to the development of nearly 30 antiretroviral drugs that have transformed HIV from an almost uniformly fatal infection into a manageable chronic condition. New approaches to diagnosing, treating, and preventing TB and malaria, which together claim nearly 3 million lives a year, are being developed. NIAID scientists have elucidated the complex mechanisms that MRSA uses to elude the human immune system, providing insights that pave the way to improvements in diagnosis, prevention, and treatment of these infections. NIAID-supported researchers also are rapidly making progress in the development of new vaccines, diagnostics, and therapeutics against both seasonal and pandemic influenza. For example, in 2007 the Food and Drug Administration approved the first human vaccine against the H5N1 avian influenza virus, and studies performed in collaboration with various partners have demonstrated the extraordinary potential for a variety of new vaccine formulations to broaden the scope of a vaccine's reactivity against different isolates of influenza, including potential pandemic strains. Other research is aimed at developing rapid, accurate tests to detect a wide variety of pathogens that can be used at the bedside or in the field. Vaccine platforms that can be easily adapted to different pathogens and antimicrobial therapeutics that truly are "broad spectrum" in their activity, both within and between classes of pathogens, also are being developed. Such antimicrobials could prove effective against many drug-resistant bacteria, including MRSA.

Autoimmune diseases, allergic diseases, asthma, rejection of transplanted organs, and other immune-mediated disorders contribute to the burden of chronic disease and disability in the United States and throughout the world. NIAID-supported research has led to significant advances in our understanding of these conditions and in the development of strategies to detect, prevent, and treat them. For example, NIAID-supported scientists recently made important advances in understanding the underlying causes of asthma and allergy and in developing better asthma treatments. NIAID-supported organ transplantation researchers are making steady progress toward the long-term goal of reducing the need for costly and potentially risky immunosuppressive drugs that are the current standard treatment to prevent transplant rejection. Thanks to new treatment approaches, a small but growing number of kidney and liver transplant recipients is no longer reliant on immunosuppressive drugs, even after several years.

Infectious diseases will continue to emerge and re-emerge, and many chronic diseases associated with allergy, inflammation, and immunologic abnormalities will become increasingly prevalent. To meet these challenges, NIAID remains committed to conducting and supporting the cutting-edge research needed to develop the tools to combat these devastating diseases and improve the health of people in our country and throughout the world.

Anthony S. Fauci, M.D.
Director
National Institute of Allergy and Infectious Diseases

Organization of the U.S. Department of Health and Human Services, National Institutes of Health, and NIAID



National Institute of Allergy and Infectious Diseases

Current as of January 2008.

Budget in Review

This report provides a summary of the distribution of the FY 2007 budget among the various National Institute of Allergy and Infectious Diseases (NIAID) research program and funding mechanisms, funding policies influencing grant awards, and comparisons with prior year allocations. Additional information on the NIAID budget and grants is accessible through the NIAID Home Page (www.niaid.nih.gov).

Summary

- The NIAID appropriation grew by 227 percent during the period FY 1998 – 2007, although the budget has remained relatively flat since FY 2004 (page 6).
- Funds appropriated to NIAID in FY 2007 totaled $4.417 billion, an increase of $2.4 million or 0.05 percent, over FY 2006 (page 6).
- NIAID distributes its funds equally across three mission areas. The funds were similarly distributed: Biodefense (BioD), 36.6 percent; HIV/AIDS, 34.2 percent; and Infectious and Immunologic Diseases (IID), 29.3 percent (page 7).
- NIAID reallocated funds to ensure that Research Project Grants (RPGs) continue to be the highest priority (page 10).
- An increase of nearly $70 million was provided to RPGs in FY 2007 (noncompeting grants increased by $163 million, while competing grants decreased by $94 million), a growth of 3.1 percent over FY 2006 (page 10).
- Of the total NIAID budget, 53.8 percent was allocated to RPGs (39.9 percent for noncompeting, 11.5 percent for competing, and 2.3 percent for Small Business Innovation Research/Small Business Technology Transfer Research Awards (SBIR/STTRs) (page 10).
- The total number of RPGs funded in FY 2007 was 4,422, an increase of 99 RPGs over FY 2006 (page 10).
- The adjusted average cost per competing grant decreased from $410,000 in FY 2006 to $371,000 in FY 2007 (page 10).
- In FY 2007, NIAID funded 147 more non-R01 RPGs than in FY 2006. This increase was due primarily to funding more R21s and R56s than in FY 2006. The R56 awards are considered “end-of-year” bridge awards, but are not part of the “bridge pool” that the Divisions are allocated (page 10).
- Over the past 10 years, funding for competing and noncompeting RPGs (excluding SBIR/STTRs) has grown by approximately 132 percent and 159 percent, respectively (page 11).
- In addition to the 1,202 training positions funded in FY 2007, the Institute uses other mechanisms to train scientists, including RPGs, for which data are not available (page 13).
- Approximately 81 percent of the NIAID total budget went to domestic institutions in the United States, including the District of Columbia and Puerto Rico (page 18).

FY 2007 NIAID Financial Management Plan

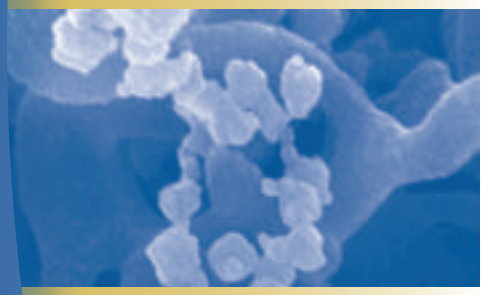
Pursuant to NIH budget policy:

- Renewal Grants: Capped at 20 percent—applicants could request up to 20 percent more than the level of the previous grant.
- Noncompeting Nonmodular Awards: All years funded at 97.65 percent of the amount in the Notice of Grant Award for the previous year.
- Noncompeting Nonmodular Awards: Issued earlier this fiscal year at lower levels; NIAID added funds to reach the 97.65 percent level.
- Competing Applications: No average programmatic reductions were taken.

Traditionally, NIAID sets aside funds for selective pay and Bridge awards:

- Selective pay: NIAID set aside $9 million ($3 million for each extramural program division). Note: Investigators could not apply for selective pay funding, but had to be nominated by NIAID program officers.
- R56-Bridge awards: NIAID set aside $18 million ($6 million for each extramural division). Note: Investigators could not apply for R56-Bridge awards, but rather had to be nominated by NIAID program officers.

Credit: iStockphoto



Credit: iStockphoto

NIAID Appropriations History FY 1998 – FY 2007

The NIAID appropriation grew by 227 percent during the period FY 1998 – 2007, although the budget has remained relatively flat since FY 2004.

NIAID Appropriations History: FY 1998 – FY 2007 (Dollars in Thousands)

Fiscal Year	President's Budget to Congress	Appropriation [1]
1998	$ 634,272 [2]	$1,351,655
1999	703,723 [2]	1,569,063
2000	789,156 [2]	1,798,038
2001	935,166 [2]	2,068,304
2002	2,355,325	2,534,539
2003	3,983,693 [3]	3,706,722 [4]
2004	4,335,255 [5]	4,304,562 [6]
2005	4,440,007 [3]	4,402,841 [4]
2006	4,459,395 [3]	4,414,801 [4]
2007	4,395,496 [3]	4,417,208 [4]

[1] Reflects enacted supplementals, rescissions, and reappropriations.

[2] Excludes funds for HIV/AIDS research activities consolidated in the NIH Office of AIDS Research.

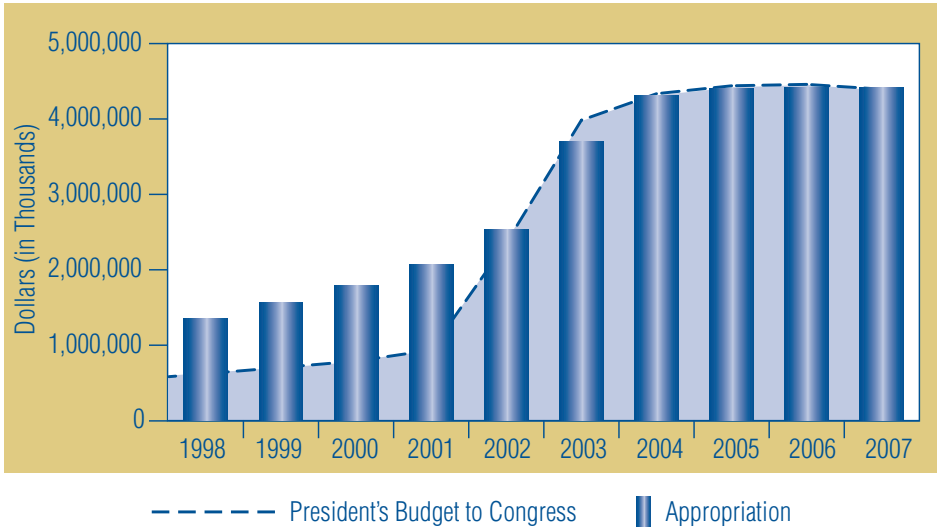
[3] Includes $100M for the Global Fund to Fight AIDS, Tuberculosis and Malaria.

