Then & Now

Budget Request Summary Fiscal Year 2008

February 2007

Centers for Disease Control and Prevention

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

CDC

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Message from the Director

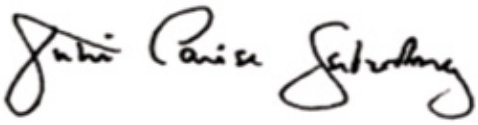
Last year, the Centers for Disease Control and Prevention (CDC) celebrated its 60th anniversary, a milestone for the Agency and for public health. The world has changed dramatically in the past 60 years, and I am proud of the advances CDC continues to make to address the diverse and evolving public health challenges facing the world today. When CDC was founded in 1946, the major threats to the public's health were infectious diseases. Today, CDC faces contemporary urgent health threats like terrorism and SARS in addition to fighting existing and emerging infectious diseases. Our reality in the 21st century also requires us to address the seemingly less sensational urgent health realities of our time: chronic diseases, injuries and environmental and workplace hazards. As CDC's scope and mission grow to address this century's diverse public health challenges, we strive to balance CDC's portfolio to address both the urgent threats and the urgent realities that threaten our health and well being. Attention to today's urgent realities will prevent them from becoming tomorrow's urgent threats.

In my five years as Director, CDC refocused its efforts to accelerate health impact, reduce health disparities and protect people from current and imminent health threats. I thank all our partners who are extraordinary colleagues serving on the front public health lines to protect people's health in communities everywhere, every day.

Although the 21st century is only a few years old, we have already encountered terrorist events, infectious disease outbreaks, the threat of pandemic influenza and a growing obesity epidemic. CDC's scientific expertise, organizational adaptability and commitment to increasing the public health impact of our activities prepare the agency to meet emerging challenges and threats and to solve existing, widespread public health problems.

As committed stewards of public trust and public funds, we always invite your comments and suggestions. I look forward to working with you to achieve our mutual health protection goals and improving the health of all people.

Sincerely,



Julie Louise Gerberding, M.D., M.P.H.

Director, Centers for Disease Control and Prevention, and

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Introduction

CDC and Agency for Toxic Substances and Disease Registry (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, the Agency has emerged as the most reputable source of public health information in the world.

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

As the scope and breadth of CDC activities have grown, so has the workforce. From FY 1996 to the present, the number of employees has grown from 6,406 to 8,467, an increase of nearly 43 percent. The majority of employees work out of the Atlanta headquarters, but the Agency also has a major presence in diverse geographical areas such as Cincinnati, Ohio; Morgantown, West Virginia; Hyattsville, Maryland; Pittsburgh, Pennsylvania; Washington, DC; Spokane, Washington; Durham, North Carolina; and, Fort Collins, Colorado. Additionally, CDC's global presence continues to grow, with over 200 employees proposed to work overseas within the next year.

CDC launched the Portfolio Management Project (PMP) aimed at fostering shared leadership, advances to achieve health goals, and strategic investment of CDC resources among state and local health agencies and other public health partners. CDC, in partnership with state and local public health leaders, has adopted the concept of portfolio management to improve the examination, assessment and management of its extramural investments in public health, to improve the alignment of the Agency's investments to assist partners in meeting their most pressing state and local needs, and contribute towards maximizing health impact of public health interventions.

To achieve these goals CDC placed resident Senior Management Officials (SMOs) to work directly with executive leadership teams of state health departments, and to serve as the CDC Director's representative to the broader state public health community. To date, CDC has assigned 11 state management officials: Arkansas, California, Colorado, Washington, DC, Florida, Louisiana, New York, North Carolina, Ohio, Texas and Washington.

In 2003, CDC initiated the process of examining how we could improve our public health impact. The strategic development process involved listening to our public health partners, stakeholders and staff. As a result, the agency is implementing new technologies, new strategies and new goals to increase its positive impact on the health and quality of life for the people it serves. To do this, CDC has defined specific health protection goals (http://www.cdc.gov/about/goals).

The integration and implementation of CDC's Health Protection Goals accelerated dramatically during FY 2006. CDC went from talking about having overarching goals to making progress. In 2006, CDC:

- Established goals teams
- Developed objectives and criteria to support achieving the goals
- Held numerous engagement meetings for CDC's staff, its partners and the public at large
- Developed goal action plans to provide strategic and innovative direction for planning and managing activities in the coming years

FY 2008 Budget Request Overview

CDC's FY 2008 President's Budget total funding level of $8.8 billion reflects a decrease of $162.6 million below the FY 2007 estimate of $9.0 billion. Within the total funding level, CDC balances increased investments in high priority areas with targeted reductions in other areas.

