Centers for Disease Control and Prevention

Budget Request Summary Fiscal Year 2007

February 2006

CDC's Health Protection Goals

Healthy People in Every Stage of Life: All people, and especially those at greater risk of health disparities, will achieve their optimal lifespan with the best possible quality of health at every stage of life.

Healthy People in Healthy Places: The places where people live, work, learn, and play will protect and promote their health and safety, especially those at greater risk of health disparities.

People Prepared for Emerging Health Threats: People in all communities will be protected from infectious, occupational, environmental, and terrorist threats.

Healthy People in a Healthy World: People around the world will live safer, healthier, and longer lives through health promotion, health protection, and health diplomacy.

Strategic Imperatives

CDC has identified six strategic imperatives to support the effective implementation of its goals:

- **Health Impact Focus**. Align CDC's staff, strategies, goals, investments and performance to maximize our impact on people's health and safety.
- **Customer-Centricity**. Market what people want and need to make healthy choices.
- **Public Health Research**. Create and disseminate the knowledge and innovation that people need to protect their health, now and in the future.
- **Leadership**. Leverage CDC's unique capabilities, partnerships, and networks to improve the health system.
- **Global Health Impact**. Extend CDC's knowledge and tools to promote health protection around the world.
- **Accountability**. Sustain people's trust and confidence by making the most efficient and effective use of their investments in CDC.

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Message from the Director

Each year brings new public health challenges to the Centers for Disease Control and Prevention (CDC) and Agency for Toxic Substances and Disease Registry (ATSDR), many directly related to increases in global connectivity. As our world becomes increasingly mobile and interconnected, the scope and range of CDC responsibilities must expand. We have to be ever vigilant in defending ourselves and our borders against global health concerns such as infectious diseases, environmental hazards, and perhaps most alarming of all, the growing threat of bioterrorism. CDC assumes much of the responsibility in defending the public health of Americans and works diligently both at home and abroad to ensure that people everywhere have the opportunity to achieve a high quality of life during each stage of life. Likewise, CDC remains committed to transforming public health to ensure that its research, programs, and initiatives continue to protect the lives of Americans and improve the human condition around the world.

As the leader of CDC, I am pleased to present the FY 2007 President's Budget. CDC's budget request reflects a blend of preparedness and preventative activities that are necessary to protect the health and well-being of its nation's people. This budget request supports and reflects CDC's newly refocused health protection goals that are centered on our people, places, preparedness and global health.

- **People:** CDC strives for all Americans to achieve optimal health during every stage of life.
- **Places:** CDC is dedicated to creating and maintaining healthy environments wherever we work, live and play.
- **Preparedness:** CDC attempts to protect people in all communities from infectious disease and environmental, occupational, and terrorist threats.
- **Global Health**: CDC is dedicated to ensuring health promotion, protection, and diplomacy around the world.

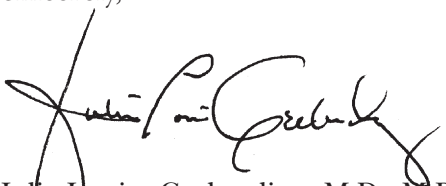
In alignment with the President's and Secretary's priorities and guidance, CDC's budget request supports the HHS FY 2005-2010 Strategic Plan and supports CDC's goals and strategic imperatives. CDC has identified six strategic imperatives to support the effective implementation of its goals:

- Health Impact Focus: Align CDC's staff, strategies, goals, investments, and performance to maximize impact on health and safety.
- Customer-Centricity: Market what people want and need to make healthy choices.
- Public Health Research: Create and disseminate the knowledge and innovations that people need to protect their health, now and in the future.
- Leadership: Leverage CDC's unique capabilities, partnerships, and networks to improve America's health system.
- Global Health Impact: Use CDC's knowledge and tools to promote health protection around the world.
- Accountability: Sustain people's trust and confidence by making the most efficient and effective use of their investment in CDC.

CDC continues to link agency-wide goals with program priorities and resources, utilizing the expertise of our experts and partners to develop consistent and effective ways to measure our achievements. This FY 2007 budget request highlights our accomplishments, conveys our vision, and reflects a strategic approach to FY 2007 that protects and enhances America's public health. Additionally, we are proud to report increased efficiencies and effectiveness in administrative areas and information technology, which allow us to dedicate even more resources to front line public health.

As diligent stewards of public trust and public funds, we always invite your comments and suggestions. Please let us know how we can serve you better in the coming year.

Sincerely,



Julie Louise Gerberding, M.D., M.P.H.
Director, Centers for Disease Control and Prevention
Administrator, Agency for Toxic Substances and Disease Registry

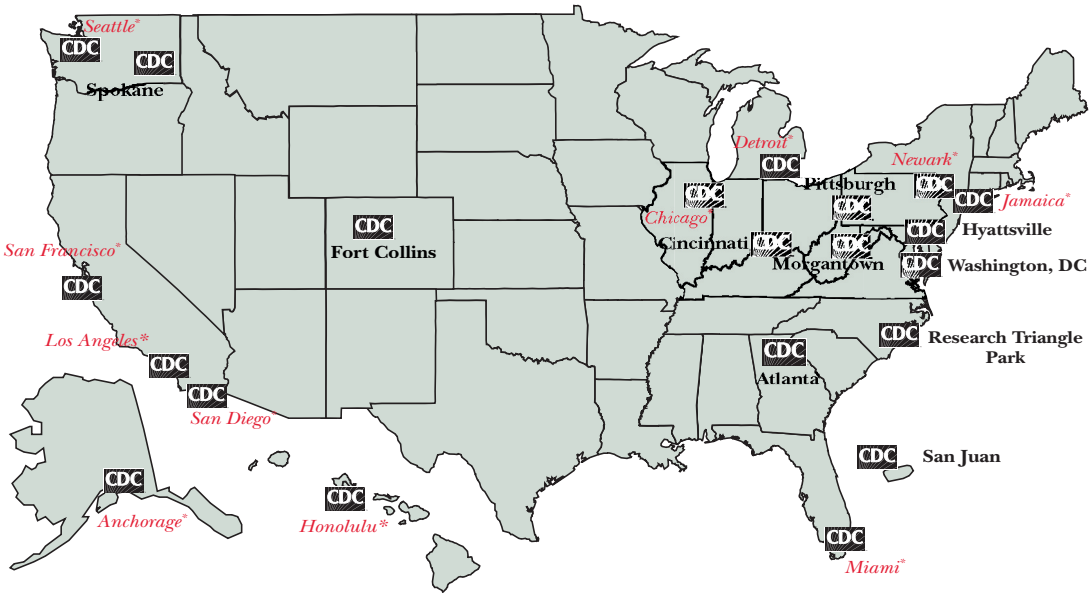
Overview of CDC/ATSDR

Every day, Americans are reminded of how closely connected we are to our global community. Diseases, environmental hazards, and terrorist threats know no borders and dramatically affect our economy, our feelings of security, and our hope for the future. The United States must focus its full expertise on preventing, controlling, and monitoring such international issues as avian influenza in Thailand, the Marburg virus in Angola, terrorist activities in Spain, and tsunamis in Southeast Asia. This is the only way to both protect our borders and help those abroad effectively manage the crises they are facing in their own countries.

CDC's Mission: *To promote health and quality of life by preventing and controlling disease, injury, and disability.*

Infectious diseases, environmental toxins, and terrorist threats, are worldwide concerns, but chronic diseases such as diabetes, obesity, cancer, asthma, and cardiovascular disease are also having an increasing impact on Americans and people worldwide. Injury prevention, occupational safety, and prevention of birth defects and developmental disabilities, are also key areas of focus in public health research, impacting the health and quality of life of millions of people every day.

CDC and ATSDR are two of the 13 major operating components of the Department of Health and Human Services (HHS). Since its inception in 1946, when CDC was charged with controlling malaria in the United States, it has risen to the forefront in public health efforts to prevent and control infectious and chronic diseases, injuries,



*These CDC facilities (names in red) are quarantine stations located at some of the major international airports in the United States. CDC staff at these locations make and enforce regulations necessary to prevent the introduction, transmission, or spread of communicable diseases from foreign countries into the United States. Other smaller CDC facilities and quarantine stations are located in New Mexico, Tennessee, and Connecticut. There is also a quarantine station located at Hartsfield International Airport in Atlanta, the city where CDC is headquartered.

workplace hazards, disabilities, and environmental health threats. Today, CDC is globally recognized for its research, investigations, and action-oriented approach. CDC applies its research and findings toward both improving people's daily lives and responding to health emergencies, something that distinguishes CDC from its peer agencies.

CDC works in the United States and abroad to ensure people have the opportunity and ability to achieve the highest possible quality of life at every stage of life, throughout their whole lives. In support of the Secretary's 500-Day Plan for HHS, CDC is committed to ensuring that its programs continue to improve the human condition around the world, secure the homeland, and protect the lives of Americans.

The 21st century has presented a number of public health challenges to the world, including terrorist attacks, outbreaks of emerging diseases such as SARS, avian influenza, and West Nile Virus, and an alarming and growing obesity epidemic. CDC's budget and organizational components are designed to ensure that agency operations match the public health needs of today's society, both in the United States and throughout the global community.

Organization

CDC's organizational structure includes critical components that coordinate the excellent science, service, and programs that fight today's public health battles. The agency's coordination of its centers and institutes increases its ability to improve the health of the American people. CDC includes the following major coordination components:

- **Coordinating Center for Infectious Diseases** is responsible for infectious diseases control, HIV/AIDS, STD, and TB prevention, and immunizations in the United States and around the world.

- **Coordinating Center for Environmental Health and Injury Prevention** deals with preventing and controlling disease and death resulting from the interactions between people and the environment. It is also charged with preventing death and disability from non-occupational injuries, including those that are unintentional or resulting from violence. This coordinating component includes ATSDR.

- **Coordinating Center for Health Promotion** is responsible for CDC's Chronic Disease Prevention, Health Promotion, and Genomics programs as well as its Birth Defects, Developmental Disabilities, and Disability and Health activities. The Center provides national leadership in many crucial public health areas, including efforts to prevent birth defects and developmental disabilities, improve the health and wellness of people with disabilities, prevent premature death and disability from chronic diseases, and promote healthy personal behaviors. It also provides leadership in fostering understanding of human genomic discoveries and how they can be used to improve health and prevent disease.

- **Coordinating Center for Health Information and Service** is responsible for CDC's Health Statistics activities as well as the Health Marketing and Public Health Informatics centers. It provides pertinent statistical information and information technology. It also provides national leadership in health marketing science and its application to public health.

- **National Institute for Occupational Safety and Health (NIOSH)** is charged with ensuring the health and safety of people in the workplace through research and prevention.

- **Coordinating Office of Global Health** provides national leadership and support for CDC's global health activities. This office collaborates with CDC's global health partners.

- **Coordinating Office of Terrorism Preparedness and Emergency Response** coordinates, directs, and manages CDC's terrorism preparedness activities. It also funds state and local bioterrorism preparedness cooperative agreements.

The Office of the Director

This office manages CDC programs and directs fiscal, strategic, and legislative matters. It is also the home of CDC's goals management process through which goals and objectives for disease and injury prevention and control are developed and evaluated. These goals and measures drive future funding and program direction. The Office of the Director also includes the Office of Workforce and Career Development, an entity that is responsible for the professional development of CDC employees and the public health workforce.

ATSDR

ATSDR's mission is to serve the public by using the best science, taking responsive public health actions, and providing trusted health information to prevent harmful exposures and disease related exposures to toxic substances.