[4] Includes $99M for the Global Fund to Fight AIDS, Tuberculosis and Malaria.

[5] Includes $150M for the Global Fund to Fight AIDS, Tuberculosis and Malaria.

[6] Includes $149M for the Global Fund to Fight AIDS, Tuberculosis and Malaria.

NIAID Appropriations History: FY 1998 – FY 2007



NIAID Mission Areas FY 2002 – FY 2007

Funding for NIAID falls into three mission areas:

- Biodefense (BioD)
- HIV/AIDS
- Infectious and immunologic diseases (IID)

NIAID Mission Areas: FY 2002 – FY 2007 (Dollars in Thousands)

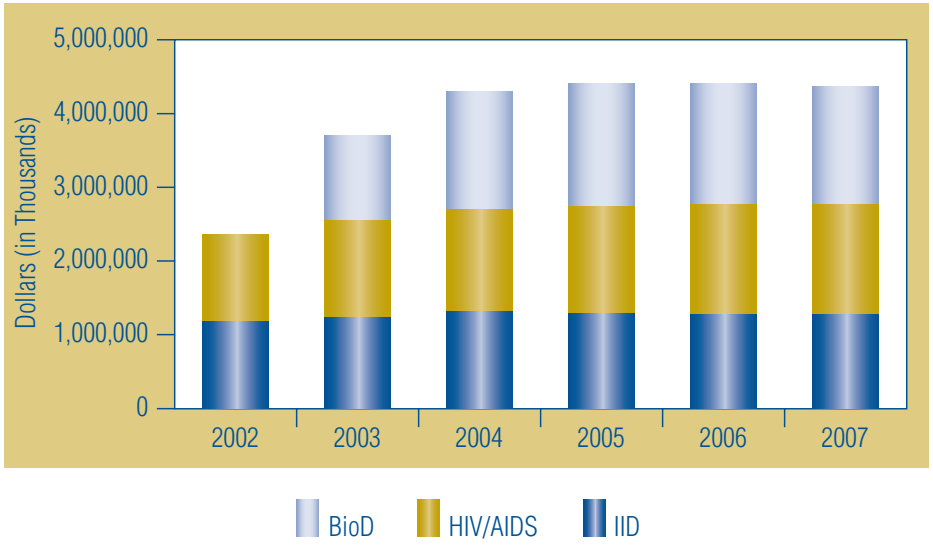
Mission Area	FY 2002	FY 2003[1]	FY 2004[1,2]	FY 2005[1,2]	FY 2006[1,2]	FY 2007[1]
BioD	—	$ 1,162,267	$ 1,599,896	$ 1,658,211	$ 1,646,702	$ 1,596,565
HIV/AIDS	1,186,494	1,311,274	1,397,370	1,459,642	1,488,377	1,490,089
IID	1,178,285	1,232,598	1,307,890	1,284,988	1,276,689	1,276,380
Total	**$ 2,364,779**	**$ 3,706,139**	**$ 4,305,156**	**$ 4,402,841**	**$ 4,411,768**	**$ 4,363,034**

Reflects actual obligations.

[1] Includes Global Fund to Fight AIDS, Tuberculosis and Malaria.

[2] Includes NIH Roadmap.

NIAID Mission Areas: FY 2002 – FY 2007



Credit: iStockphoto

NIAID Funding by Budget Mechanism FY 2006 and FY 2007

NIAID Funding by Budget Mechanism: FY 2006 and FY 2007 (Dollars in Thousands)

	FY 2006	% of Total	FY 2007	% of Total
Extramural Research Activities				
Research Projects Grants				
Noncompeting	$ 1,578,340		$ 1,741,237	
Competing	597,730		503,873	
Subtotal RPGs	**$ 2,176,070**		**$ 2,245,110**	
SBIR/STTR[1]	99,364		100,351	
Total RPGs	**$ 2,275,434**	**51.6%**	**$ 2,345,461**	**53.8%**
Research Centers	$ 132,279	3.0%	$ 132,508	3.0%
Other Research	49,779	1.1%	50,077	1.1%
Training	56,126	1.3%	55,640	1.3%
R&D Contracts[2]	1,076,893	24.4%	1,005,328	23.1%
Subtotal Extramural	**$ 3,590,511**	**81.4%**	**$ 3,589,014**	**82.3%**
Intramural	$ 540,118	12.2%	$ 542,403	12.4%
Research Management and Support (RMS)	212,872	4.8%	217,517	5.0%
Construction	29,700	0.7%	14,100	0.3%
Subtotal	**$ 4,373,201**	**99.1%**	**$ 4,363,034**	**100.0%**
NIH Roadmap[3]	$ 38,567	0.9%	$ —	—
NIAID Total	**$ 4,411,768**	**100.0%**	**$ 4,363,034[4]**	**100.0%**

Reflects actual obligations.

[1] SBIR/STTR programs are congressionally mandated.

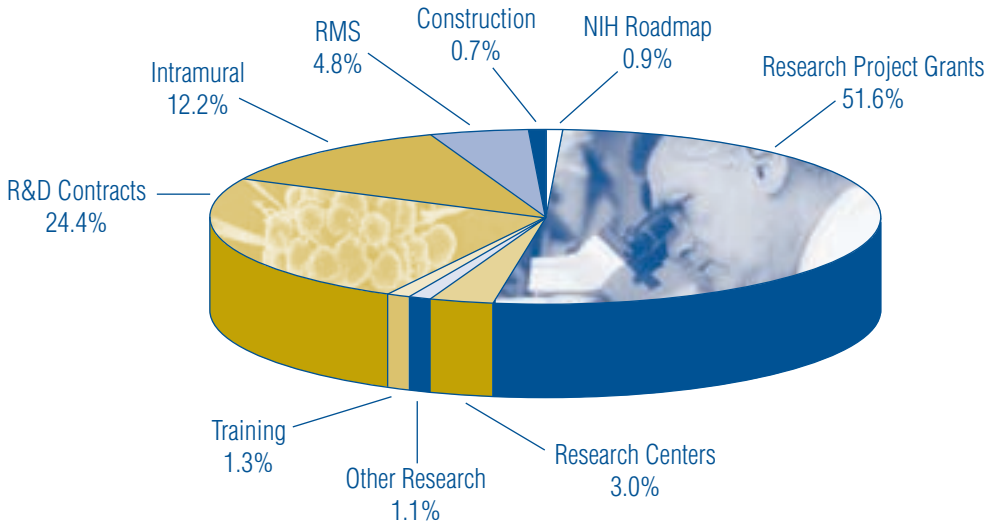
[2] Includes Global Fund to Fight AIDS, Tuberculosis and Malaria.

[3] NIH Roadmap was paid through the NIH Common Fund in FY 2007.

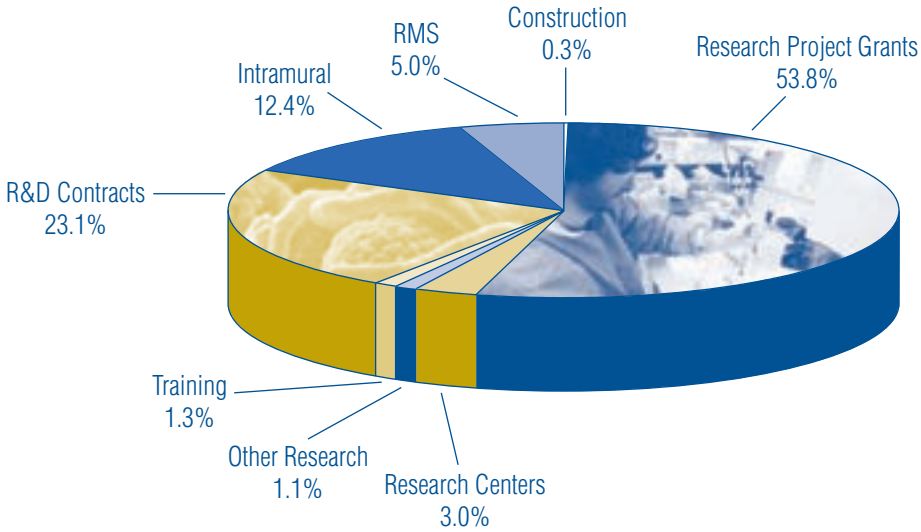
[4] $54 million was permanently transferred by Congress from NIAID's baseline in FY 2007. Of the $54 million, $49.5 million was allocated to the new Biomedical Advanced Research and Development Authority initiative to support advanced development activities in biodefense. The remaining $4.5 million supported NIH taps.