Challenging Complacency: Investing in a Balance of Urgent Threats and Urgent Realities to Protect and Improve Health

CDC demonstrates strong commitment to fiscal responsibility by balancing increased investments with targeted program reductions in the FY 2008 President's Budget. The changes in funding levels listed below demonstrate CDC's dedication to achieving a balanced portfolio of activities addressing health threats and realities.

Increased Investments

HIV/AIDS Testing (+$93.0 million)

CDC is requesting a total of $93.0 million for HIV/AIDS testing. Of the total increase, $63.0 million is requested to support testing programs primarily located in 10 jurisdictions with the greatest rates of new infections, as well as focusing on incarcerated persons and injecting drug users. CDC estimates that more than two million Americans, mostly African Americans, will be tested and over 31,000 new infections will be diagnosed. Additionally, the 40 percent of those diagnosed who would have progressed to AIDS within a year will learn of their infection earlier as a result of this initiative. They will have the opportunity to stay in better health longer, resulting in decreased overall cost to the healthcare system. This effort is expected to avert 1,500 infections in the first year alone, thereby saving $1.5 billion in annualized medical care and low productivity costs.

In addition, $30.0 million is requested to implement the Early Diagnosis Grant Program authorized in the Ryan White HIV/AIDS Treatment Modernization Act of 2006 (PL 109-415). The statute requires CDC to designate $20.0 million of its HIV prevention funds for states with policies supporting voluntary opt-out testing of pregnant women and requiring universal testing of infants. It also requires CDC to designate $10.0 million for states with policies in effect supporting voluntary opt-out testing for clients at STD clinics and drug treatment centers.

HIV/AIDS Testing Urgent Realities

- Today more than one million Americans live with HIV, half of whom are African American and 17% of whom are Hispanic
- One in four of those living with HIV is unaware of their infection
- In each of the last three years, 40% of those who tested positive for HIV developed AIDS in less than one year

Strategic National Stockpile (SNS) (+$89.9 million)

The SNS permits CDC to respond to mass trauma events by delivering medical supplies to any point in the United States within 12 hours. Following review of the response to the Gulf Coast Hurricane season of 2005, the formulary of the Federal Medical Stations was updated to include selected pharmaceuticals and special needs items that were required to successfully support the response. Increased funds will allow the SNS to include these updated items and ensure that the SNS is equipped to best meet the nation's public health emergency needs.

Improving Special Pathogens Laboratory Capacity (+$5.2 million)

Infectious diseases continue to threaten our nation's health and the health of individuals worldwide. Although great strides have been made toward preventing and controlling infectious disease, it remains clear that a disease emerging in one country can rapidly lead to problems around the globe. CDC is well-known for its state-of-the-art maximum and high containment laboratories in which scientists can work with highly pathogenic viruses and bacteria, and its integration of this laboratory capacity with subject matter and epidemiologic expertise. CDC's leadership in this area has made the agency a highly sought-after resource for countries seeking assistance. Increased funding for CDC's laboratory capacity in FY 2008 will build the agency's basic science program for high hazard pathogens, the cadre of scientists that populate it, and its capacity for outbreak response.

Improving Special Pathogens Laboratory Capacity

A disease emerging in one country can promptly spread around the globe. CDC's work with dangerous viruses and bacteria in high containment laboratories helps prevent a localized outbreak from becoming a pandemic.

Adolescent Health School Promotion Initiative (+$17.3 million)

Funding for Adolescent Health at CDC will support the HHS Adolescent Health Promotion Initiative, which aims to create a national culture of wellness that helps individuals take responsibility for personal health through actions such as regular physical activity, healthy eating and injury prevention. Schools can play a critically important role in fostering a culture of wellness by teaching children and adolescents essential knowledge and skills related to personal health. The Adolescent Health Promotion Initiative will establish a culture of wellness in schools through implementation of the School Health Index. Upon completing the physical activity and nutrition modules of the School Health Index self-assessment process, schools will be able to apply to their State Education Agency for a School Culture of Wellness Grant. CDC will fund Culture of Wellness Schools around the country to help schools implement HHS-developed tools relevant to wellness improvements. This program will enable thousands of local schools to take full advantage of HHS' science-based resources and begin to halt the epidemic of childhood obesity plaguing our nation.