Since the discovery of contamination around New York's Love Canal first brought the problem of hazardous waste to national attention in the 1970s, thousands of hazardous sites have been identified around the country. The U.S. Environmental Protection Agency (EPA) has targeted more than 1,200 National Priorities List sites for cleanup. ATSDR is the lead federal public health agency responsible for determining the health effects of toxic exposure, preventing future exposure, and mitigating associated human health risks.

Formally organized in 1985, ATSDR was created by the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (CERCLA), commonly known as the Superfund Law. This Superfund program is responsible for finding and cleaning up the most dangerous hazardous waste sites in the country. ATSDR's role is to respond to the part of the Superfund law that applies to human health, including health research, exposure investigations, and education.

Although CDC and ATSDR have independent visions and mission statements, both strive to protect and improve America's public health. The Director of CDC also serves as the Administrator of ATSDR.

Workforce

CDC's ever-expanding public health responsibilities have resulted in a significant expansion of its workforce. From FY 1996 to the present, the number of its employees has grown from 6,406 to 9,132, an increase of 43 percent. Its workforce comprises over 170 job series, with an emphasis on scientific and medical occupations. Approximately two-thirds of CDC employees work in the Atlanta headquarters, but the agency also has a major presence (more than 50 employees) in Cincinnati, O.H.; Morgantown, W.V.; Hyattsville, M.D.; Pittsburgh, P.A.; Washington, D.C.; Spokane, W.A.; Durham, N.C.; and, Fort Collins, C.O. CDC will have up to 200 employees working overseas within the next year.

This talented, well-trained, workforce is CDC's most crucial resource and represents a cultural and ethnic cross-section of America's diverse society.

CDC and ATSDR are well-positioned to meet the health goals of our nation as set forth by HHS in Healthy People 2010 and to respond to disease outbreaks, health crises, and disasters worldwide.

Discussion of CDC Goals and Strategic Imperatives

CDC has strategically refocused its efforts, as reflected in its set of Health Protection Goals, to accelerate health impact, reduce health disparities, and protect people from current and imminent health threats. These goals are organized in four thematic areas – **People** (to achieve optimal health during every life stage), **Places** (to create and maintain healthy environments), **Preparedness** (to protect people in all communities from infectious, environmental, occupational and terrorist threats), and **Global Health** (to ensure health promotion, health protection, and health diplomacy).

People – CDC customizes its science and programs by focusing on areas where it can accelerate health impact by focusing on American's health promotion needs at each stage of life. Recognizing that many health problems of adulthood can be prevented by mitigating risk factors early in life, the life stage goals take an early and lifelong approach to prevention. By using the unique routes through which people at various stages of life effectively receive health information, CDC can improve its ability to develop targeted preventive health solutions.

Places – CDC is also examining its potential for accelerating its impact by improving the quality and safety of the places where Americans live, work, learn, and play. By bringing CDC science and programs to these environments, we can ensure that we are doing everything possible to improve the lives and health of all Americans.

Preparedness – CDC has shifted its strategic focus from building infrastructure to improving emergency response time. Our goals measure the speed in which we prevent, detect, investigate, and control public health emergencies resulting from natural disasters, terrorism, infectious diseases, and occupational and environmental threats. CDC will use scenario analysis to identify key factors in improving response time. The first round of scenarios will include influenza, anthrax, plague, emerging infections, toxic chemical exposure, and radiation exposure.

Global Health – The pace of emerging global health issues is rapidly accelerating with increasing international travel and the growing connections between national economies. Recognizing the growing health, economic, and political consequences of global health threats, CDC is working with American and international partners to increase the scale and effectiveness of its efforts to protect Americans at home and abroad and to promote health globally.

Working Strategically to Accelerate Health Impact

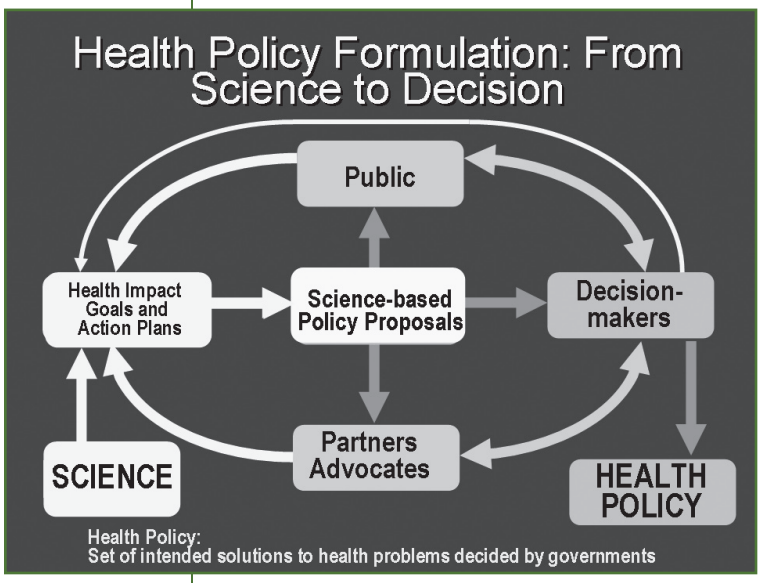
The reorganization of CDC has produced a more integrated, adaptable, and responsive agency. In FY 2005, CDC put systems and processes in place to align its programs, science, budget, and procurement with its goals.

Goal teams, led by CDC senior staff, will bring together experts from inside and outside the agency to draft Goal Action Plans. These plans will include a prioritized set of objectives, all roles and responsibilities of organizational units across the agency, and the recommended alignment of resources needed to accomplish these objectives. A set of performance indicators will be developed to monitor progress. Goal Action Plans will integrate activities across CDC and identify the opportunities for partner involvement and additional resources to accomplish the objectives.

Goal teams will seek input and review from CDC's Division and National Center leaders, HHS, CDC's Advisory Committees and partners, and the general public before any final action plans are approved. As always, CDC's Program Divisions and National Centers will be responsible for planning activities and projects, overseeing quality, managing them, and measuring results.

The goals action planning and implementation cycle will align with the federal budget cycle, and CDC will continue to be guided by Congressional intent to be sure that categorical disease dollars target the appropriate activities.

Over time, these strategically developed Health Protection Goals will allow CDC to objectively measure the impact of its health protection activities and accurately inform the public, administration, Congress, partners, and stakeholders about the state of the public's health.



The diagram to the left illustrates the process:

From a foundation in science, CDC will identify public health problems and the best methods to address them, then seek input from the public and its many partners. The dynamic process of developing and implementing public health strategies must factor in a range of different and relevant perspectives.

CDC's Health Protection Goals

Healthy People in Every Stage of Life

All people, and especially those at greater risks of health disparities, will achieve their optimal lifespan with the best possible quality of health in every stage of life.

- **Start Strong:** Increase the number of infants and toddlers, ages 0-3, that have a strong start in leading healthy and safe lives; e.g. reduce infant mortality and increase immunization rates.

- **Grow Safe and Strong:** Increase the number of children, ages 4-11, that grow up healthy, safe and ready to learn; e.g., increase physical activity rates and improve nutrition.

- **Achieve Healthy Independence:** Increase the number of adolescents, ages 12-19, that are preparing to become healthy, safe, independent, and productive members of society; e.g., increase the percentage who don't start smoking, raise the number of states that have graduated license laws, and increase seat belt use.

- **Live a Healthy, Productive, and Satisfying Life:** Increase the number of adults, ages 20-49, that can participate fully in life activities and enter their later years in optimum health; e.g., increase screenings for breast and cervical cancer, colon cancer, and high blood pressure.

- **Live Better Longer:** Increase the number of older adults, ages 50 and over, who live longer, high-quality, productive, and independent lives. Increase vaccination rates for influenza and pneumococcal infections, encourage vision screenings to prevent falls, and improve levels of physical activity.

Healthy People in Healthy Places

The places where people live, work, learn, and play will protect and promote their health and safety, especially those at greater risk of health disparities**.**

- **Healthy Communities:** Increase the number of communities that promote health and safety for all members; e.g., ensure access to safe food, safe water, and built-in sidewalks.

- **Healthy Homes:** Promote safe and healthy home environments; e.g., encourage homes that are safe from falls, have smoke detectors, and are radon-free.

- **Healthy Schools:** Increase the number of schools that protect and promote the healthy development and safety of students and staff; e.g., promote healthy food vending and physical activity programs.

- **Healthy Workplaces:** Prevent workplace related fatalities, illnesses, injuries, and personal health risks; e.g., keep work environments smoke free and promote physical education programs.

- **Healthy Healthcare Settings:** Increase the number of healthcare settings that provide safe, effective, and satisfying patient care; e.g., reduce healthcare associated infections and the adverse effects of biologic products.

- **Healthy Institutions:** Increase the number of institutions that provide safe, healthy, and equitable environments for their residents, clients, or inmates.

- **Healthy Travel and Recreation:** Ensure that travel and recreational environments promote health and safety; e.g., increase seat belt use and develop safe playgrounds.

People Prepared for Emerging Health Threats

People in all communities will be protected from infectious, occupational, environmental, and terrorist threats.

Pre-event:

- Increase the use and development of interventions.

- Decrease the time needed to classify health events.

- Decrease the time needed to detect and report chemical, biological, and radiological agents.

Event:

- Decrease the time needed to identify causes, risk factors, and appropriate interventions.

- Decrease the time needed to provide countermeasures and health guidance.

Post-event:

- Decrease the time needed to restore health services and environmental safety to pre-event levels.

- Improve long-term follow-up provided to those affected by threats.

- Decrease the time needed to implement recommendations from after-action reports.

Healthy People in a Healthy World

People around the world will live safer, healthier, and longer lives through health promotion, health protection, and health diplomacy**.**

- **Health Promotion:** Global health will improve through sharing knowledge, tools, and other resources with people and partners around the world; e.g., emergency response assistance in disease outbreaks like the Marburg virus in 2004 and in natural disasters like tsunami relief efforts.

- **Health Protection:** Americans at home and abroad will be protected from health threats through a transnational prevention, detection, and response network; e.g., CDC's Global Disease Detection program which, in collaboration with the World Health Organization and other global groups, monitors disease outbreaks around the world.

- **Health Diplomacy:** CDC and the United States Government will be trusted, effective resources for health development and protection around the globe; e.g., collaboration on pandemic influenza planning with World Health Organization and health officials from other governments.

CDC's Six Strategic Imperatives

CDC has identified six strategic imperatives that will support the effective implementation of its goals:

- **Health Impact Focus**: Align CDC's staff, strategies, goals, investments, and performance to maximize impact on health and safety.

- **Customer-Centricity**: Market what people want and need to make healthy choices.

- **Public Health Research**: Create and disseminate the knowledge and innovations that people need to protect their health, now and in the future.

- **Leadership**: Leverage CDC's unique capabilities, partnerships, and networks to improve the health system.

- **Global Health Impact**: Extend CDC's knowledge and tools to promote health protection around the world.

- **Accountability**: Sustain people's trust and confidence by making the most efficient and effective use of their investments in CDC.

Overview of Performance

People

ACHIEVE OPTIMAL HEALTH DURING EVERY LIFE STAGE

Improving Diagnoses for Breast and Cervical Cancer

Through its National Breast and Cervical Cancer Early Detection Program, CDC has provided more than six million screening tests to over three million women since its inception in 1991. The program has diagnosed 22,878 breast cancers, 76,921 precancerous cervical lesions, and over 1,500 cases of invasive cervical cancer.

Using Data Collection to Inform Public Health Interventions

Data collection at CDC has often effectively guided national policy on public health issues. CDC recently tackled the issue of folic acid fortification in preventing neural tube defects. CDC data helped define the problem, set policy to address it, and is now monitoring the impact of that policy. Subsequent data on neural tube defects (spina bifida and anencephaly) shows declines in the rates of both.