NIAID Funding by Budget Mechanism

FY 2006



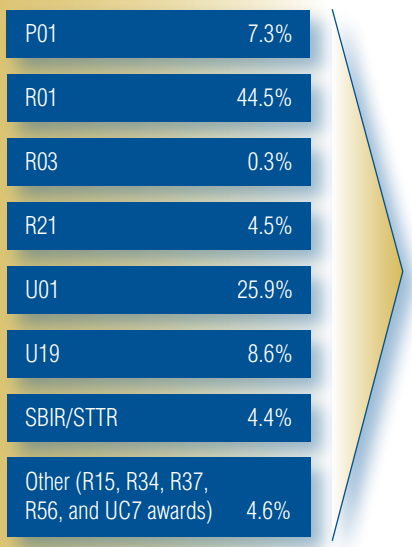
FY 2007



NIAID Research Project Grants FY 2006 and FY 2007

NIAID reallocated funds to ensure that Research Project Grants continue to be the highest priority.

Breakdown of Total RPG Funds: FY 2007 Total $2,345,461



NIAID Research Project Grants: FY 2006 and FY 2007 (Dollars in Thousands)

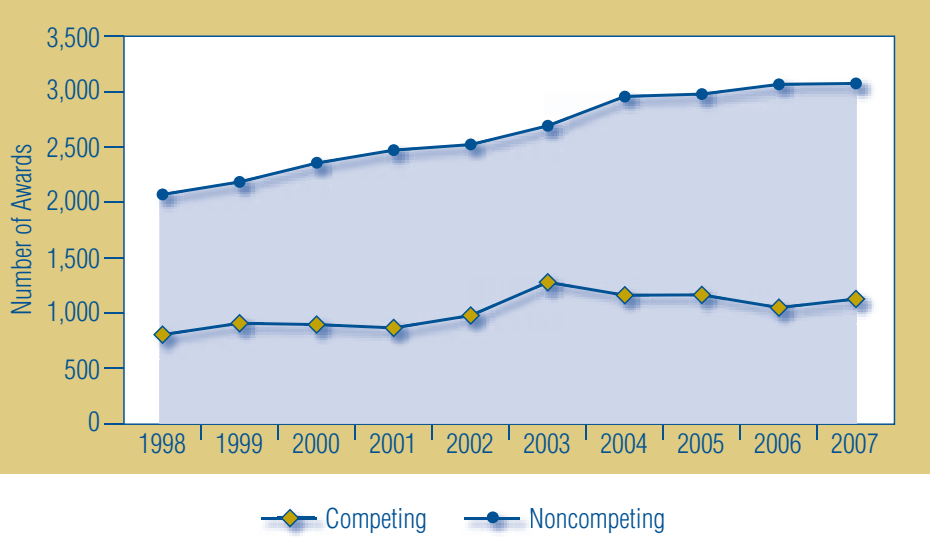
	FY 2006 Number	FY 2006 Amount	FY 2007 Number	FY 2007 Amount
Research Project Grants				
Noncompeting grants funded	3,065	$ 1,578,340	3,073	$ 1,741,237
Competing grants funded	1,049	597,730	1,127	503,873
Subtotal Research Project Grants	**4,114**	**$ 2,176,070**	**4,200**	**$ 2,245,110**
SBIR/STTR[1]	209	99,364	222	100,351
Total Funding for Research Project Grants	**4,323**	**$ 2,275,434**	**4,422**	**$ 2,345,461**
For Competing Grants				
Grants within paylines				
Traditional R01	508	$ 194,998	436	$ 169,280
Non-R01	213	51,331	360	87,718
Program Projects (P01)	10	19,034	8	12,394
RFA Grants	187	286,476	219	193,323
Subtotal	**918**	**$ 551,839**	**1,023**	**$ 462,715**
Discretionary[2]	131	45,891	104	41,158
Total, Competing Grants	**1,049**	**$ 597,730**	**1,127**	**$ 503,873**
Funding success rate	20.6%		23.0%	
Percentile funding for R01 Grants	14.0		12.0	
Percentile funding for new investigators	16.0		14.0	
Average cost—competing RPGs		$ 570		$ 447
Adjusted average cost—competing RPGs[3]		$ 410		$ 371

[1] The SBIR/STTR programs are congressionally mandated.

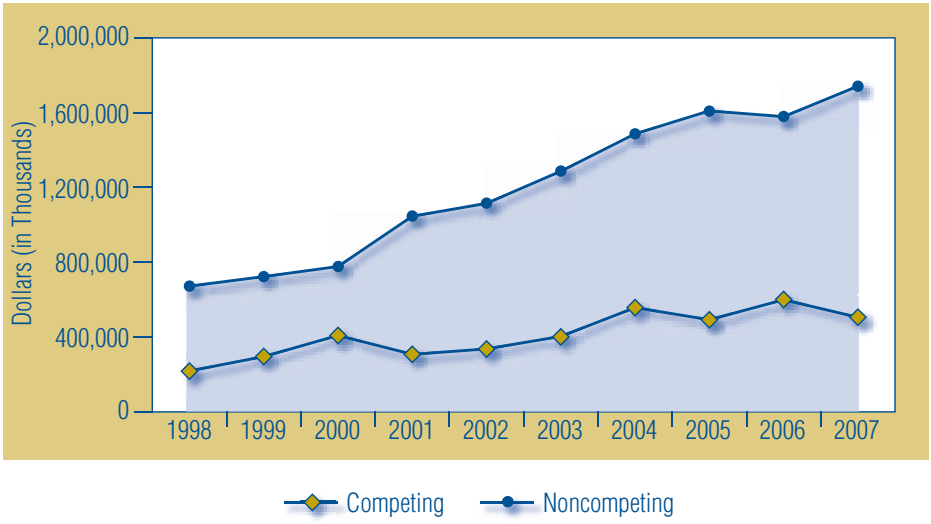
[2] Discretionary: administrative supplements, bridge pool, Division discretionary pool, end-of-year, Office of Special Populations and Research Training, and selective pay.

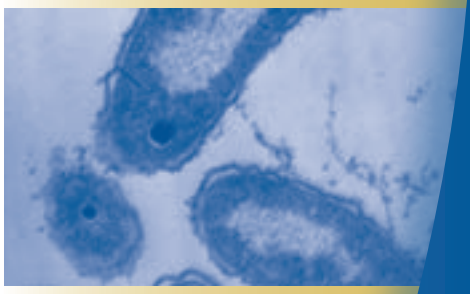
[3] The average cost of competing grants has been adjusted to account for large HIV/AIDS Clinical Trials Network awards in FY 2006 and FY 2007. Excluding these large dollar awards allows for the comparison of the average cost of comparable competing RPG awards.