Adolescent Health Urgent Realities

- More than 12,000 adolescent deaths each year from motor vehicle crashes
- 13 million overweight adolescents in the U.S.
- U.S. faces approximately $75 billion in annual costs due to overweight and obesity

National Home and Hospice Care Survey (NHHCS) (+$0.9 million)

FY 2008 funding will be used for fielding the redesigned NHHCS, the first since 2000. The NHHCS is a continuing series of surveys of home and hospice care agencies in the United States. Information is collected about agencies that are licensed or certified by Medicare or Medicaid. Data are collected through personal interviews with administrators and staff on referral and length of service, diagnoses, number of visits, patient charges, health status, reason for discharge and type of services provided.

Agency for Toxic Substances and Disease Registry (ATSDR) (+$0.1 million)

Funding will be used for the ATSDR's state cooperative agreement to develop environmental health capacity, provide health education and conduct health outcome data reviews related to potential exposures to hazardous substances and toxic chemicals.

CDC's Adolescent Health Protection Goal:
Increase the number of adolescents who are prepared to be healthy, safe, independent and productive members of society.

Pay Raise (+$3.3 million)

The FY 2008 President's Budget includes a pay raise of $3.3 million for Business Services Support and Public Health Improvement and Leadership. Increased funding for the pay raise is a critical component of CDC's budget, as it allows programs to continue funding extramural and intramural science programs without the need to absorb the increased pay costs of these programs. Increased funding will also support ongoing services maintained by CDC's business service units and expansion into new business areas that are crucial to the success of the agency. As CDC's science and business staff conduct critical activities and oversee the implementation of the nation's public health programs funded by CDC, increased funding to support pay is a necessary component of enhancing the health of the nation.

Pandemic Influenza Preparedness (+ $158.3 million)

Pandemic Influenza is a major priority for CDC in FY 2008. Preparedness for a pandemic is critical for ensuring the health and safety of the nation. The requested $158.3 million will enhance activities that began in FY 2006 with two supplemental appropriations and will address additional preparedness activities.

Fund States to Increase Demand for Influenza Vaccine (+$19.8 million)

CDC will increase the demand for and uptake of annual influenza vaccine, particularly to accommodate high-risk populations. Increasing vaccine demand will stimulate vaccine manufacturers to produce additional vaccine, thereby increasing vaccine production capacity and improving the nation's preparedness for a pandemic.

Develop an Ongoing Repository of Pandemic Virus Reference Strains for Manufacturing (+$19.8 million)

Increased funding will allow CDC to increase laboratory and analytical capabilities for genetic and antigenic analysis of influenza vaccines.

Increase stock of Diagnostic Reagents for Influenza (+$14.9 million)

CDC will provide for acquisition, storage, shipping and support of a newly acquired inventory either internally or through a commercial vendor. CDC will also work with the manufacturer to move toward more stringent quality assurance and control by instituting control protocols to ensure reagents are used properly. Finally, CDC will provide incentives for the manufacturer to make reagents available when needed.

Vaccine Registry (+$14.6 million)

With funding of $14.6 million in the FY 2008 President's Budget, CDC will develop a vaccine registry to monitor vaccine use and distribution. The development of a vaccine and antiviral tracking system that includes records of vaccination and the administration of other countermeasures is critical to ensuring that vaccines reach the targeted audience and that antivirals are appropriately administered. CDC will develop and deploy national capabilities 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 the delivery of these vaccines. CDC will also integrate such information with adverse event monitoring and surveillance tracking.

Real Time Assessment and Evaluation of Interventions (+$9.9 million)

CDC will improve decision makers' abilities to understand the current disease burden, develop predictions and integrate key surveillance data by enhancing system capabilities in three key ways: 1) collect and collate all suitable existing influenza-related surveillance data from various systems to develop a population-based analysis of disease impact and evaluation of interventions; 2) design and implement robust models that will use these data to provide frequently updated population-based estimates of disease burden and impact of interventions; and 3) create decision tools based on these data for use by decision makers at local, state and national levels.