Declining Rates of Syphilis

Significant progress in conquering the syphilis epidemic in the United States has been made as a result of CDC's National Plan to Eliminate Syphilis, launched in 1999. Between 1999 and 2004, primary and secondary syphilis rates among black Americans have decreased 37 percent (from 14.3 to 9.0 cases per 100,000) while rates among all women have decreased 55 percent (from 2.0 to 0.9 cases per 100,000). Rates of congenital syphilis have declined 39 percent; overall, there has been a 92 percent decrease in cases of congenital syphilis since 1991.

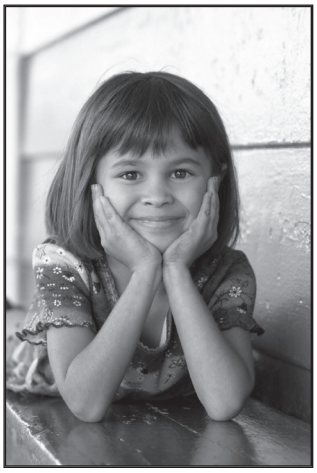
Evaluating the Cost Effectiveness of Immunizations

An evaluation of the impact of seven vaccines routinely given as part of the childhood immunization schedule found that these vaccines are tremendously cost effective. Routine childhood vaccination with these vaccines (DTaP, Td, Hib, polio, MMR, hepatitis B, and varicella) prevented over 14 million cases of disease and over 33,500 deaths over the lifetime of children born in any given year. This resulted in annual savings of $10 billion in direct medical costs and over $40 billion in indirect societal costs. This study, published in the *Archive of Pediatrics and Adolescent Medicine,* is the first time the seven vaccine series have been examined using a common methodology.

Reducing Cases of Perinatal AIDS in the United States

The number of perinatal AIDS cases in the United States continues to decline, decreasing from an estimated 912 in 1992, to 48 in 2004. One of the four key strategies of CDC's initiative, "Advancing HIV Prevention (AHP): New Strategies for a Changing Epidemic," announced in April 2003, is to further decrease perinatal HIV transmission. CDC focuses its prevention efforts in the states, cities, and jurisdictions that have the highest number of cases. CDC published the results of its Mother Infant Rapid Intervention at Delivery (MIRIAD) study in the *Journal of the American Medical Association* (JAMA). The research showed that rapid HIV testing of women in labor with undocumented HIV status is feasible and can deliver accurate and timely results. It provides HIV-positive women with prompt access to antiretroviral prophylaxis, proven to reduce perinatal HIV transmission. CDC is revising its HIV screening guidelines for pregnant women to recommend that rapid testing during labor and delivery should be performed using the opt-out approach for women with undocumented HIV status at the time of labor.

Identifying Developmental Delays



Approximately 19 percent of U.S. children suffer a developmental or behavioral disability. Fortunately, early recognition and treatment can significantly improve the chances of a child's healthy development. CDC launched the Learn the Signs/ Act Early Campaign in 2004-2005 to identify children at risk. The campaign teaches parents to monitor children's social and emotional milestones, and it asks health care professionals to document developmental achievements, encourage dialogue with parents, and to act promptly when a developmental delay is suspected. As of August, 2005, the campaign reached nearly three million health care providers and 26 million people through television and radio public service announcements. It also distributed 25,000 resource kits and created a Web site that was accessed by more than 120,000 visitors.

Screening for Cystic Fibrosis

Cystic fibrosis is the second most common pediatric, genetic disorder in the U.S. Each year, approximately 1,000 individuals are diagnosed with cystic fibrosis. From 1984 to the present, the National Institutes of Health (NIH) has funded a clinical trial that assesses newborn cystic fibrosis screenings in Wisconsin. Based on the results of this study, CDC developed a new newborn screening for cystic fibrosis in FY 2005. In the nine months following the report, an additional seven states have added cystic fibrosis screenings to their newborn screening panels, for a total of 16 states. The benefits of newborn screening for cystic fibrosis include: earlier diagnosis and treatment; reduction in growth retardation; and, reduction in chronic malnutrition and cognitive impairment.

Eliminating Rubella

In March 2005, CDC announced a major public health milestone, the elimination of the rubella virus in the U.S. Rubella once affected tens of thousands of infants, but is now a rare threat, thanks to decades of vaccinations. This remarkable achievement is a tribute to having a safe, effective vaccine and a successful immunization program. CDC's decades of experience with Rubella vaccinations will directly impact the control of rubella globally.

Places

CREATE AND MAINTAIN HEALTHY ENVIRONMENTS

Preventing Residential Fire Deaths

A survey of homes participating in CDC-funded smoke alarm installation and fire safety education programs found that 1,053 lives had been saved. Program staff canvassed over 380,000 homes and installed almost 270,000 long-lasting or lithium-battery powered smoke alarms in high-risk homes, targeting households with children younger than five and adults older than 65. Fire safety messages have reached millions of people as a result of these programs.

Ensuring the Safety of Respirators for Emergency Responders

CDC conducts a respirator certification program to ensure that respiratory protective equipment conforms to regulatory standards; it issued 376 approvals in 2005. This equipment includes 36 self-contained breathing apparatuses (SCBA), five air-purifying respirators, and 32 air purifying escape respirators. Equipment is used by emergency responders against chemical, biological, radiological, or nuclear (CBRN) agents. To enable responders to obtain CBRN protection without purchasing new equipment, CDC initiated a CBRN SCBA retrofit certification program. Over 30 retrofit kits have been approved for use in upgrading existing SCBA to current performance standards. In addition, CDC has implemented a CBRN temperature and vibration facility to improve the timing and decrease the expense of CBRN testing.

Responding to Local Public Health Threats

In FY 2005, Epidemic Intelligence Service (EIS) officers responded to 66 health outbreaks in multiple locations, 54 in the United States and eight in other countries. In the first three months of FY 2006, EIS officers have already conducted 27 responses. In addition, field EIS officers assigned to state or local health departments conducted another 273 field investigations in FY 2005, and another 94 in the first 3 months of FY 2006. Requests for assistance were primarily for infectious disease problems, but they also addressed environmental health, injuries, maternal and child health, and other problems.

Eating Better in Mississippi Schools

To reduce childhood obesity, CDC is helping public schools create wellness policies for the start of the 2006 academic year. This federally mandated effort engages schools, parents, students, and communities in developing school-based activities, such as physical exercise and nutrition education, to promote student wellness and reduce obesity.

In FY 2005, CDC funded several innovative pilot programs to help identify effective approaches. One program is distributing free fruits and vegetables daily in 25 Mississippi schools and providing information on the benefits of eating them. While the U.S. Department of Agriculture expands this program to eight states this year, CDC will evaluate the Mississippi initiative to determine how children's attitudes toward fruits and vegetables have changed.

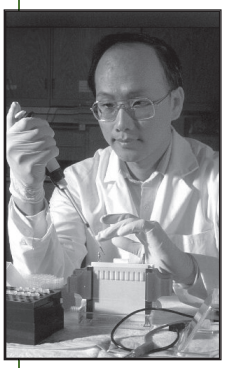
Sharing CDC Technology Improves Mold Detection

As residents from the Gulf States returned to their hurricane-damaged homes, they were greeted by an infestation of mold that turned former living spaces into wall-to-wall health hazards. Indeed, allergic and toxic reactions associated with mold exposure were one of the biggest health challenges posed by Hurricane Katrina. In 2003, CDC and EnviroLogix, a Maine-based biotechnology company, developed a commercially available mold test kit that can detect spores of *S. chartarum*. The test, which is performed on-site and yields immediate results, was a critical tool for monitoring mold in Gulf Coast homes in 2005.

Preparedness

PROTECING PEOPLE IN ALL COMMUNITIES FROM INFECTIOUS, ENVIRONMENTAL, OCCUPATIONAL, AND TERRORIST THREATS

Enhancing the Laboratory Response Network (LRN)



CDC has increased the number of LRN labs to 152, up from 91 in 2001. These labs are now located in all 50 states and several installations abroad. Ninety-six percent of LRN labs can confirm the presence of B. anthracis (anthrax); 94 percent can confirm F. tularensis (tularemia); and, 63 percent can perform presumptive screening for smallpox. The LRN has increased the expertise and capacity of each lab and gives every lab in the network access to critical testing procedures. CDC has trained more than 8,800 clinical laboratory workers to detect, diagnose, and report public health emergencies.

Rapidly Identifying Botulinum

CDC's Environmental Health Laboratory has developed a mass spectrometry method to detect botulinum toxin and its seven subtypes in both people and the nation's milk supply. Botulinum A, B, and F can now be measured in approximately 15 seconds, which means a total of 80 samples can be completed per day with the first result

available in three to four hours. This new method also reliably detects all seven subtypes, can find even small amounts of the toxin, and it is a confirmatory test rather than a screening test. Overall, these breakthrough advances will improve early detection and help ensure both prompt treatment and the prevention of additional exposure.

Accessing Immunization Records for Children Displaced by Hurricane Katrina

Despite the devastation caused by Hurricane Katrina, the Immunization Information Systems (IIS) in Louisiana, Alabama, and Mississippi remained operational and able to provide immunization histories for displaced children. IIS is a confidential immunization registry that records, stores, and provides fast access to children's immunization records. Because of the IIS, schools and health agencies outside of the three Hurricane Katrina-impacted states were able to access records of children displaced by the hurricane, thereby eliminating the need for costly re-vaccinations. In Louisiana alone, CDC estimated that, as of early October 2005, more than 20,000 queries were made to the Louisiana Immunization Network for Kids Statewide (LINKS) requesting vaccination histories for child evacuees.

Getting the Word out for a Safe Return Home

Within the first 15 days after Hurricane Katrina hit, CDC posted nearly 200 pertinent documents on the Internet, including public health guidance on environmental health issues and an initial habitability assessment of New Orleans. CDC guidance on infection control helped prevent the spread of disease in shelters and its guidance on worker safety, given to the first responders and volunteers, dealt with the unique conditions of the environmental catastrophe. With power outages cutting off electronic technology, CDC prepared key materials in innovative formats such as door hangers, posters, flyers, and satellite video announcements in evacuation shelters. CDC also developed a new line of communication, the Katrina Information Network, later called the Emergency Response Information Network.

Global Health

ENSURE HEALTH PROMOTION, HEALTH PROTECTION, AND HEALTH DIPLOMACY

Preparing for Avian Influenza

Beginning in late June 2004, new outbreaks of the lethal avian influenza A (H5N1) infection in poultry were reported in six Asian countries: Cambodia, China, Indonesia, Malaysia, Thailand, and Vietnam. Since May 2005, outbreaks of H5N1 disease have been reported among poultry in Russia, China, Kazakhstan, Turkey, Romania, and the Ukraine. During that time, China, Croatia, Mongolia, and Romania also have reported outbreaks of H5N1 in wild, migratory birds. CDC has collaborated with the Association of Public Health Laboratories to conduct training workshops for state laboratories on the use of molecular techniques to rapidly identify H5 influenza viruses. CDC has also developed and distributed a reagent kit

for the detection of the currently circulating influenza A H5 viruses. In addition, CDC is working with other agencies, such as the Department of Defense and the Department of Veterans Affairs, on antiviral stockpile issues. CDC is one of four WHO Collaborating Centers and in this capacity, provides ongoing support for the global WHO surveillance network, laboratory testing, training, and other actions.

Improving Global Disease Detection (GDD) Efforts Worldwide

The GDD program works with international partners to protect Americans from infectious threats. This is accomplished by ensuring rapid and accurate detection, diagnosis, and verification of global emerging infectious diseases and bioterrorist threats, as well as the control of infectious disease at their origin to prevent international spread. The initial focus of the GDD program has strengthened the global influenza surveillance network and enhanced communications and laboratory capabilities in strategic countries such as Thailand, Kenya, and Guatemala. In addition, robust GDD response centers have already been established in Kenya and Thailand.