NIAID Competing and Noncompeting RPGs: FY 1998 – FY 2007
Number of Awards



NIAID Competing and Noncompeting RPGs: FY 1998 – FY 2007
Funding



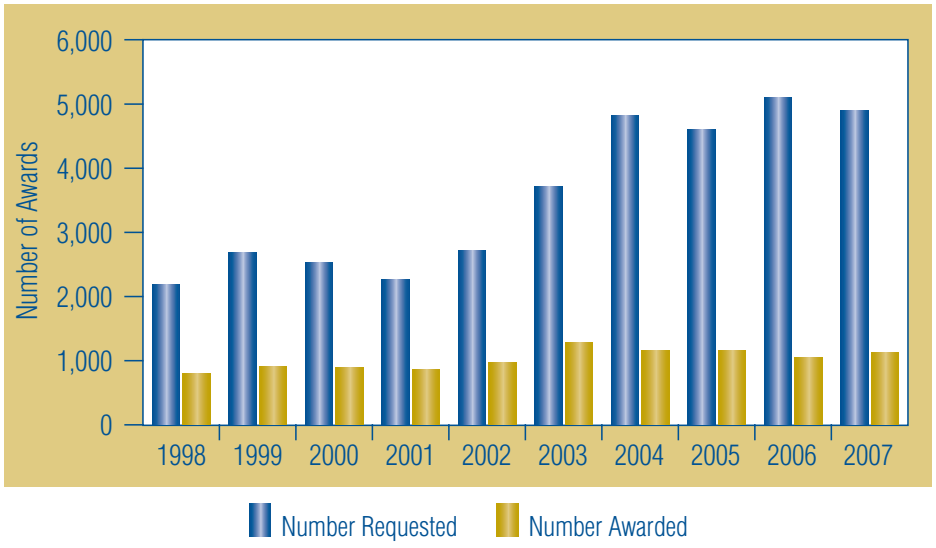


NIAID funded 23.0 percent of RPG applications submitted in FY 2007, which was an increase from FY 2006 (20.6 percent), despite a relatively flat budget. The increase in the success rate can be attributed to a reduction in the number of RPG applications received and an increase in the number of R21s and R56s funded when compared to FY 2006.

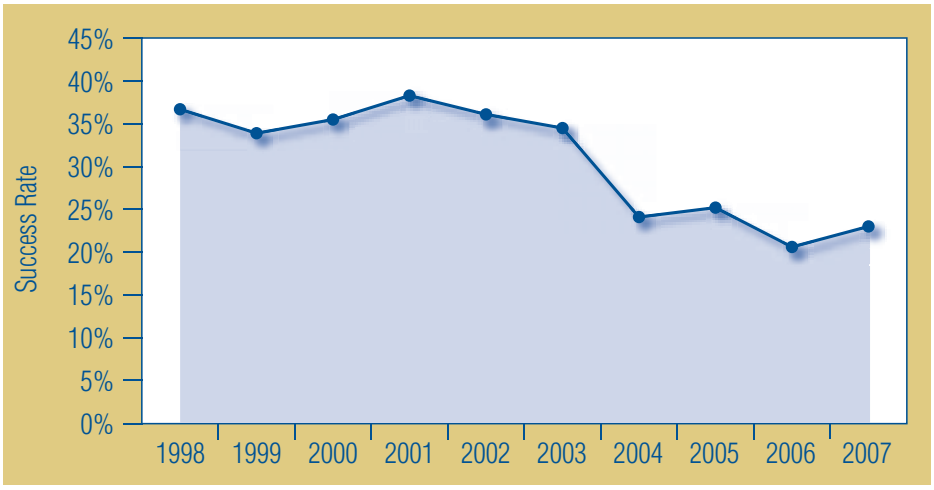
NIAID RPGs—Application Success Rate: FY 1998 – FY 2007

Fiscal Year	Number Requested	Number Awarded	Success Rate
1998	2,191	805	36.7%
1999	2,681	908	33.9%
2000	2,527	896	35.5%
2001	2,262	866	38.3%
2002	2,712	978	36.1%
2003	3,708	1,278	34.5%
2004	4,817	1,161	24.1%
2005	4,611	1,164	25.2%
2006	5,104	1,049	20.6%
2007	4,900	1,127	23.0%

RPG Requested vs. Awarded: FY 1998 – FY 2007



Application Success Rate: FY 1998 – FY 2007



NIAID-Supported National Research Service Awards FY 1998 – FY 2007

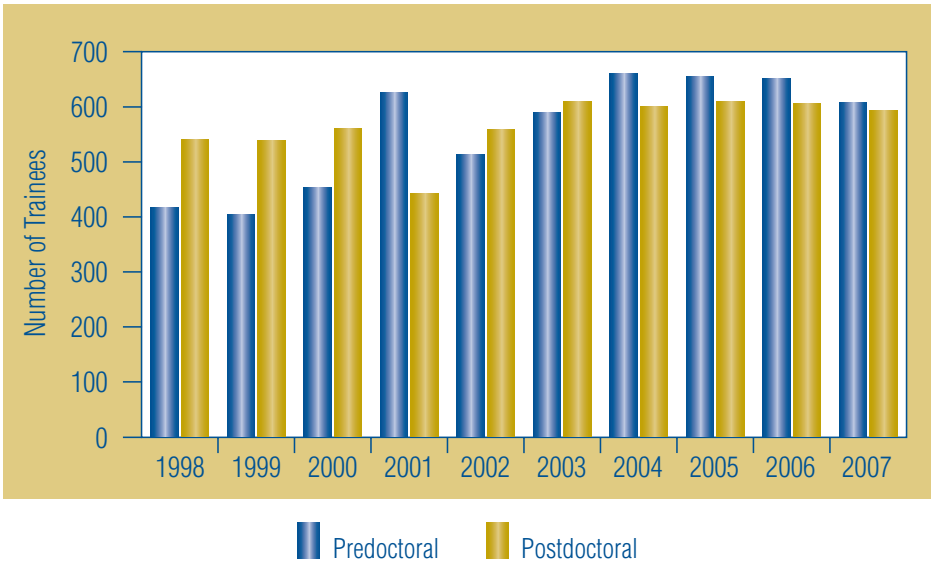
- The number of full-time training positions decreased in FY 2007 compared to FY 2006 due to increases in stipends and health insurance costs.
- In addition to the 1,202 training positions funded in FY 2007, the Institute uses other mechanisms to train scientists, including RPGs, for which data are not available.

Predoctoral and Postdoctoral Trainees: FY 1998 – FY 2007

Trainees	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Predoctoral	418	404	453	626	513	590	660	655	652	609
Postdoctoral	541	539	560	443	559	610	600	610	607	593
Total	**959**	**943**	**1,013**	**1,069**	**1,072**	**1,200**	**1,260**	**1,265**	**1,259**	**1,202**

Includes Individual (F awards) and Institutional (T awards) Trainees.

Number of NRSA Trainees: FY 1998 – FY 2007



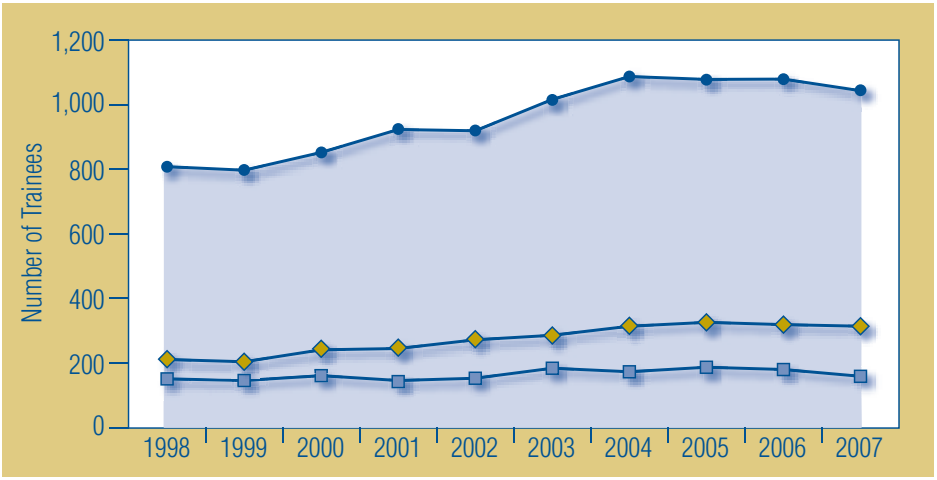
NIAID Training and Career Development Awards FY 1998 – FY 2007

Fiscal Year	T Awards (Institutional Training Awards)		K Awards (Career Awards)		F Awards (Individual Fellowship Awards)	
	Number Training Positions	Dollars (in Thousands)	Number Training Positions	Dollars (in Thousands)	Number Training Positions	Dollars (in Thousands)
1998	808	$ 23,738	211	$ 16,908	151	$ 4,350
1999	797	29,091	204	17,286	146	5,178
2000	852	32,035	241	26,863	161	5,709
2001	923	37,113	245	28,885	146	5,266
2002	919	39,474	272	32,237	153	6,162
2003	1,016	46,345	286	33,914	184	7,722
2004	1,087	50,550	314	37,521	173	7,100
2005	1,078	51,136	326	39,903	187	7,913
2006	1,079	48,128	319	39,470	180	7,998
2007	1,043	48,299	314	39,073	159	7,341