Rapid Outbreak Response for High Priority Countries (+$17.8 million)

When a potential pandemic influenza strain is identified, swift and decisive action can make the difference in whether the strain is contained or spread globally. Based on the available epidemiologic information, CDC will continue to identify countries at high risk for the emergence of a potential pandemic and in need of monitoring efforts and help develop in-country response teams. Funds in the FY 2008 President's Budget will allow CDC to enhance activities undertaken with funding in FY 2006 to ensure that target countries are monitored and safeguarded from disease spread that could elevate to pandemic levels.

Human-Animal Interface Studies (+$4.0 million)

As a complement to the National Institutes of Health epidemiological studies, CDC will continue to support studies that examine the risk and frequency of human infections with animal influenza A viruses that have pandemic potential through the FY 2008 President's Budget. 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 that 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 (+$47.5 million)

With increased funding in FY 2008, CDC will enhance its efforts to address these preparedness gaps through increasing laboratory capacity and technical support at local levels; assisting in the development of surveillance, diagnosis and epidemic investigations; and working with the World Health Organization (WHO) to create and maintain proper coordinating and monitoring infrastructure in high risk countries.

Quarantine (+$10.0 million)

Increased funding of $10.0 million in FY 2008 will support up to 25 stations in FY 2008. With only eight stations in FY 2004, these critical security areas were able to expand to 18 stations by the end of FY 2005 and will reach up to 25 stations by the end of FY 2008.

Decreased Investments

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

The FY 2008 estimate for the Preventive Health and Health Services Block Grant eliminates this program, a decrease of $99 million below the FY 2007 estimate. As CDC strives to improve efficiency and effectiveness, other existing resources will continue to be available for programs which have traditionally addressed similar public health issues.

Steps to a HealthierU.S. (-$17.2 million)

Steps to a HealthierU.S. was funded for the first time in FY 2003. Through this program, 40 communities, cities and tribal entities are implementing community action plans that build on existing state, local and federal efforts related to obesity, diabetes, asthma and their risk factors and include a special focus on populations with a disproportionate burden of disease and disparities in preventive services. Through the Steps program, organized community, environmental, educational, media and policy interventions are being implemented in school, community, healthcare and workplace settings. The Steps program establishes an alliance of partnerships and coalitions committed to participating actively in planning, implementation and evaluation activities. These partnerships track specific indicators of progress in conjunction with quantifiable program objectives. CDC is currently assessing experiences, successes and lessons learned from the first Steps communities in order to inform future directions, especially in the area of how to achieve broader impact. With a decrease of $17.2 million in FY 2008, the Steps programs that end their five year cycle will not be continued. Funding will be continued for the 13 programs that have not yet completed their five year cycle.

West Nile Virus (WNV) (-$16.9 million)

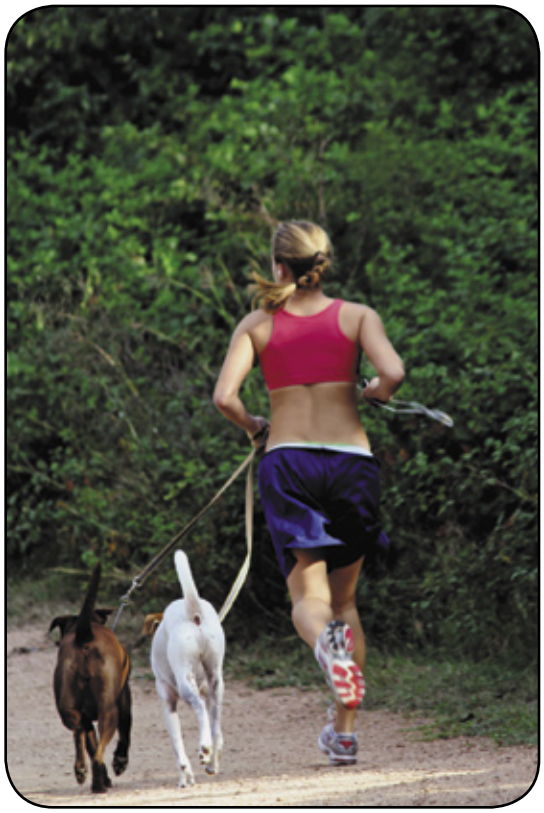
CDC has awarded funds to 57 state, local and territorial public health agencies to assist in the development of comprehensive, long-term disease monitoring, prevention and control programs for WNV. WNV funding has built infrastructure and led to the enhancement of state-based programs to make states better able to prevent, detect and respond to the threat of WNV and other vector-borne infectious diseases. The establishment of this national program has also enhanced viral laboratory capacity, veterinarian epidemiology capacity and surveillance of disease. A reduction of $16.9 million will decrease the amount of funds available to state and local health departments to respond to the nationwide epidemic while making every attempt to distribute funds according to the profile of the WNV epidemic. Several years of CDC funds have allowed states to develop and enhance their WNV activities. CDC will also limit funding for extramural and intramural research.