Engaging in Post-Tsunami Disaster Response in Indonesia and Thailand

Personnel at CDC mobilized as part of the worldwide recovery effort to ease suffering caused by the Indian Ocean earthquake and subsequent Tsunami. Additionally, while in Thailand, CDC collaborated with the Ministry of Public Health and the Department of Psychiatry to conduct mental health surveys among Tsunami survivors. The results of the survey were used to guide mental health relief programs.

Working with the Hardest Hit Countries to Address HIV/AIDS and Reduce HIV Infections Among Infants

CDC provided counseling and testing to approximately 300,000 individuals through its Global AIDS Program in FY 2004. Preventing Mother-and-Child HIV Transmission (PMTCT) services also counseled and tested 550,000 pregnant women residing in ten countries in FY 2004. In total, 125,000 HIV-positive women received short-course antiretroviral prophylaxis in PMTCT settings, resulting in aversion of an estimated 24,000 infant infections.

In 2005, CDC has continued to play a vital role in implementing the President's Emergency Plan for AIDS Relief in 15 of the hardest hit countries in Africa, Asia, Latin America, and the Caribbean. With its USG partners, CDC supported antiretroviral treatment (ART) for over 400,000 patients and provided PMTCT services for almost two million pregnant women in the 15 focus countries in FY 2005. Approximately 125,000 HIV-positive women received short-course antiretroviral (ARV) prophylaxis in PMTCT settings, which resulted in an estimated 23,000 infant infections being averted.

Overview of Budget Request

The FY 2007 President's Budget supports the Administration's highest priorities and CDC's strategic imperatives by reflecting a request that reflects responsible, targeted growth in a time of national budgetary constraints. It focuses fully on fulfilling the mission of CDC and its health protection of this nation.

Overall, CDC's FY 2007 President's Budget reflects a total proposed law funding level of $8.2 billion, a decrease of $178.6 million below the FY 2006 enacted level of $8.4 billion. This includes $367.1 million in reductions to CDC's direct budget authority, an increased funding of $188.5 million for the Vaccines for Children (VFC) program, and an increase of $0.1 million for ATSDR. Funding involves a variety of changes from the FY 2006 enacted level, such as program reductions and increases, program eliminations, and administrative savings.

Pandemic Influenza Preparedness

The most significant priority reflected in the FY 2007 President's Budget for CDC is to continue preparing the nation to prevent, detect, and respond to a potential influenza pandemic. As a part of the National Strategy for Pandemic Influenza Preparedness and Response, CDC will invest new resources in several specific areas. In addition to ongoing annual and pandemic influenza planning activities, an investment of $188 million in FY 2007 will be made as follows:

- **Develop an Ongoing Repository of Pandemic Virus Reference Strains for Manufacturing (+$19.8 million):** An increased investment in FY 2007 will allow CDC to increase laboratory and analytical capabilities for genetic and antigenic analysis of influenza viruses.

- **Increase Stock of Diagnostic Reagents for Influenza (+$14.9 million):** With increased resources in FY 2007, CDC will provide for the acquisition, storage, shipping, and support of a newly acquired inventory of reagents either internally or through a commercial vendor. CDC will collaborate with the manufacturer to work toward more stringent quality assurance and control by instituting control protocols that ensure reagents are used properly. Finally, CDC will provide incentives for the manufacturer to make reagents available when needed.

- **Fund States to Increase Demand for Influenza Vaccine (+$19.8 million):** With additional funding, CDC will increase the demand for annual influenza vaccine, particularly to accommodate high-risk populations, thereby stimulating vaccine manufacturers to produce additional vaccine and increasing the nation's preparedness for a pandemic. CDC will also assist state and local health departments with the integration of existing information systems to increase interoperability between them and adult immunization provider-based systems. This will improve coverage assessment and inventory management.

- **Develop Vaccine Registry to Monitor Vaccine Use (Safety/Efficacy) and Distribution (+$29.7 million):** In FY 2007, CDC will develop and deploy a national system to track and manage the distribution of influenza vaccine and other countermeasures through government purchase, stockpile, or commercial purchase, from the point of manufacture through delivery. CDC will also integrate such information with adverse event monitoring and surveillance tracking.

- **Real Time Assessment and Evaluation of Interventions (+$9.9 million):** With increased funding in FY 2007, CDC will improve decision makers' understanding of the current disease burden. It will develop predictions and integrate key surveillance data by enhancing system capabilities through: 1) collecting and collating all suitable influenza-related surveillance data from various databases and systems to develop a population-based analysis of disease impact and an evaluation of interventions; 2) designing and implementing robust models that will use this data to provide frequently updated population-based estimates of disease burden and the impact of interventions; and, 3) creating decision tools based on this data that can be used by decision makers at the local, state, and national levels.

- **Rapid outbreak response for high priority countries (+$2.8 million):** When a potential pandemic flu strain is identified, swift and decisive action can make the difference in whether the strain is contained or spreads globally. Based on the available epidemiologic information, CDC will identify countries that are at high risk for a potential pandemic and in need of monitoring efforts in order to develop in-country response teams. Increased funding in FY 2007 will allow CDC to enhance activities to ensure that target countries are monitored and safeguarded from disease spread that could elevate to pandemic levels.

- **Human-Animal Interface Studies (+$1.0 million):** To complement NIH epidemiological studies, CDC will enhance FY 2006 activities by supporting studies that examine the risk and frequency of human infections of animal influenza A viruses with pandemic potential. CDC will analyze epidemiologic case control studies of risk factors for severe disease and cross sectional seroprevalence studies of antibodies of H5N1 virus in different risk populations. These may include people with occupational exposure to poultry and persons living in rural areas with, or in close contact with, poultry and pigs.

- **International surveillance, diagnosis, and epidemic investigations (-$2.5 million):** With increased resources in FY 2006 and continued funding in FY 2007, CDC will enhance its efforts to address preparedness gaps in high priority countries by increasing laboratory capacity and technical support at local levels; assisting in the development of surveillance, diagnosis, and epidemic investigations; and, assisting the WHO in creating and maintaining proper coordinating and monitoring infrastructure in high risk countries.

- **BioSense (-$15.2 million):** The BioSense initiative improves the nation's capabilities for near real-time disease detection by using data from health-related databases to enable early detection in all major metropolitan areas. Increased funding in FY 2006 will expand the total number of metropolitan areas in the

system from 10 to 41. It will extend the number of clinical care sites and sentinel hospitals in major metropolitan areas that are streaming real-time information to BioSense. In FY 2007, activities that were initiated with FY 2006 BioSense funding can be maintained with fewer funds, thus requiring decreased resources to continue gathering the highest quality real time data.

- **Fund Enhancements and Completion of 35 U.S. Quarantine Stations (-$15.1 million):** In FY 2006, CDC is expanding its U.S. quarantine stations. This expansion will continue in FY 2007 in up to 35 U.S. ports of entry. CDC will also develop comprehensive quarantine and isolation approaches that involve detection and prevention of transmission at ports of entry, in-transit, and at points-of-exit from other countries.

These investments, added to the increased funding in FY 2006, will make the nation and the world more prepared and capable of combating influenza viruses with pandemic potential.

Increased Investments

Strategic National Stockpile (SNS) (+$69.2 million):

The mission of the SNS has expanded dramatically since the creation of the program in 1999. From an initial small cache of pharmaceuticals, the SNS is now poised to respond to a potential influenza pandemic, catastrophic natural disasters, such as Hurricane Katrina, and biological, chemical, radiological, or nuclear terrorist attacks. Increased funding in FY 2007 will allow the SNS to continue to purchase and store needed countermeasures, vaccines, and treatments. CDC will meet the expanded need for pediatric dosing requirements and unit of use bottling for quicker pharmaceutical distribution. Additionally, CDC will purchase antivirals and medical supplies to prepare for a possible pandemic. Of the total increase, a portion will be used for the Federal Medical Stations program, which will allow CDC to procure and manage shelters and supplies for a mass casualty event. FY 2007 funding will also be used to expand CDC's storage capacity to ensure that CDC can manage the increasing inventory of the SNS.

Botulinum Toxin Research (+$3.0 million):

With additional funding in FY 2007, CDC will expand its new mass spectrometry method of detecting botulinum toxin and its seven subtypes to a method that will be able to detect anthrax lethal factor, ricin, and other toxins that can be used as bioweapons. Increased funds will allow CDC to improve the speed of analysis to 1,000 samples per day, and simplify the method that can be used by external laboratories. This method will also be used as a cost-effective way to do preventive screening of milk samples. It will be used in "toxin fingerprinting," whereby the method can detect the source of the toxin, provide identifying forensic information, and assist epidemiologists investigating the cause and pathways of disease. Overall, these cutting-edge advances will improve early detection and help ensure prompt, appropriate treatment and prevention of additional exposure.

Domestic HIV/AIDS Initiative (+$93.0 million):

A key challenge in the United States for reducing the burden of HIV/AIDS is to stop the spread of HIV by detecting the approximately 250,000 Americans who remain undiagnosed. The FY 2007 President's Budget Request includes an increase of $93 million to significantly increase testing in medical settings. Voluntary testing will become a more routine part of medical care, and CDC will create new testing guidelines, models, and best practices. This initiative would facilitate the testing of more than three million additional Americans, emphasizing geographic regions with the highest numbers of new cases, as well as focusing on incarcerated persons and injecting drug users.

Vaccines for Children (VFC) (+$48.5 million plus a net increase of $40.0 million under the proposed law):

Program increases in FY 2007 for the VFC program reflect the estimated price increases for vaccines. It also covers the addition of meningococcal conjugate vaccine (MCV) and the addition of more Hepatitis A Vaccine to the pediatric vaccine stockpile. Both measures were recommended for inclusion in the VFC program in 2005.

Currently, underinsured children can receive vaccines purchased with VFC program funds only at community health centers and federally qualified health centers. A proposed change to VFC legislation would allow children to receive vaccines at a state or local public health clinic. Amending the VFC authorizing legislation to expand access points for these children will increase vaccine purchases by an estimated $140 million.

Amending the VFC authorizing legislation to expand access points for these children could decrease the amount of discretionary vaccine purchase appropriations needed by $100 million. Also, the proposed legislation would ensure these children rapid access to new vaccines such as the PCV. This reduction in the amount of discretionary funding needed would be contingent upon passage of the proposed amendment to the VFC legislation.

Service and Supply Fund, Unified Financial Management System, and Rent (+$3.4 million):

Additional funding for the Unified Financial Management System (UFMS) and the Service and Supply Fund will support increasing needs for existing activities through FY 2007. The President's Budget also includes funds to cover projected FY 2007 increases in funding needs for rent.

Pay Raise (+$14.9 million):

This request includes funds to support the projected FY 2007 pay increase.

Program Decreases and Eliminations

West Nile Virus (WNV) (-$9.9 million):

WNV funding has built infrastructure and led to the development of state-based programs that have enabled states to better prevent, detect, and respond to the threat of WNV. The establishment of this national program has enhanced viral laboratory capacity, veterinarian epidemiology capacity, and the surveillance of disease. A reduction in funding will decrease funding proportionally in every state and local health department, although CDC will make every attempt to distribute funds according to the epidemic profile. This requires states to leverage existing funding for future activities. CDC will also discontinue funding for training grants and other studies as identified.

Bulk Monovalent (-$29.7 million):

The FY 2006 appropriation contained $29.7 million in no-year funding for CDC to enter into back-end sales guarantee contracts with vaccine manufacturers to maintain a more stable influenza vaccine supply. As these funds can be utilized in future years, additional funds will not be necessary in FY 2007. Additionally, bulk monovalent vaccine purchased in FY 2006 may be used for the 2007/2008 season should the strain remain the same.