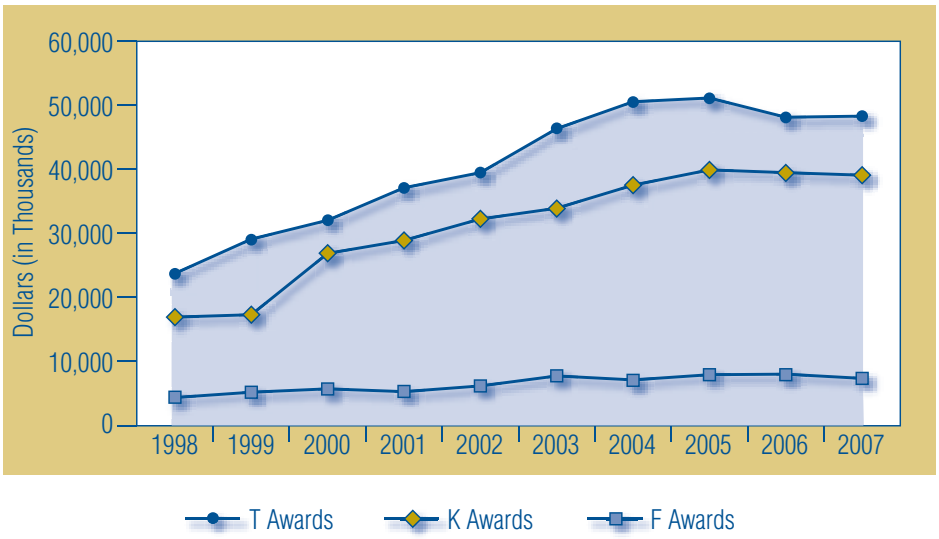
Includes F31, F32, F33, F34, K01, K02, K06, K08, K22, K24, K25, T32, T35, and T36.
There are other mechanisms used to train scientists, including RPGs, for which data are not available.

Credit: iStockphoto

Number of Trainees by Award Mechanism: FY 1998 – FY 2007



Funding by Award Mechanism: FY 1998 – FY 2007



Credit: iStockphoto

Selected NIAID Disease Funding FY 2007

More information about NIH estimated funding for various diseases, conditions, and research areas can be found at http://www.nih.gov/news/fundingresearchareas.htm.

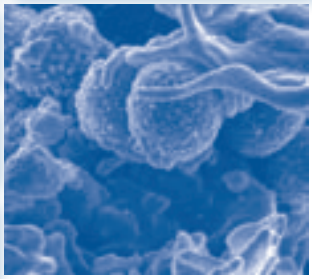
Some disease topics and dollar amounts are not mutually exclusive and may appear in multiple areas. (Funding for West Nile virus, for example, may be represented in several areas, including *Vector-borne Diseases, Tropical Medicine,* and *Infectious Diseases, excluding HIV/AIDS.*)

Selected Pathogen/Disease/Condition
(Dollars in Thousands)

- **Adenovirus** $5,753
- **Anaphylaxis** $2,899

- **Anthrax** $97,580
- **Asthma** $76,417
- **Atopic Dermatitis** $7,290
- **Chikungunya virus** $485
- **Dengue virus** $33,235
- **Diabetes** $33,731
- **Enterohemorrhagic *Escherichia coli*** $12,162
- ***Francisella*** $55,987
- ***Haemophilus influenzae* B** $1,567
- **Hantavirus** $4,842
- **Hepatitis** $57,763
- **HIV/AIDS** $1,490,089
- **Inflammatory Bowel Disease** $9,602
- **Lupus** $29,083
- **Lyme Disease** $16,281
- **Malaria** $88,892
- **Marburg virus** $12,345
- **Multiple Sclerosis** $20,074

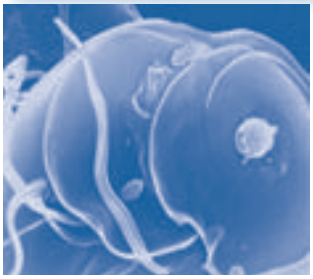
- ***Mycobacteria*** $138,748
  - ***Mycobacterium tuberculosis*** $131,129
- **Pandemic Influenza** $260,724
- **Pneumonia and Influenza** $366,791
- ***Schistosoma mansoni*** $10,150
- **Sepsis/Septicemia** $22,057
- **Smallpox** $119,244



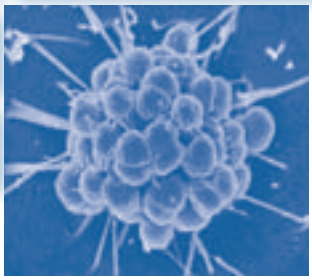
- ***Staphylococcus aureus*** $38,569
  - **Methicillin-resistant *Staphylococcus aureus* (MRSA)** $18,141
- **West Nile virus** $66,299
- **Yellow Fever virus** $4,012

General Disease/Condition (Dollars in Thousands)

- **Allergy** $52,900
- **Autoimmune Diseases** $154,381



- **Diarrheal Diseases** $158,062
- **Emerging Infectious Diseases** $1,670,814
- **Food Allergy** $8,704
- **Hemorrhagic Diseases** $114,971
- **Infectious Diseases, excluding HIV/AIDS** $2,144,038
- **Liver Diseases** $80,431
- **Parasitic Diseases** $251,014
- **Pediatric AIDS** $95,461
- **Respiratory Diseases, Infectious** $444,034
- **Sexually Transmitted Infections** $187,145
- **Tropical Medicine** $474,775
- **Vector-Borne Diseases** $399,030



Other Research (Dollars in Thousands)

- **Antimicrobial Resistance** $237,547
- **Biodefense** $1,692,595
  - **Antibiotics/Antivirals** $332,510
  - **Basic Research** $780,819
  - **Chemical Countermeasures Research** $49,542
  - **Diagnostic** $61,128
  - **Health Facilities Construction** $14,100
- **Radiological/Nuclear Research*** $46,488
- **Vaccines** $408,008

- **Food Safety** $234,192
- **Immune Tolerance** $137,762
- **Microbicides** $72,052
- **Pediatric Research** $203,301
- **Stem Cells** $58,438
- **Transplantation** $174,588
- **Vaccine Development** $1,029,599
  - **Vaccine-related (AIDS)** $484,509
  - **HPV Vaccine** $5,265

* NIAID coordinates/manages these programs on behalf of NIH.