Upgrading State and Local Capacity (-$125.4 million)

CDC's funding for Upgrading State and Local Capacity has contributed significantly to strengthening preparedness for response to bioterrorism, outbreaks of infectious disease and other public health threats and emergencies. While recognizing competing priorities, CDC proposes a reduction of $125.4 million to Upgrading State and Local Capacity. During FY 2006, states received pandemic influenza funding for activities similar to those funded through the Upgrading State and Local Capacity Program. Within available funding levels, CDC will focus on funding state and local governments to continue to upgrade capacity.

Anthrax (-$13.9 million)

In FY 2008, CDC proposes to eliminate funding for the anthrax research study. CDC has completed the anthrax vaccine clinical trial interim safety analysis, presented the results to key stakeholders, and submitted the final report detailing findings to the Food and Drug Administration (FDA). The information gained over the course of the study will not be compromised due to the cessation in funding.



Buildings and Facilities (-$113.6 million)

The FY 2008 estimate of $20.0 million for Buildings and Facilities will be used for repairs and improvement of CDC's buildings. CDC will carry over necessary funding in FY 2007 to meet additional repair and improvement needs in FY 2008.

Health Marketing Internal Support (-$0.5 million)

With a decrease of $0.5 million in FY 2008, CDC will reduce support for embedded staff in the National Centers who perform marketing and communications functions; public health system funding to core partners; and consulting services for broadcast engineering. These reductions will be made through expected efficiencies as the functions of CDC's health marketing program continue to be enhanced.

Public Health Information Network (-$0.4 million)

The FY 2008 President's Budget will reduce contract services for Public Health Information Network-related activities. CDC anticipates savings in future years as the agency continues to gain efficiencies through the consolidation of interoperable systems and through more efficient Information Technology processes. By standardizing systems and using common code base for all installations, CDC expects to save on development, installation and training costs.

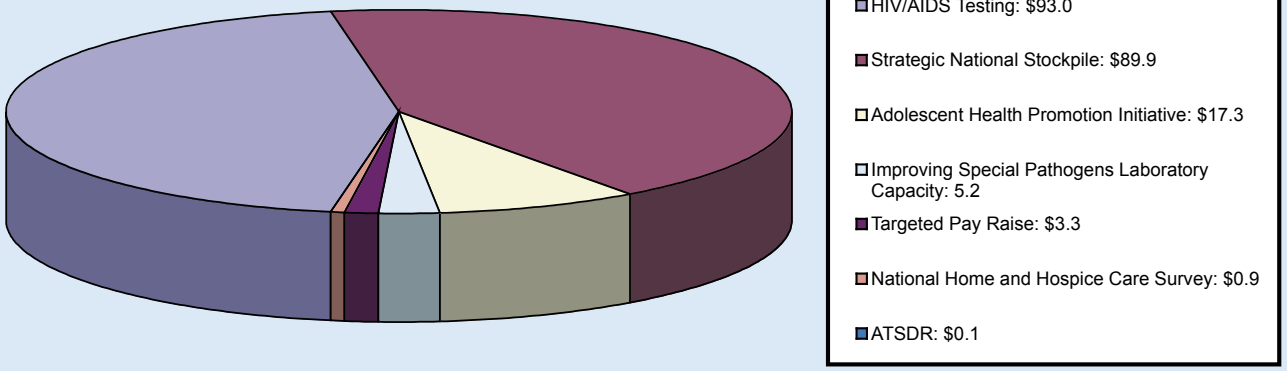
BioSense (-$0.2 million)

With the funds proposed in FY 2008 for BioSense, CDC will focus on communicable infectious disease threats and preserving BioSense's software development and data analysis capability. In an effort to improve program performance, CDC proposes to realign the effort and narrow the scope of BioSense to public health emergency preparedness. To do so, CDC will limit the number of participating cities and restrict program expansion to include only the most populous U.S. cities, improve the system's surveillance for seasonal influenza, and conduct bioterrorism event exercises with this system.