Program Reductions (-$46.3 million):

The FY 2007 President's Budget proposes reductions in activities that are outside the scope of CDC's mission of focusing on primary prevention. Included in this reduction are CDC's Epilepsy, Alzheimer's Disease, Lupus, Attention-Deficit Hyperactivity Disorder, Cooley's Anemia, Paralysis, Tourette Syndrome, and Pfiesteria programs. The budget also proposes reductions to fund base activities at FY 2006 President's Budget levels.

Anthrax: (-$13.9 million):

In FY 2007, CDC proposes eliminating funding for its anthrax research study. With the completion of the anthrax vaccine clinical trial interim safety analysis, CDC has presented the results to key stakeholders and has submitted the final report detailing all findings from the safety analysis to the Food and Drug Administration. This brings the long running anthrax study near its conclusion. The information gleaned over the course of this study will not be compromised due to the cessation in funding, and the expected benefits will have been gained by the time of the project's completion.

Preventive Health and Health Services Block Grant (PHHSBG) (-$99.0 million):

The FY 2007 President's Budget reflects the elimination of the PHHSBG. At the same time, new appropriations language is proposed that provides authorization for states to utilize funds from categorical grant programs for resources that had previously been funded by PHHSBG funds. This would allow for a source of flexible funding in the absence of PHHSBG funds.

Buildings and Facilities (-$128.7 million):

In FY 2006, CDC will continue funding its East Campus Consolidated Laboratory Project with increased funds provided by Congress as well as completing funding for the infectious diseases facility in Ft. Collins, Colorado. With the FY 2006 President's Budget level of $29.7 million in FY 2007, CDC will fund its nationwide repairs and improvements, continuing to protect the nation's investment in current facilities at CDC.

Program Decreases Related to One-Time Costs and Completed Projects

World Trade Center (-$75.0 million):

The FY 2006 appropriation provided $75.0 million for the continuation of the World Trade Center Health Registry, which began as a result of the September 11, 2001 terrorist attacks. This registry, a collaboration between CDC/ATSDR and the New York City Department of Health and Mental Hygiene, has identified and tracked the long-term health effects of tens of thousands of workers and community members who were the most directly exposed to smoke, dust, and debris from the World Trade Center collapse. The funds provided in FY 2006 will allow for continued analysis and interpretation of the data collected since the program's inception in 2003 and will ensure that the health needs of all those exposed are understood and can be addressed. These funds will be used over several years to complete all necessary follow-up.

Pandemic Influenza Planning (-$77.0 million):

In FY 2006, CDC received funding of $77 million to develop better and more rapid antigen detection tests and to conduct enhanced laboratory capacity activities related to pandemic influenza planning. As these funds are sufficient, no new funds are requested in FY 2007, and FY 2006 funds need not be maintained.

Administrative and Information Technology Savings (-$36.3 million)

An administrative savings will be realized in areas related to travel, equipment, consultant contracts, and cost savings due to a new and more efficient method of processing interagency agreements. This savings has been applied across CDC's budget lines. The FY 2007 President's Budget also includes an IT savings based on select systems moving from the development phase into implementation and operations, as well as greater internal efficiencies realized in areas related to IT.

Overall, the FY 2007 President's Budget for CDC includes investments in critical areas that will assist CDC in accomplishing its mission and increasing its preparedness and response capacity within the agency, across the nation, and around the world.

Business Services Improvements and the President's Management Agenda

CDC has continued to work on improving the efficiency and effectiveness of its programs as well as making important advancements in addressing the goals of the President's Management Agenda (PMA). CDC's commitment to ongoing internal advancement has been a timely advantage in meeting the objectives and requirements of the PMA initiatives. These initiatives are:

1) Strategic Management of Human Capital

2) Competitive Sourcing

3) Improved Financial Performance

4) Expanded E-Government

5) Budget and Performance Integration

CDC has concentrated efforts on streamlining its workforce, procedures, and functions. It has doubled its supervisory ratio and greatly reduced mission support staff; consolidated financial and technological functions; and, restructured its allocation of funds and workforce to devote more of its resources to improving both national and global public health. As CDC continues to fulfill its mission to improve public health, it is also making great progress toward achieving the goals set forth by the PMA.

Major Accomplishments

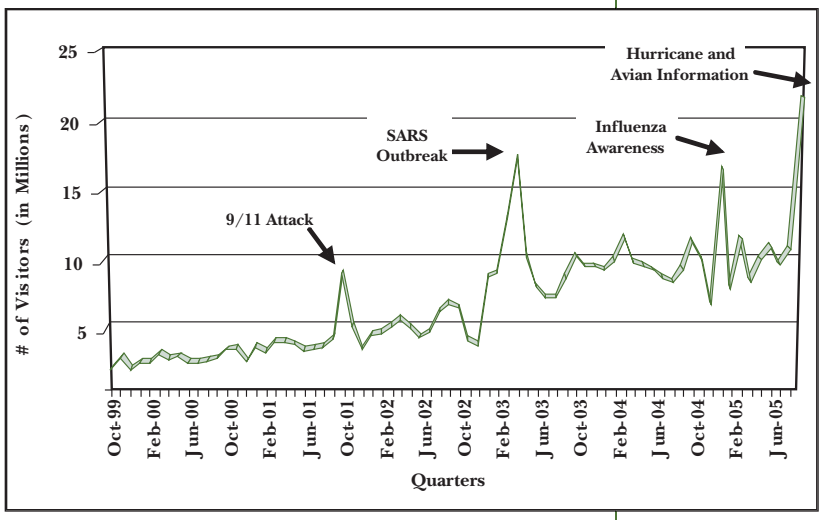
Information Technology

During recent years, CDC has diligently worked to centralize its information technology, infrastructure functions, services, and fiscal resources in order to maximize efficiency and eliminate redundancies in responsibilities and functions. Accordingly, CDC recently merged 13 IT functions into the new Information Technology Services Office (ITSO). This consolidation realized a reduction in operating costs by 30 percent, and staff by 29 percent.

Web Site

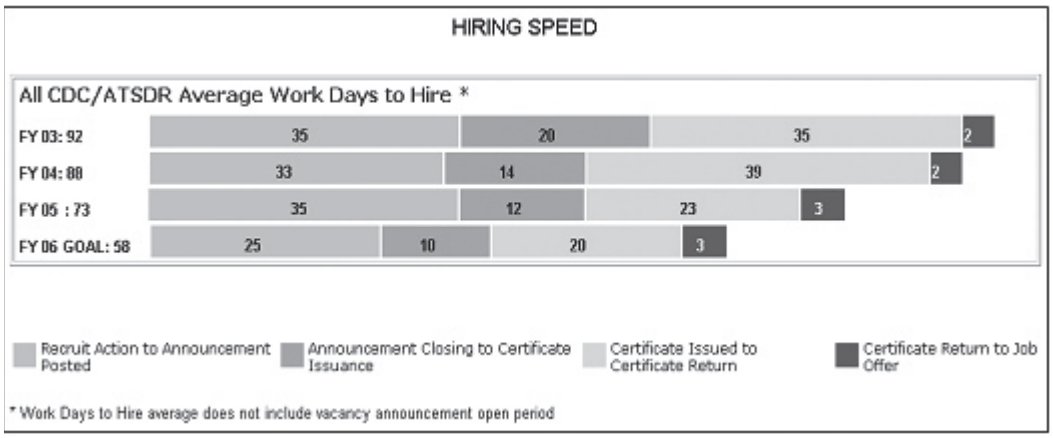
This past year, CDC launched a newly-designed Web site. The improvements focused on making the site more citizen-centered and user friendly by improving navigation, searching, interactivity and personalization, and enriching and expanding content. CDC has one of the most frequently visited Web sites in the government and is the

authoritative source of public health information for health care providers, public health officials, the media, and the public. CDC's Web site attracts an average of more than 11 million different visitors each month.



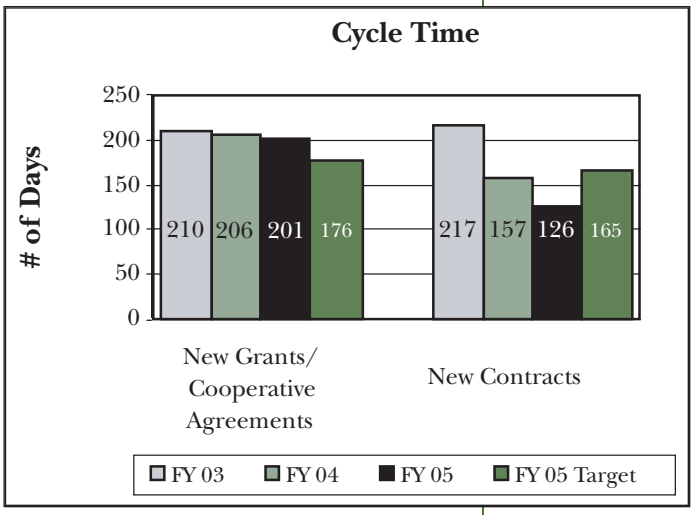
Atlanta Human Resources Center (AHRC)

CDC, with HHS' guidance, has completed the restructuring of its human resources office. It has consolidated services, eliminated personnel and functional redundancies, and formed the centralized AHRC. This restructuring eliminated 76 full-time employees, reflecting a 30 percent staff reduction. Despite this reduction in workforce, the time from the receipt of a hiring request to the day the job offer was made was reduced by 47 percent between 2003 and 2004.



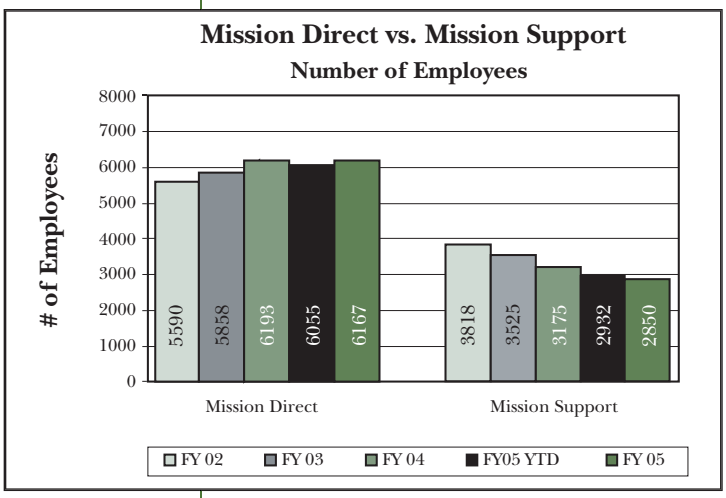
Procedures and Grants

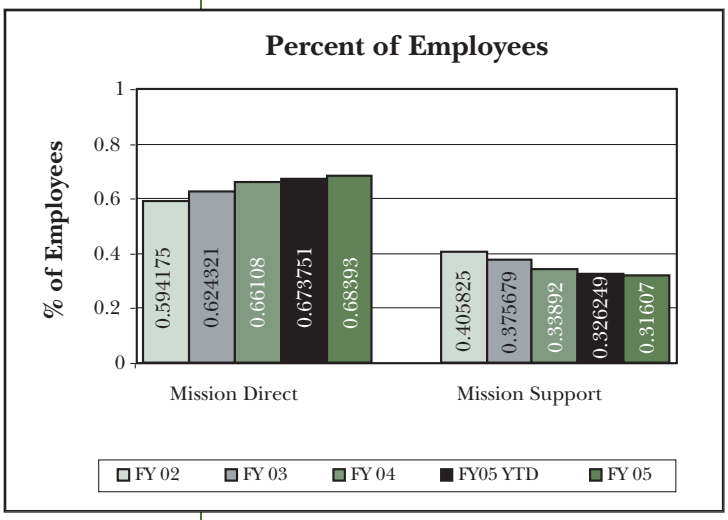
CDC has continued its recent efforts to improve procurement and grants operations. It has made operational changes resulting in a more productive workforce. This was accomplished largely through labor force alignment, process redesign, and operational performance management. This effort has yielded a reduction in new contract cycle time by 42 percent between FY 2003 and FY 2005.