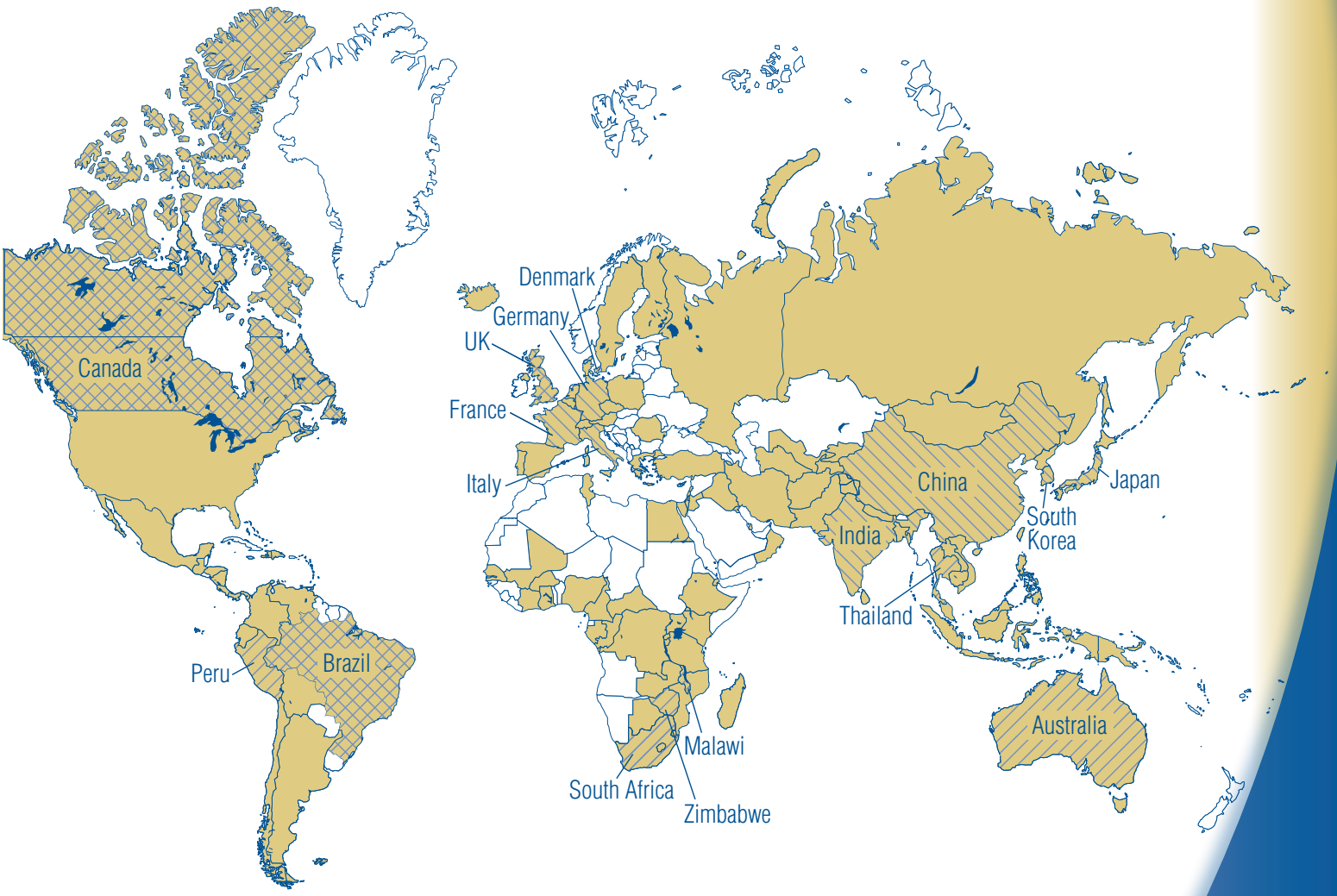
Extramural Research by State FY 2007

Approximately 81 percent of the NIAID total budget supported domestic institutions in the United States, including the District of Columbia and Puerto Rico.

State	Dollars (in Thousands)	State	Dollars (in Thousands)
Alabama	$ 87,006	Nebraska	$ 3,719
Arizona	17,581	Nevada	1,973
Arkansas	5,317	New Hampshire	11,327
California	502,148	New Jersey	29,929
Colorado	60,213	New Mexico	39,777
Connecticut	58,819	New York	266,955
Delaware	416	North Carolina	281,623
District of Columbia	27,683	North Dakota	504
Florida	32,998	Ohio	104,368
Georgia	81,442	Oklahoma	16,143
Hawaii	13,510	Oregon	31,453
Idaho	1,141	Pennsylvania	165,290
Illinois	84,011	Puerto Rico	4,362
Indiana	28,462	Rhode Island	5,737
Iowa	27,262	South Carolina	4,622
Kansas	6,434	South Dakota	680
Kentucky	8,613	Tennessee	60,405
Louisiana	15,285	Texas	132,805
Maine	1,006	Utah	15,335
Maryland	446,529	Vermont	5,740
Massachusetts	367,352	Virginia	58,181
Michigan	37,727	Washington	203,055
Minnesota	83,264	West Virginia	568
Mississippi	949	Wisconsin	53,693
Missouri	50,322	Wyoming	294
Montana	7,641		
Total: $3,551,669			

NIAID International Research Funding

- The top 10 countries receiving NIAID research funding in FY 2007 were (in alphabetical order) Australia, Brazil, Canada, Denmark, Malawi, Peru, South Africa, Thailand, United Kingdom, and Zimbabwe.
- 399 foreign scientists worked at NIAID through participation in the NIH Visiting Program. The 10 countries that had the most participation in FY 2007 were (in alphabetical order) Brazil, Canada, China (including Hong Kong), France, Germany, India, Italy, Japan, South Korea, and United Kingdom.
- NIAID supported research in more than 90 countries in FY 2007.



Current as of September 2007.

Countries with NIAID-funded activities (>90 countries)

Top 10 countries with NIAID research support

Top 10 countries with the most participation in the NIH Visiting Program

3 countries with both top NIAID research support and most participation in the NIH Visiting Program

Technology Transfer and Partnerships

Technology transfer in Federal laboratories facilitates the dissemination of new technologies and research materials developed by U.S. Government scientists. This fuels further innovation and commercialization by the extramural research and development community, ultimately resulting not only in an improved public health, but also an increase in the competitiveness of U.S. industry. Federal legislation mandates and defines the U.S. Government's technology transfer activities.

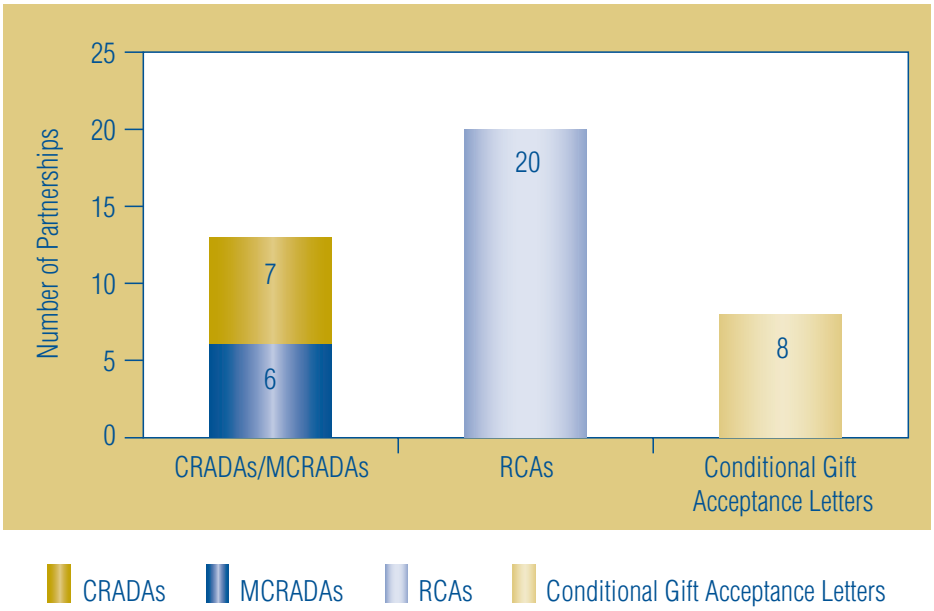
NIAID's Office of Technology Development (OTD) facilitates the transfer of significant research advances and resources to the broader scientific community and develops collaborative relationships among NIAID scientists, industry, and academia. NIAID uses various mechanisms to accomplish these ends, including, but not limited to, Cooperative Research and Development Agreements (CRADAs), Materials CRADAs (MCRADAs), Research Collaboration Agreements (RCAs), and Conditional Gift Acceptance Letters. In addition to these mechanisms, NIAID uses other approaches for collaboration and partnerships, including grants, SBIR awards, and contracts and partnerships established with and through the Foundation for the National Institutes of Health.

More information about the activities of the NIAID OTD can be found at http://www3.niaid.nih.gov/about/organization/odoffices/omo/otd.

NIAID Technology Transfer Activities: FY 1998 – FY 2007

Fiscal Year	Pending U.S. Patent Applications	Issued U.S. Patents	Licenses In Effect	Active CRADA/ MCRADA
1998	158	128	119	95
1999	162	148	145	74
2000	171	161	138	86
2001	167	174	147	93
2002	188	187	157	85
2003	207	189	153	71
2004	221	203	142	70
2005	234	207	159	76
2006	229	214	154	73
2007	244	227	148	60

New NIAID Partnerships Initiated During FY 2007



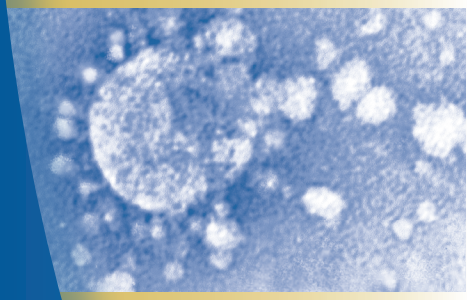
National Advisory Allergy and Infectious Diseases Council

Composed of both scientists and laypersons, the National Advisory Allergy and Infectious Diseases Council makes final recommendations on the scientific merit of NIAID-assigned applications for research grants, cooperative agreements, and research training awards. Council review is the final step in the NIH peer review process, and its recommendations are based both on scientific merit, as judged by the scientific review groups, and the relevance of the proposed study to the Institute's programs and priorities. Applications reviewed relate to all activities within the NIAID research mission, including the fields of immunology, allergic and immunologic diseases, transplantation immunology, microbiology and infectious diseases, and AIDS and AIDS-related conditions. Through its subcommittees, the Council conducts concept clearances and advises NIAID on general policy.