Vaccines for Children (VFC) (-$143.3 million)

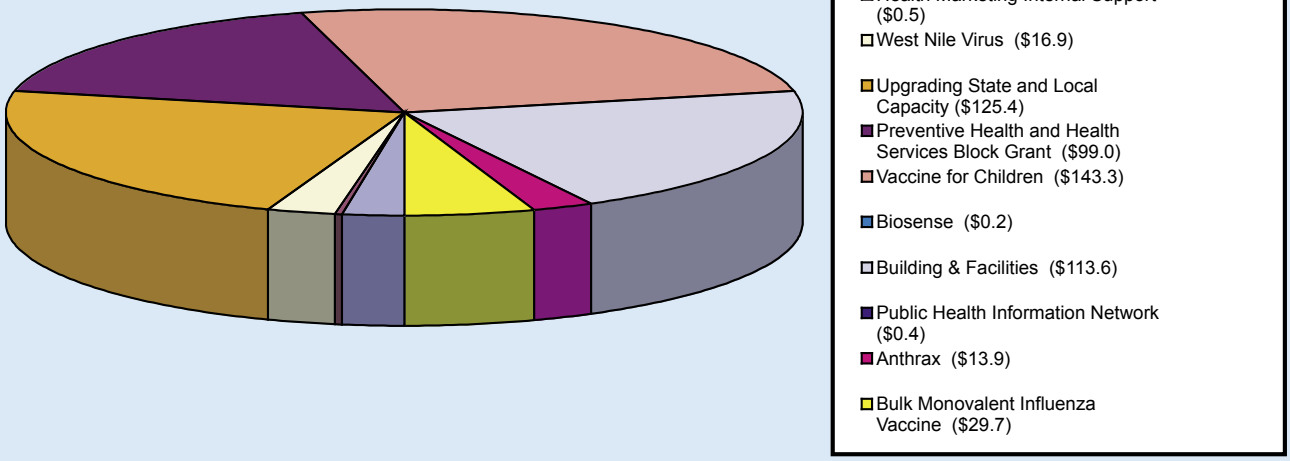
The FY 2008 estimate includes a decrease of $143.3 million to the VFC program. This reflects a reduction for pediatric influenza stockpile funding, reduced needs to support CDC's Vaccine Management Business Improvement Plan (VMBIP) that are no longer necessary in FY 2008, and reduced projected needs for vaccine purchase due to a decline in catch-up funding for some vaccines. Funding for VFC has increased by more than $780.0 million since FY 2006.

FY 2008 Program Increases Above FY 2007



(Dollars in Millions)

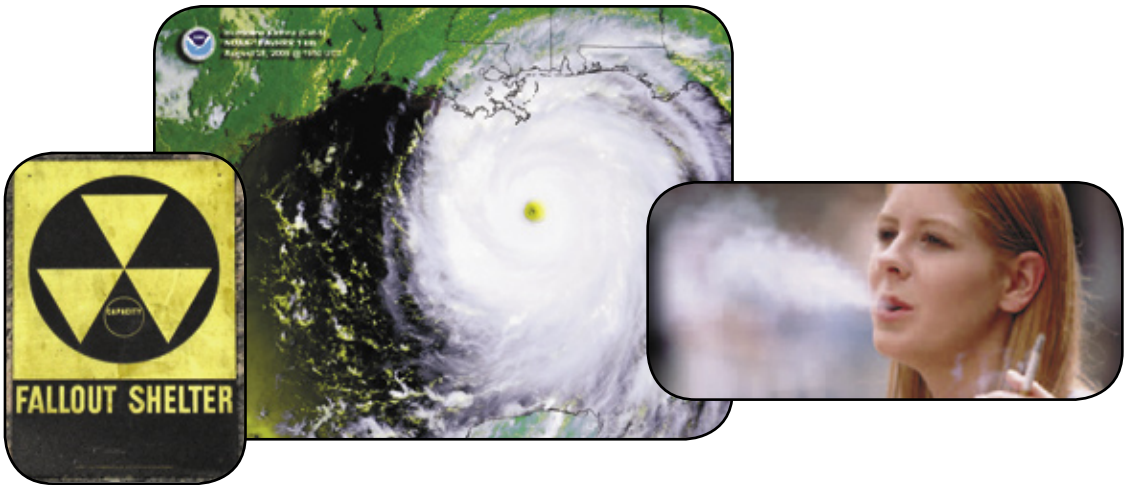
FY 2008 Program Decreases Below FY 2007



(Dollars in Millions)