Delayering

CDC has continued its efforts to flatten the organization, minimize management layers, and consolidate and/or restructure administrative functions in order to reduce administrative costs. In this way, more funds can be refocused on front line public health efforts. The agency recently delayered to no more than four management layers, producing fewer CDC staff performing supervisory functions. This allowed a shift in workforce towards research and issues of public health. Accordingly, CDC has more than doubled its supervisory ratio from 1:5.5 in 2002 to over 1:12.6 as of January 2006.





Mission Support/Mission Direct

In conjunction with delayering efforts and other human capital issues, CDC has taken aggressive steps to reduce its administrative staff. This workforce alteration permits the redirection of administrative staff positions to front line public health efforts. As of December 2005, CDC has reduced its administrative staff by approximately 900 positions. It has consolidated administrative functions in approximately 30 CDC/OD offices, resulting in a staffing reduction from 83 full-time workers to 63. This translates to a savings of 24 percent.

Hotlines

CDC consolidated all of its more than 40 health information hotlines and clearinghouses into one consumer response service at 1-800-CDC-INFO. The service went live in March 2005 after the initial conversion of its HIV/AIDS, STD, and immunization hotlines. The new service handles public inquiries 24 hours per day, every day, and is able to accommodate bilingual and hearing impaired callers. The contact center fielded nearly 500,000 calls during the first nine months of operation and continually grows as new health topics are added to the contact service. CDC estimates a savings of approximately $35 million over the course of seven years.

Vaccine Management Business Improvement

CDC has initiated a business improvement project to overhaul the entire vaccine distribution process. The goal is a strengthened vaccine management system with increased efficiency and accountability. Once the system is in place, it will automate and integrate vaccine ordering and management by centralizing the distribution of all publicly purchased vaccines.

Unified Financial Management System (UFMS)

CDC successfully implemented HHS' Unified Financial Management System in April 2005. UFMS integrates HHS's financial management structure and provides HHS leaders with a timely and coordinated view of critical financial management information.

CDC has successfully managed to merge the best business practices with those of the public sector, resulting in improved stewardship of taxpayer dollars and enabling CDC to enhance its public health programs and science.

CENTERS FOR DISEASE CONTROL AND PREVENTION BUDGET BY ACTIVITY
(DOLLARS IN THOUSANDS)

Budget Activity	FY 2005 Actual	FY 2006 Enacted Appropriation	FY 2007 Estimate	FY 2007 +/- FY 2006
Infectious Diseases (Current Law)				
Budget Authority	$1,666,538	$1,680,423	$1,772,890	$92,467
PHS Evaluation Transfers	$12,794	$12,794	$12,794	$0
Subtotal, Infectious Diseases (Current Law)	$1,679,332	$1,693,217	$1,785,684	$92,467
Infectious Diseases (Proposed Law)[2]				
Budget Authority	$1,666,538	$1,680,423	$1,672,890	($7,533)
PHS Evaluation Transfers	$12,794	$12,794	$12,794	$0
Subtotal, Infectious Diseases (Proposed Law)[2]	$1,679,332	$1,693,217	$1,685,684	($7,533)
Health Promotion[1]	$1,024,204	$963,426	$929,208	($34,218)
Health Information and Service				
Budget Authority	$94,439	$88,668	$127,439	$38,771
PHS Evaluation Transfers	$134,235	$134,235	$134,235	$0
Subtotal, Health Information and Service	$228,674	$222,903	$261,674	$38,771
Environmental Health and Injury Prevention[1]	$289,432	$289,021	$279,309	($9,712)
Occupational Safety and Health[3]				
Budget Authority	$164,170	$168,201	$163,123	($5,078)
PHS Evaluation Transfers	$87,071	$87,071	$87,071	$0
Subtotal, Occupational Safety and Health	$251,241	$255,272	$250,194	($5,078)
Global Health[1,4]				
Budget Authority	$317,153	$313,251	$381,103	$67,852
Department of Defense Appropriation	$0	$68,000	$0	($68,000)
Subtotal, Global Health	$317,153	$381,251	$381,103	($148)
Public Health Research (PHS Evaluation Transfers)	$31,000	$31,000	$31,000	$0
Public Health Improvement and Leadership (PHIL)[1]				
Budget Authority	$247,389	$189,823	$190,165	$342
Department of Defense Appropriation	$0	$75,000	$0	($75,000)
Subtotal, PHIL	$247,389	$264,823	$190,165	($74,658)
Prev. Health & Health Services Block Grant (PHHSBG)	$118,526	$99,000	$0	($99,000)
Buildings and Facilities	$269,708	$158,400	$29,700	($128,700)
Business Services Support[1,3]	$319,152	$298,616	$303,854	$5,238

Budget Activity	FY 2005 Actual	FY 2006 Enacted Appropriation	FY 2007 Estimate	FY 2007 +/- FY 2006
Terrorism				
Budget Authority	$1,622,757	$1,577,257	$1,657,161	$79,904
Department of Defense Appropriation	$0	$55,000	$0	($55,000)
Subtotal, Terrorism	$1,622,757	$1,632,257	$1,657,161	$24,904
FY 2006 Pandemic Influenza One-Time Funding - Department of Defense[5]	$0	$77,000	$0	($77,000)
CDC-wide HIV/AIDS (non-add)	$855,535	$842,360	$929,653	$87,293
Total, L/HHS/ED (Current Law) [5]	$6,133,468	$5,826,086	$5,833,952	$7,866
Total, L/HHS/ED (Proposed Law)[2,5]	$6,133,468	$5,826,086	$5,733,952	($92,134)
Total, L/HHS/ED (inc. PHS and DoD) (Current Law)	$6,398,568	$6,366,186	$6,099,052	($267,134)
Total, L/HHS/ED (inc. PHS and DoD) (Proposed Law)[2,5]	$6,398,568	$6,366,186	$5,999,052	($367,134)
PHS Evaluation Transfer (non-add)	$265,100	$265,100	$265,100	$0
Department of Defense Appropriation (non-add)	$0	$275,000	$0	($275,000)
Agency for Toxic Substances and Disease Registry[6]	$76,041	$74,905	$75,004	$99
Vaccines for Children (Current Law)[7]	$1,503,127	$1,957,963	$2,006,445	$48,482
Vaccines for Children (Proposed Law)[2,7]	$1,503,127	$1,957,963	$2,146,445	$188,482
User Fees	$2,226	$2,226	$2,226	$0
Total, CDC/ATSDR Program Level (Current Law)	$7,979,962	$8,401,280	$8,182,727	($218,553)
Total, CDC/ATSDR Program Level (Proposed Law)[2]	$7,979,962	$8,401,280	$8,222,727	($178,553)

[1] FY 2005 funding levels reflect a technical reprogramming among several budget activities, shown comparably in FY 2006 and FY 2007.

[2] FY 2007 reflects the Proposed Law transfer of $100 million from the Section 317 Program to the Vaccines for Children program.

[3] The FY 2007 Estimate carries forward FY 2006 Conference language to move management and administrative costs ($34.8 million) from Occupational Safety and Health to Business Services Support. Funding for FY 2005 is shown on a comparable basis.

[4] Funding does not include transfers to CDC from the Department of State Office of the Global AIDS Coordinator ($439.0 million in FY 2005), as part of the President's Emergency Plan for AIDS Relief.

[5] The FY 2006 Appropriation includes a 1.0% across-the-board rescission for all relevant programs, projects, and activities. FY 2006 funding also reflects $77 million in one-time costs related to pandemic influenza planning that are not carried forward into FY 2007.

[6] FY 2006 funding for ATSDR includes a rescission of 0.476% for Interior, Environment, and Related Agencies.

[7] Funding for VFC in FY 2005 reflects obligations. FY 2006 funding includes carryover of $60 million from FY 2005.

CENTERS FOR DISEASE CONTROL AND PREVENTION
FY 2007 BUDGET REQUEST - DETAIL OF INCREASES/DECREASES
(DOLLARS IN THOUSANDS)

Budget Activity	FY 2005 Actual	FY 2006 Enacted Appropriation	FY 2007 Estimate	FY 2007 +/- FY 2006 Dollars	FY 2007 +/- FY 2006 Percentage
Infectious Diseases					
Infectious Diseases Control	$225,589	$226,768	$245,346	$18,578	8.2%
Infectious Disease	$191,855	$193,074	$212,377	$19,303	10.0%
Food Safety	$28,767	$28,774	$28,097	($677)	-2.4%
Chronic Fatigue Syndrome (CFS)	$4,967	$4,920	$4,872	($48)	-1.0%
HIV/AIDS, STD and TB Prevention	$960,711	$946,577	$1,032,969	$86,392	9.1%
HIV/AIDS, Research and Domestic	$662,267	$651,118	$739,579	$88,461	13.6%
State and Local Health Departments	$412,016	$408,100	$493,263	$85,163	20.9%
Community Planning Grants (non-add)	$321,868	$318,649	$316,419	($2,230)	-0.7%
National/Regional/Other Organizations	$177,901	$171,355	$170,155	($1,200)	-0.7%
CDC Research, Surveillance, Analysis, Tech. Asst.	$72,350	$71,663	$76,161	$4,498	6.3%
Sexually Transmitted Diseases (STDs)	$159,633	$158,036	$156,929	($1,107)	-0.7%
Tuberculosis (TB)	$138,811	$137,423	$136,461	($962)	-0.7%
Immunization (Current Law)	$493,032	$519,872	$507,369	($12,503)	-2.4%
Immunization (Proposed Law)[2]	$493,032	$519,872	$407,369	($112,503)	-21.6%
317 Immunization Program (Current Law)	$430,695	$456,863	$424,936	($31,927)	-7.0%
Vaccine Purchase Grants	$234,897	$263,023	$232,456	($30,567)	-11.6%
State Operations/Infrastructure Grants	$195,798	$193,840	$192,480	($1,360)	-0.7%
317 Immunization Program (Proposed Law)	$430,695	$456,863	$324,936	($131,927)	-28.9%
Vaccine Purchase Grants	$234,897	$263,023	$132,456	($130,567)	-49.6%
State Operations/Infrastructure Grants	$195,798	$193,840	$192,480	($1,360)	-0.7%
Program Operations	$62,337	$63,009	$82,433	$19,424	30.8%
Vaccine Tracking	$4,960	$4,910	$4,876	($34)	-0.7%
Prevention Activities	$57,377	$58,099	$77,557	$19,458	33.5%
Vaccine Safety	$16,186	$17,503	$17,390	($113)	-0.6%

CENTERS FOR DISEASE CONTROL AND PREVENTION
FY 2007 BUDGET REQUEST - DETAIL OF INCREASES/DECREASES
(Cont'd)