More information about all NIAID Committees can be found at http://www3.niaid.nih.gov/about/overview/councilcommittees.

Chair: Anthony S. Fauci, M.D., Director, NIAID

Executive Secretary: Marvin Kalt, Ph.D., Director, Division of Extramural Activities, NIAID



Credit: Centers for Disease Control and Prevention

Members:

Barbara A. Baird, Ph.D. (2009)*
Cornell University

Robert G. Brooks, M.B.A., M.D. (2010)
Florida State University College of Medicine

Stanley W. Chapman, M.D. (2007)
University of Mississippi Medical Center

Satya Dandekar, Ph.D. (2010)
University of California, Davis

Kathryn M. Edwards, M.D. (2009)
Vanderbilt University Medical School

Richard A. Insel, M.D. (2008)
Juvenile Diabetes Research Foundation International

Jay Brooks Jackson, M.D. (2007)
Johns Hopkins Medical Institutions

Sharon C. Kiely, M.D. (2010)
Allegheny General Hospital Department of Medicine

Martin G. Myers, M.D. (2008)
University of Texas Medical Branch

* Represents the end of the NIAID Council member's term.

Shelley M. Payne, Ph.D. (2008)
University of Texas, Austin

Marc E. Rothenberg, Ph.D. (2009)
University of Cincinnati College of Medicine

Ruth M. Ruprecht, M.D., Ph.D. (2007)
Dana-Farber Cancer Institute

Gary K. Schoolnik, M.D. (2008)
Stanford University Medical Center

Megan T. Sykes, M.D. (2009)
Massachusetts General Hospital

Nathan M. Thielman, M.D., M.P.H. (2007)
Duke University Medical Center

Gail W. Wertz, Ph.D. (2007)
University of Virginia

David S. Wilkes, M.D. (2010)
Indiana University School of Medicine

Ex Officio

Mitchell L. Cohen, M.D.
Centers for Disease Control and Prevention

Michael O. Leavitt
Department of Health and Human Services

Maj. Gen. Eric B. Schoomaker, M.D.
Walter Reed Medical Center

Ronald O. Valdiserri, M.P.H., M.D.
Department of Veterans Affairs

Elias A. Zerhouni, M.D.
National Institutes of Health

More information about the National Advisory Allergy and Infectious Diseases Council can be found at http://www.niaid.nih.gov/ncn/budget/default_council.htm.

Directory of Key NIAID Personnel

Office of the Director

Personnel	Bldg.	Room	Telephone	E-mail
Anthony S. Fauci, M.D. *Director*	31	7A03	301–496–2263	afauci@niaid.nih.gov
Hugh Auchincloss, M.D. *Deputy Director*	31	7A03	301–496–9677	auchinclossh@niaid.nih.gov
H. Clifford Lane, M.D. *Deputy Director for Clinical Research*	10-CRC	4-1479	301–496–7196	clane@niaid.nih.gov
John J. McGowan, Ph.D. *Deputy Director for Science Management*	31	7A18	301–594–3964	jmcgowan@mail.nih.gov
F. Gray Handley, MSPH *Associate Director for International Research Affairs*	6610	2011	301–594–6128	handleygr@niaid.nih.gov
Michael G. Kurilla, M.D. Ph.D. *Director, Office of Biodefense Research Affairs*	6610	5111	301–402–4197	mkurilla@niaid.nih.gov
Gregory K. Folkers, M.S., M.P.H. *Chief of Staff, Immediate Office of the Director*	31	7A05	301–435–8583	gfolkers@nih.gov

Divisions

Personnel	Bldg.	Room	Telephone	E-mail
Carl W. Dieffenbach, Ph.D. *Director, Division of Acquired Immunodeficiency Syndrome*	6700B	4142	301–496–0545	cdieffenba@niaid.nih.gov
Carole Heilman, Ph.D. *Director, Division of Microbiology and Infectious Diseases*	6610	6111	301–496–1884	cheilman@niaid.nih.gov
Marvin R. Kalt, Ph.D. *Director, Division of Extramural Activities*	6700B	2142	301–496–7291	kaltmr@niaid.nih.gov
H. Clifford Lane, M.D. *Director, Division of Clinical Research*	10-CRC	4-1479	301–496–7196	clane@niaid.nih.gov
Gary Nabel, M.D., Ph.D. *Director, Vaccine Research Center*	40	4502	301–496–1852	gnabel@nih.gov
Daniel Rotrosen, M.D. *Director, Division of Allergy, Immunology, & Transplantation*	6610	3111	301–496–1886	drotrosen@niaid.nih.gov
Kathryn C. Zoon, Ph.D. *Director, Division of Intramural Research*	33	2N09G	301–496–3006	kzoon@niaid.nih.gov