Budget Activity	FY 2005 Actual	FY 2006 Enacted Appropriation	FY 2007 Estimate	FY 2007 +/- FY 2006 Dollars	FY 2007 +/- FY 2006 Percentage
All Other Prevention Activities	$28,397	$27,802	$47,373	$19,571	70.4%
National Immunization Survey (PHS Evaluation Transfers)	$12,794	$12,794	$12,794	$0	0.0%
Total, Infectious Diseases - Current Law	$1,679,332	$1,693,217	$1,785,684	$92,467	5.5%
Total, Infectious Diseases - Proposed Law[2]	$1,679,332	$1,693,217	$1,685,684	($7,533)	-0.4%
Health Promotion[1]					
Chronic Disease Prevention, Health Promotion, and Genomics	$899,628	$838,664	$818,727	($19,937)	-2.4%
Heart Disease and Stroke	$44,618	$44,469	$43,888	($581)	-1.3%
Diabetes	$63,457	$63,119	$62,420	($699)	-1.1%
Cancer Prevention and Control	$309,704	$307,913	$304,690	($3,223)	-1.1%
Arthritis and Other Chronic Diseases	$22,487	$22,467	$13,757	($8,710)	-38.8%
Tobacco	$104,345	$104,799	$102,685	($2,114)	-2.0%
Nutrition, Physical Activity and Obesity	$41,930	$41,520	$41,477	($43)	-0.1%
Health Promotion	$26,146	$27,443	$24,160	($3,283)	-12.0%
School Health	$56,746	$56,192	$55,820	($372)	-0.7%
Safe Motherhood/Infant Health	$44,738	$44,292	$44,009	($283)	-0.6%
Oral Health	$11,204	$11,682	$11,022	($660)	-5.7%
Prevention Centers	$29,690	$29,700	$29,206	($494)	-1.7%
Youth Media Campaign (VERB)	$58,795	$0	$0	$0	N/A
Steps to a Healthier U.S.	$44,276	$43,857	$45,255	$1,398	3.2%
Racial and Ethnic Approach to Community Health (REACH)	$34,505	$34,259	$33,942	($317)	-0.9%
Genomics	$6,987	$6,952	$6,396	($556)	-8.0%
Birth Defects, Developmental Disabilities, Disability and Health	$124,576	$124,762	$110,481	($14,281)	-11.4%
Birth Defects and Developmental Disabilities	$39,239	$38,659	$38,298	($361)	-0.9%
Human Development and Disability	$65,111	$66,242	$54,395	($11,847)	-17.9%
Hereditary Blood Disorders	$20,226	$19,861	$17,788	($2,073)	-10.4%
Total, Health Promotion	$1,024,204	$963,426	$929,208	($34,218)	-3.6%

CENTERS FOR DISEASE CONTROL AND PREVENTION
FY 2007 BUDGET REQUEST - DETAIL OF INCREASES/DECREASES
(Cont'd)

Budget Activity	FY 2005 Actual	FY 2006 Enacted Appropriation	FY 2007 Estimate	FY 2007 +/- FY 2006 Dollars	FY 2007 +/- FY 2006 Percentage
Health Information and Service					
Health Statistics	$109,021	$109,021	$109,021	$0	0.0%
Field Operations	$59,833	$59,833	$59,833	$0	0.0%
Statistical Program Infrastructure	$49,188	$49,188	$49,188	$0	0.0%
Public Health Informatics	$76,002	$70,641	$109,193	$38,552	54.6%
PHIN	$9,827	$4,863	$4,756	($107)	-2.2%
NEDSS (PHS Evaluation Transfers)	$24,751	$24,751	$24,751	$0	0.0%
Vaccine Registry	$0	$0	$29,700	$29,700	N/A
All Other Public Health Informatics	$41,424	$41,027	$49,986	$8,959	21.8%
Health Marketing	$43,651	$43,241	$43,460	$219	0.5%
Health Marketing (Budget Authority)	$43,188	$42,778	$42,997	$219	0.5%
Health Marketing (PHS Evaluation Transfers)	$463	$463	$463	$0	0.0%
Total, Health Information and Service -	$228,674	$222,903	$261,674	$38,771	17.4%
Environmental Health and Injury Prevention[1]					
Environmental Health	$151,195	$149,985	$141,095	($8,890)	-5.9%
Environmental Health Laboratory	$27,564	$27,064	$26,878	($186)	-0.7%
Environmental Health Activities	$54,735	$54,916	$46,694	($8,222)	-15.0%
Asthma	$32,422	$31,994	$31,776	($218)	-0.7%
Childhood Lead Poisoning	$36,474	$36,011	$35,747	($264)	-0.7%
Injury Prevention and Control	$138,237	$139,036	$138,214	($822)	-0.6%
Intentional Injury	$103,138	$104,033	$103,440	($593)	-0.6%
Unintentional Injury	$35,099	$35,003	$34,774	($229)	-0.7%
Total, Environmental Health and Injury -	$289,432	$289,021	$279,309	($9,712)	-3.4%
Occupational Safety and Health[3]	$251,241	$255,272	$250,194	($5,078)	-2.0%
Global Health[1,4]					
Global AIDS Program[4]	$123,830	$122,644	$121,952	($692)	-0.6%
Global Immunization Program	$144,386	$145,036	$144,254	($782)	-0.5%
Global Disease Detection	$21,426	$33,168	$33,259	$91	0.3%

CENTERS FOR DISEASE CONTROL AND PREVENTION
FY 2007 BUDGET REQUEST - DETAIL OF INCREASES/DECREASES
(Cont'd)

Budget Activity	FY 2005 Actual	FY 2006 Enacted Appropriation	FY 2007 Estimate	FY 2007 +/- FY 2006 Dollars	FY 2007 +/- FY 2006 Percentage
Global Malaria Program	$9,108	$9,022	$8,970	($52)	-0.6%
FY 2005 Avian Flu Supplemental	$15,000	$0	$0	$0	N/A
Other Global Health	$3,403	$71,381	$72,668	$1,287	1.8%
Other Global Health - Department of Defense Appropriation (non-add)	$0	$68,000	$0	($68,000)	-100.0%
Total, Global Health -	**$317,153**	**$381,251**	**$381,103**	**($148)**	**-0.0%**
Public Health Research	$31,000	$31,000	$31,000	$0	0.0%
Public Health Improvement and Leadership[1]					
Congressional Projects	$60,450	$0	$0	$0	N/A
Leadership and Management	$167,019	$170,102	$170,417	$315	0.2%
World Trade Center - Department of Defense Appropriation	$0	$75,000	$0	($75,000)	-100.0%
Public Health Workforce Development	$19,920	$19,721	$19,748	$27	0.1%
Total, Public Health Improvement and Leadership -	$247,389	$264,823	$190,165	($74,658)	-28.2%
Prev. Health & Health Services Block Grant	$118,526	$99,000	$0	($99,000)	-100.0%
Buildings and Facilities	$269,708	$158,400	$29,700	($128,700)	-81.3%
Business Services Support[1,3]	$319,152	$298,616	$303,854	$5,238	1.8%
Terrorism					
Upgrading State and Local Capacity	$919,148	$823,674	$823,674	$0	0.0%
Upgrading CDC Capacity	$140,972	$136,592	$135,628	($964)	-0.7%
Anthrax	$16,666	$13,860	$0	($13,860)	-100.0%
Botulinum Antitoxin Research	$0	$0	$2,970	$2,970	N/A
Biosurveillance Initiative	$79,271	$133,431	$102,241	($31,190)	-23.4%
Biosurveillance Initiative - Department of Defense Appropriation (non-add)	$0	$55,000	$0	($55,000)	-100.0%
Strategic National Stockpile	$466,700	$524,700	$592,648	$67,948	13.0%
Total, Terrorism -	$1,622,757	$1,632,257	$1,657,161	$24,904	1.5%
FY 2006 Pandemic Influenza One-time Funding - Department of Defense[5]	$0	$77,000	$0	($77,000)	-100.0%

CENTERS FOR DISEASE CONTROL AND PREVENTION
FY 2007 BUDGET REQUEST - DETAIL OF INCREASES/DECREASES
(Cont'd)

Budget Activity	FY 2005 Actual	FY 2006 Enacted Appropriation	FY 2007 Estimate	FY 2007 +/- FY 2006 Dollars	FY 2007 +/- FY 2006 Percentage
Total, L/HHS/ED (Current Law)[5] -	$6,133,468	$5,826,086	$5,833,952	$7,866	0.1%
Total, L/HHS/ED (Proposed Law)[2,5] -	$6,133,468	$5,826,086	$5,733,952	($92,134)	-1.6%
Total, L/HHS/ED (inc. PHS and DoD) (Current Law)[5] -	$6,398,568	$6,366,186	$6,099,052	($267,134)	-4.2%
Total, L/HHS/ED (inc. PHS and DoD) (Proposed Law)[2,5] -	$6,398,568	$6,366,186	$5,999,052	($367,134)	-5.8%
PHS Evaluation Transfers (non-add)	$265,100	$265,100	$265,100	$0	0.0%
Department of Defense (non-add)	$0	$275,000	$0	($275,000)	-100.0%
Agency for Toxic Substances and Disease Registry[6]	$76,041	$74,905	$75,004	$99	0.1%
Vaccines for Children (Current Law)[7]	$1,503,127	$1,957,963	$2,006,445	$48,482	2.5%
Vaccines for Children (Proposed Law)[2,7]	$1,503,127	$1,957,963	$2,146,445	$188,482	9.6%
User Fees	$2,226	$2,226	$2,226	$0	0.0%
Total, CDC/ATSDR Program Level (Current Law) -	$7,979,962	$8,401,280	$8,182,727	($218,553)	-2.6%
Total, CDC/ATSDR Program Level (Proposed Law)[2] -	$7,979,962	$8,401,280	$8,222,727	($178,553)	-2.1%

[1] FY 2005 funding levels reflect a technical reprogramming among several budget activities, shown comparably in FY 2006 and FY 2007.

[2] FY 2007 reflects the Proposed Law transfer of $100 million from the Section 317 Program to the Vaccines for Children program.

[3] The FY 2007 Estimate carries forward FY 2006 Conference language to move management and administrative costs ($34.8 million) from Occupational Safety and Health to Business Services Support. Funding for FY 2005 is shown on a comparable basis.

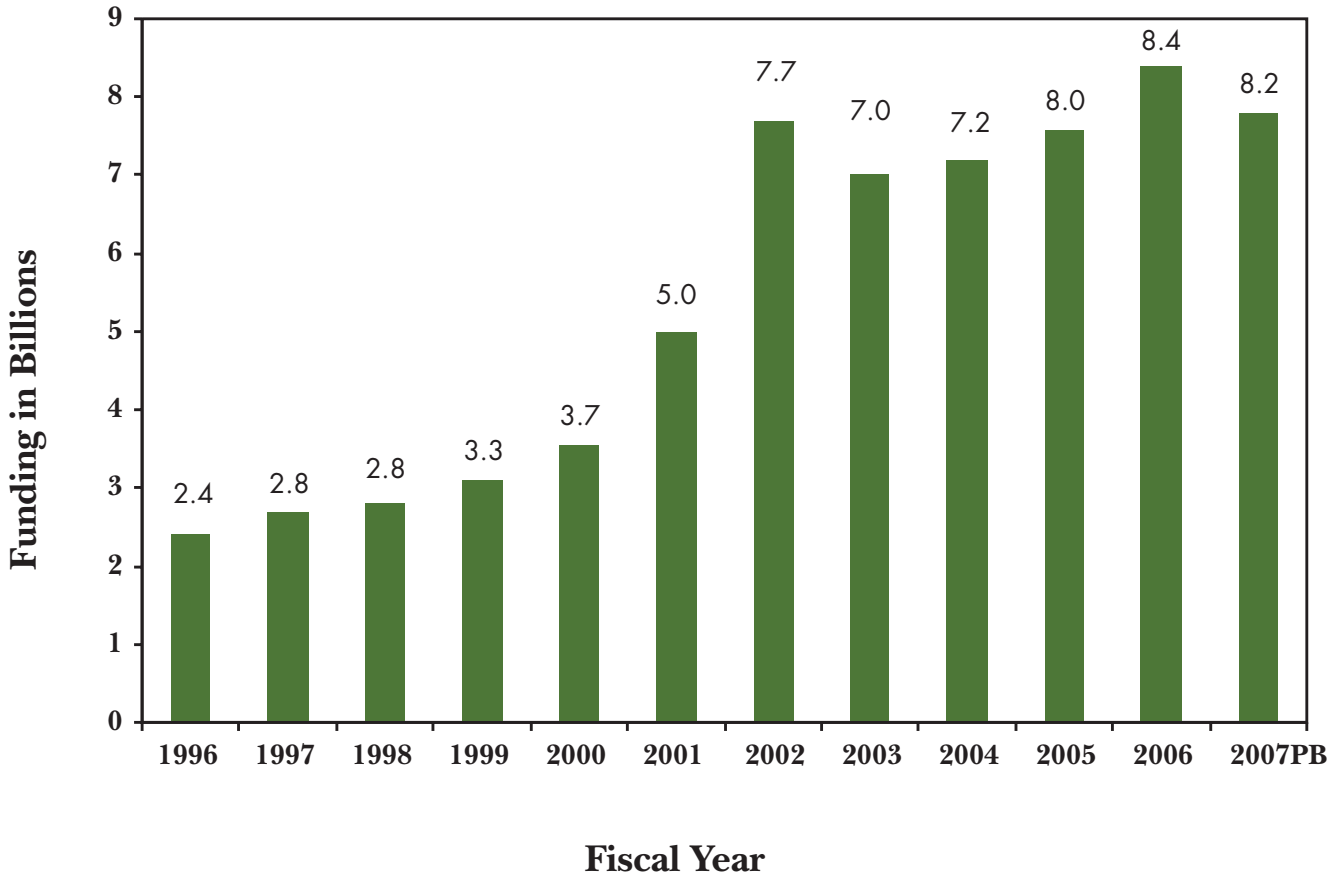
[4] Funding does not include transfers to CDC from the Department of State Office of the Global AIDS Coordinator ($439.0 million in FY 2005), as part of the President's Emergency Plan for AIDS Relief.

[5] The FY 2006 Appropriation includes a 1.0% across-the-board rescission for all relevant programs, projects, and activities. FY 2006 funding also reflects $77 million in one-time costs related to pandemic influenza planning that are not carried forward into FY 2007.

[6] FY 2006 funding for ATSDR includes a rescission of 0.476% for Interior, Environment, and Related Agencies.

[7] Funding for VFC in FY 2005 reflects obligations. FY 2006 funding includes carryover of $60 million from FY 2005.

CDC Funding History



CENTERS FOR DISEASE CONTROL AND PREVENTION[1] APPROPRIATION HISTORY TABLE DISEASE CONTROL, RESEARCH, AND TRAINING				
Year	**Estimate**	**House Allowance**	**Senate Allowance**	**Appropriation**
1997	2,229,900,000	2,187,018,000	2,209,950,000	2,302,168,000 [2]
1998	2,316,317,000 [3]	2,388,737,000	2,368,133,000	2,374,625,000 [4]
1998 Supplemental	–	–	–	9,000,000 [5]
1999	2,457,197,000	2,591,433,000	2,366,644,000 [6]	2,609,520,000 [7]
1999 Offset				(2,800,000) [8]
1999 Resc./1% Transfer	–	–	–	(3,539,000)
2000	2,855,440,000 [9]	2,810,476,000	2,802,838,000	2,961,761,000 [10]
2000 Rescission	–	–	–	(16,810,000)
2001	3,239,487,000	3,290,369,000	3,204,496,000	3,868,027,000
2001 Rescission	–	–	–	(2,317,000)
2001 Sec's 1% Transfer	–	–	–	(2,936,000)
2002	3,878,530,000	4,077,060,000	4,418,910,000	4,293,151,000 [11]
2002 Rescission	–	–	–	(1,894,000)
2002 Rescission	–	–	–	(2,698,000)
2003	4,066,315,000	4,288,857,000	4,387,249,000	4,296,566,000
2003 Rescission				(27,927,000)
2003 Supplemental [12]				16,000,000
2004 [13]	4,157,330,000	4,538,689,000	4,494,496,000	4,367,165,000
2005 [13 14]	4,213,553,000	4,228,778,000	4,538,592,000	4,533,911,000
2005 Labor/HHS Reduction				(1,944,000)
2005 Rescission				(36,256,000)
2005 Supplemental [14]				15,000,000
2006 [13 15]	3,910,963,000	5,945,991,000	6,064,115,000	5,884,934,000
2006 Rescission				(58,848,000)
2007 [13 15]	5,733,952,000			

[1] Does not include funding for ATSDR

[2] Includes $32,000,000 for the transfer of the Bureau of Mines. Transfer occurred in FY 1997.

[3] Includes $522,000 supplemental increase for ICASS activities.

[4] Includes $509,000 supplemental increase for ICASS activities/transfer from Department of State and a $4.436 million reduction due to the exercise of the Secretary's 1% Transfer Authority.

[5] This supplemental increase was provided for emergency Polio eradication efforts in Africa.

[6] Does not include emergency funding provided under the Public Health and Social Services Emergency Fund (PHSSEF) for $228,400,000 or $25,000,000 in interagency transfer from NIH for state tobacco control activities.

[7] Does not include $156,600,000 in FY 1999 for emergency funding provided under the PHSSEF for Bioterrorism, Polio & Measles, and the Environmental Health Laboratory.

[8] This offset was used to fund Bioterrorism across the Department of Health and Human Services.

[9] Revised to include $35,000,000 for Global HIV initiative. Does not include $20,000,000 ($18,040,000 with rescission of $1,960,000) transferred from NIH for Anthrax.

[10] Does not include $229,000,000 ($228,680,000 with rescission of $320,000) in FY 2000 for emergency funding provided under the PHSSEF for Bioterrorism, Global AIDS, Polio, Malaria, Micronutrient Malnutrition, and the Environmental Health Laboratory.

[11] Includes Retirement accruals of +$57,297,000;Management Reform Savings of -$27,295,000

[12] Emergency Wartime Supplemental Appropriations Act, 2003 PL 108-11 for SARS

[13] FY 2004, FY 2005, and FY 2006 funding levels for the Estimate reflect the Proposed Law for Immunization.

[14] FY 2005 includes a one time supplemental of $15,000,000 for avian influenza through the Emergency Supplemental Appropriations Act for Defense, the Global War on Terror, and Tsunami Relief, 2005.

[15] Starting in FY 2006 Terrorism are directly appropriated to CDC instead of being appropriated to the Public Health and Social Service Emergency Fund (PHSSEF). As a result, FY 2006 House, Senate, and Appropriation totals include Terrorism funds. The FY 2007 Estimate also includes Terrorism funding.

TERRORISM FUNDING
CENTERS FOR DISEASE CONTROL AND PREVENTION[1]
APPROPRIATION HISTORY TABLE

Year	Estimate	House Allowance	Senate Allowance	Appropriation
1999	—	43,000,000 [1]	81,000,000	123,600,000
2000	118,000,000	138,000,000	189,000,000	155,000,000
2000 Rescission	—	—	—	(320,000)
2001	148,500,000	182,000,000	148,500,000	180,919,000
2002	181,919,000	231,919,000	181,919,000	181,919,000
2002 PHSSEF [2]				2,070,000,000
2002 Rescission [3]	–	–	–	(396,000)
2003 [4]	1,116,740,000	1,522,940,000	1,536,740,000	–
2003 Transfer [5]	(400,000,000)	–	–	–
2004 [4]	1,116,156,000	1,116,156,000	1,116,156,000	1,507,211,000
2004 Transfer [6]	(400,584,000)	–	–	–
2005	1,509,571,000	1,637,760,000	1,639,571,000	1,577,612,000
2005 Labor/HHS Reduction				(271,000)
2005 Rescission				(12,584,000)
2005 Supplemental [7]				58,000,000
2006 [8,9]	1,796,723,000			
2006 Rescission				
2007 [8]				

[1] This funding was an amendment to the original House mark, which did not include Bioterrorism.

[2] Public Health and Social Services Emergency Fund

[3] Administrative and Related Expenses Reduction.

[4] Funding will be provided through the Public Health and Social Services Emergency Fund (PHSSEF).

[5] $300,000,000 for the National Pharmaceutical Stockpile and $100,000,000 for Smallpox to the Department of Homeland Security.

[6] Same transfer as FY 2003 to the Department of Homeland Security, plus an additional $584,000 for support/overhead.

[7] FY 2005 includes a one time supplemental of $58,000,000 for avian influenza through the Emergency Supplemental Appropriations Act for Defense, the Global War on Terror, and Tsunami Relief, 2005.

[8] Starting with the FY 2006 House Mark, Terrorism funds are directly appropriated to CDC instead of being appropriated to the Public Health and Social Service Emergency Fund (PHSSEF). As a result these funds are now included in CDC's appropriation history table.

[9] The FY 2006 President's Budget for Terrorism was amended after submission of the FY 2006 Justification of Estimates for Appropriations Committee to include an additional $150,000,000 for influenza activities through the Strategic National Stockpile.

APPROPRIATIONS HISTORY TABLE FY 2007 BUDGET SUBMISSION AGENCY FOR TOXIC SUBSTANCE AND DISEASE REGISTRY				
Year	**Estimate**	**House Allowance**	**Senate Allowance**	**Appropriation**
1997	58,000,000	60,200,000	60,200,000	64,000,000
1998	64,000,000	80,000,000	80,000,000	74,000,000
1999	64,000,000	74,000,000	74,000,000	76,000,000
2000	64,000,000	70,000,000	70,000,000	70,000,000
2001	64,000,000	70,000,000	75,000,000	75,000,000
2001 Rescission				(165,000)
2002	78,235,000	78,235,000	78,235,000	78,235,000
2002 Rescission				(32,000)
2003	77,388,000	88,688,000	81,000,000	82,800,000
2003 Rescission				(538,200)
2004	73,467,000	73,467,000	73,467,000	73,467,000
2004 Rescission				(433,455)
2005	76,654,000	76,654,000	76,654,000	76,654,000
2005 Rescission				(613,000)
2006	76,024,000	76,024,000	76,024,000	76,024,000
2006 Recission*				(361,874)
2006 Recission				(756,620)
2007	75,004,000			

*FY 2006 funding for ATSDR includes a rescission of 0.476% for Interior, Environment, and Related Agencies.

CDC Vision for the 21st Century

"Healthy People in a Healthy World-Through Prevention"

CDC, as the sentinel for the health of people in the United States and throughout the world, strives to protect people's health and safety, provide reliable health information, and improve health through strong partnerships.

Mission

To promote health and quality of life by preventing and controlling disease, injury, and disability.

CDC seeks to accomplish its mission by working with partners throughout the nation and world to:

- monitor health,
- detect and investigate health problems,
- conduct research to enhance prevention,
- develop and advocate sound public health policies,
- implement prevention strategies,
- promote healthy behaviors,
- foster safe and healthful environments, and
- provide leadership and training.

Those functions are the backbone of CDC's mission. Each of CDC's component organizations undertakes these activities in conducting its specific programs. The steps needed to accomplish this mission are also based on scientific excellence, requiring well-trained public health practitioners and leaders dedicated to high standards of quality and ethical practice.

Pledge

CDC pledges to the American people:

To be a diligent steward of the funds entrusted to it.

To provide an environment for intellectual and personal growth and integrity.

To base all public health decisions on the highest quality scientific data, openly and objectively derived.

To place the benefits to society above the benefits to the institution.

CDC

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ADDITIONAL INFORMATION

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