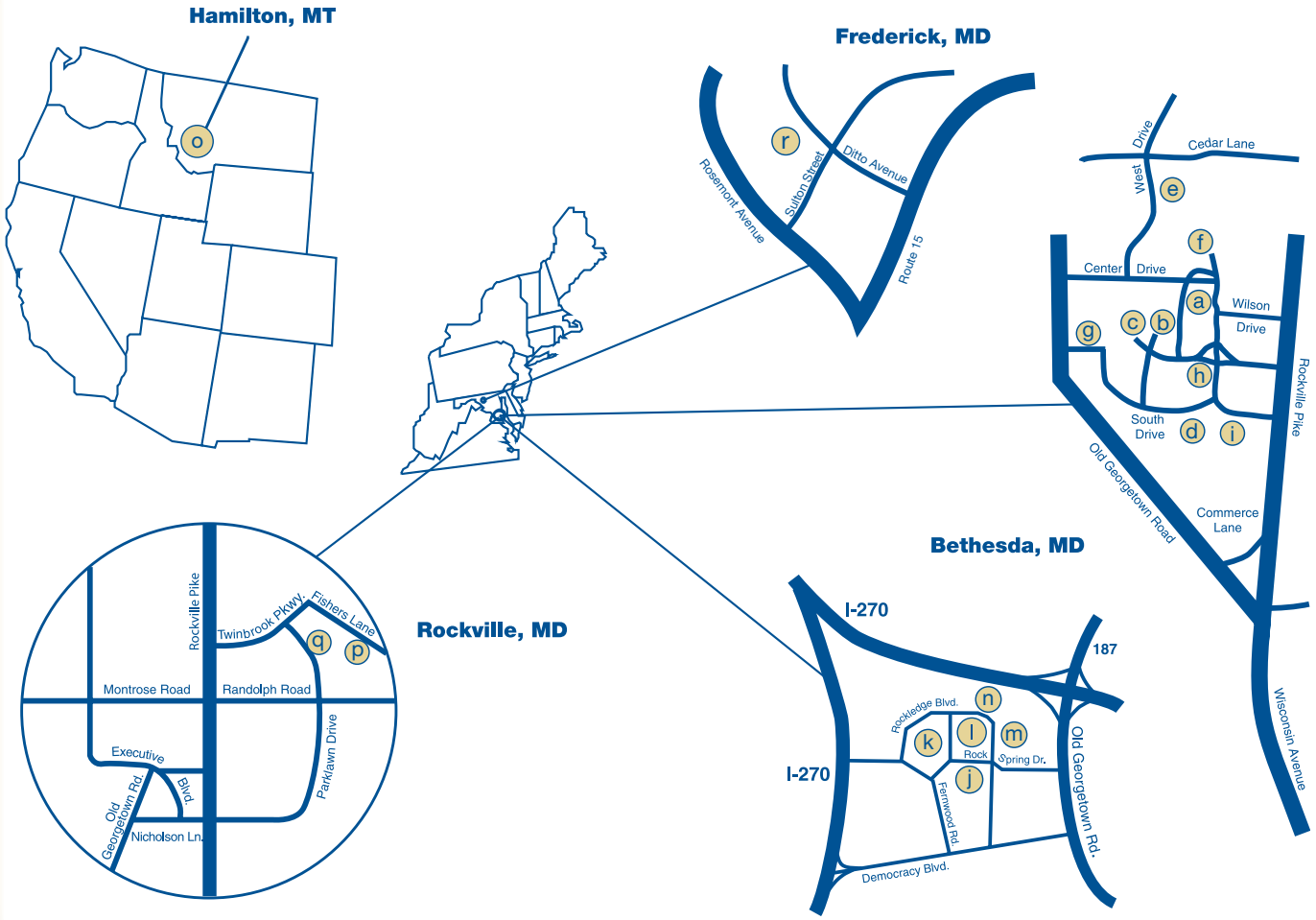
Office of Management and Operations

Personnel	Bldg.	Room	Telephone	E-mail
Arthur H. Bennett *Director, Office of Ethics*	6610	4019	301–435–6542	bennettar@niaid.nih.gov
Courtney Billet *Director, Office of Communications and Government Relations*	31	7A30	301–594–3961	billetc@niaid.nih.gov
Juli Brown *Director, Office of Workforce Effectiveness and Resources*	Fernwood	2SE63	301–451–4328	jbrown@niaid.nih.gov
Kevin Callahan, Ph.D. *Director, Office of Strategic Planning and Financial Management*	31	7A46B	301–496–6752	callahak@mail.nih.gov
Jon Mathis, M.P.A. *Director, Office of Administrative Services*	31	7A18	301–496–3656	mathisj@niaid.nih.gov
Michael R. Mowatt, Ph.D. *Director, Office of Technology Development*	6610	4035	301–496–2644	mmowatt@niaid.nih.gov
Judy Quasney, MArch *Director, Office of Research Operations*	6610	2808	301–496–6775	jquasney@niaid.nih.gov
Ernest T. Takafuji, M.D., M.P.H. *Director, Office of Biodefense Research*	6610	4091	301–451–4416	etakafuji@niaid.nih.gov
Michael Tartakovsky *CIO and Director, Office of Technology and Information Systems*	Fernwood	2NE04	301–496–8219	mtartakovs@niaid.nih.gov

Current as of March 2008.

To locate personnel not listed, please call 301–496–4000. More information about personnel listings can be found at http://www3.niaid.nih.gov/about/findingpeople.

Location of Buildings Occupied by NIAID Personnel



NIH Campus (a. through i.)
9000 Rockville Pike
Bethesda, MD 20892

- **a. Building 4**
- **b. Building 7**
- **c. Building 10**
- **d. Building 14B-S**
- **e. Building 15B-1**
- **f. Building 31**
- **g. Building 33**
- **h. Building 40/VRC**
- **i. Building 50**

j. Democracy 2
6707 Democracy Boulevard
Suite 880
Bethesda, MD 20892

k. Fernwood Building
10401 Fernwood Road
Bethesda, MD 20892

l. Rockledge Building (6700A)
6700 A Rockledge Drive
Bethesda, MD 20892

m. Rockledge Building (6700B)
6700 B Rockledge Drive
Bethesda, MD 20892

n. Rockledge Building (6610)
6610 Rockledge Drive
Bethesda, MD 20892

o. Rocky Mountain Laboratories
903 South Fourth Street
Hamilton, MT 59840

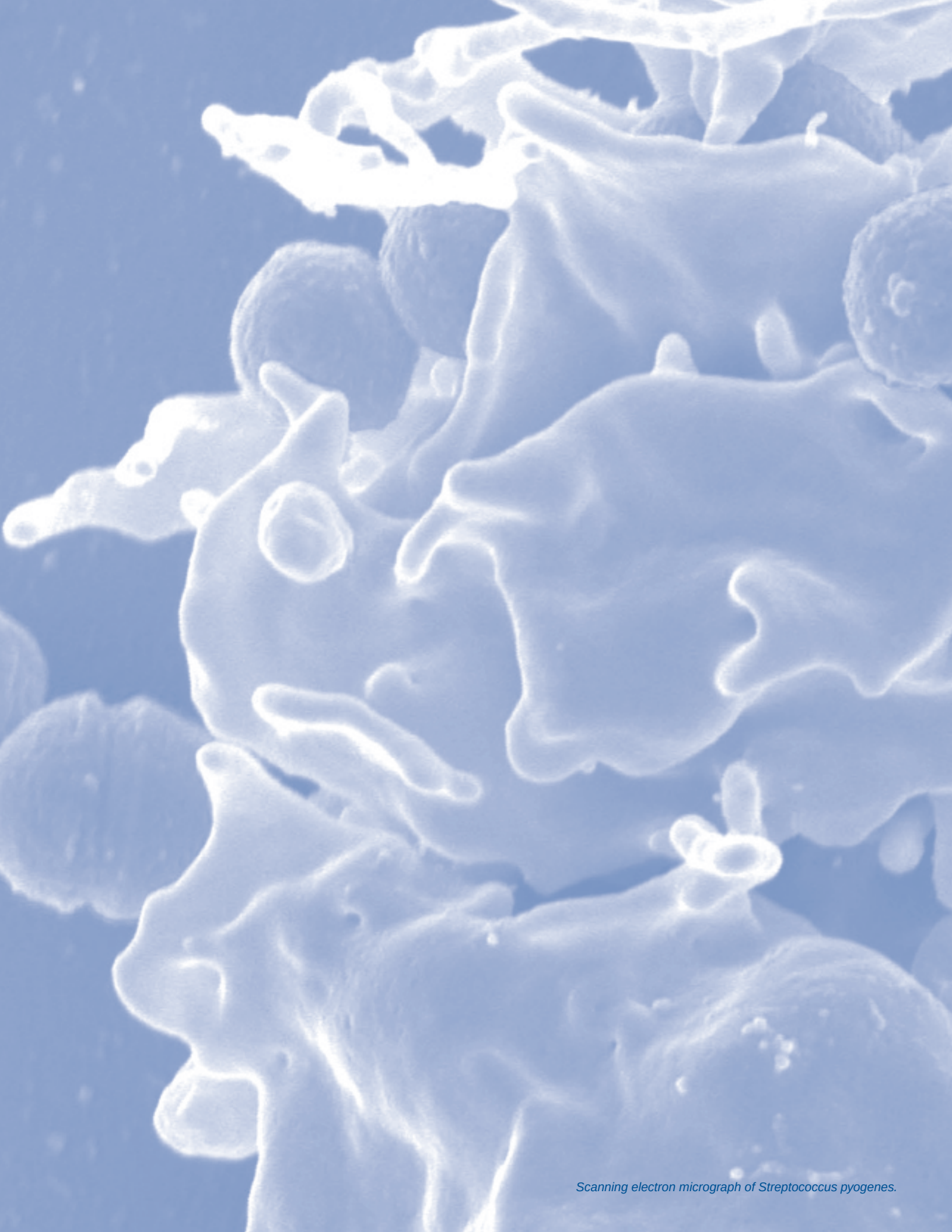
p. Twinbrook Building #1
5640 Fishers Lane
Rockville, MD 20857

q. Twinbrook Building #2
12441 Parklawn Drive
Rockville, MD 20857

r. Frederick Cancer Research and Development Center
Building 550
Ft. Detrick, MD 21702

Glossary

AIDS	Acquired Immunodeficiency Syndrome
BioD	Biodefense
CRADA	Cooperative Research and Development Agreement
F31	NRSA for Individual Predoctoral Fellowship to Promote Diversity in Health Related Research
F32	Postdoctoral Individual NRSA
F33	NRSA for Senior Fellows
F34	Minority Access to Research Careers (MARC) Faculty Predoctoral Fellowship
FY	Fiscal Year
HIV	Human Immunodeficiency Virus
IID	Infectious and Immunologic Diseases
K01	Research Scientist Development Award
K02	Independent Scientist Award
K06	Research Career Award
K08	Clinical Investigator Award
K22	Research Scholar Development Award
K24	Mid-Career Investigator Award in Patient-Oriented Research Award
K25	Mentored Quantitative Research Career Development Award
MCRADA	Materials Cooperative Research and Development Agreement
MRSA	Methicillin-resistant *Staphylococcus aureus*
NIH Roadmap	NIH Roadmap for Medical Research
NRSA	National Research Service Award
P01	Program Project Award
R01	Research Project (Traditional) Award
R03	NIH Small Grant Program
R15	Academic Research Enhancement Awards (AREA)
R21	Exploratory/Developmental Research Grant Award
R34	Clinical Trial Planning Grant
R37	Method to Extend Research in Time (MERIT) Award
UC7	NIH Challenge Grants and Partnerships Program - Phase II-Cooperative Agreement
R56	Bridge Award
RCA	Research Collaboration Agreement
RMS	Research Management and Support
RPG	Research Project Grant
SBIR/STTR	Small Business Innovation Research/Small Business Technology Transfer Research Award
T32	Institutional NRSA
T35	NRSA Short-Term Research Training
T36	MARC Ancillary Training Activities



Scanning electron micrograph of Streptococcus pyogenes.

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National Institutes of Health

National Institute of Allergy and Infectious Diseases

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