Balancing Urgent Threats with Urgent Realities

CDC's contemporary scope of public health activities includes addressing issues ranging from terrorism to chronic disease. The agency faces the challenge of balancing immediate, highly publicized, and often sensational urgent realities with underlying, long-term health realities facing the United States and the world. While striving to develop capacity for new programs, such as the expansion in preparedness programs occurring in FY 2002, CDC also strives to maintain excellence in existing programs like chronic disease.

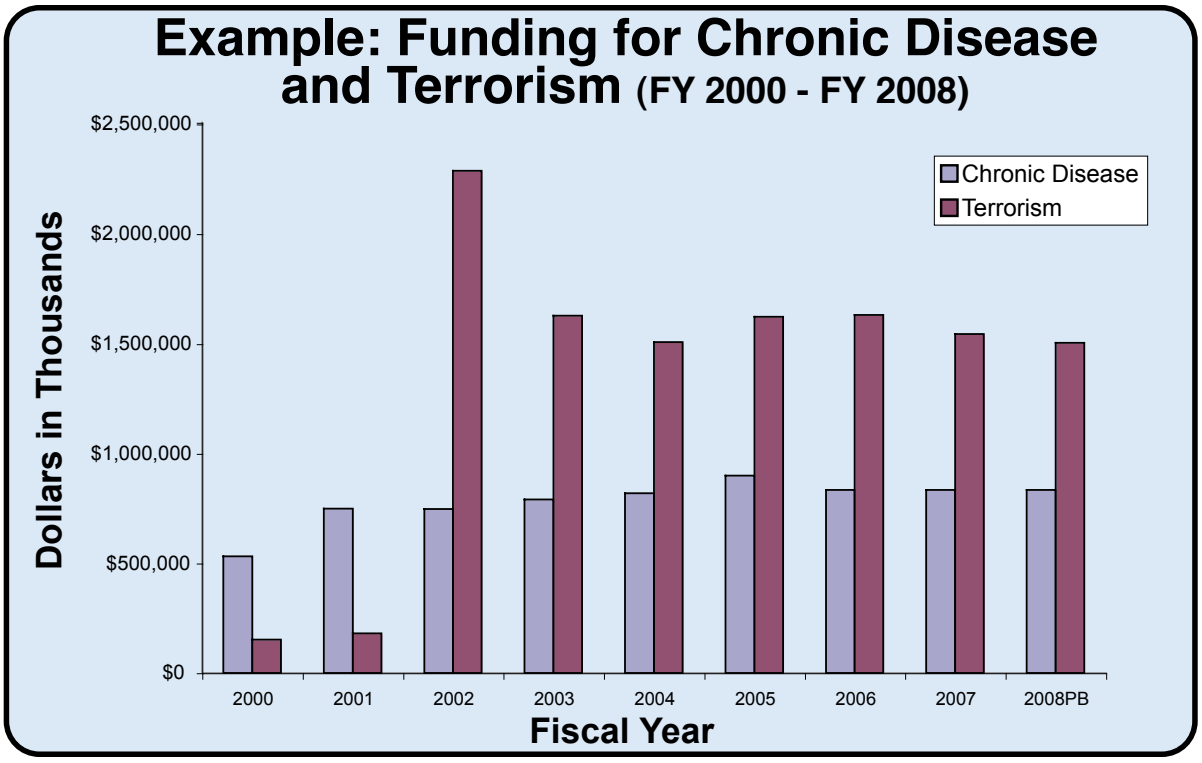


Improving the Balance

Over the past eight years, CDC's scope has grown to address urgent health threats like terrorism and emerging infectious diseases. The growth of CDC's total funding has largely resulted from expansion and development of programs addressing these urgent threats.

The graph below compares CDC funding for terrorism and chronic disease from FY 2000 to FY 2008. Terrorism is a relatively new budget activity at CDC, with significant increases in funding beginning in FY 2002. This funding has enabled the Agency to develop capacity in terrorism preparedness and emergency response, an emerging public health threat.

In contrast, chronic disease funding has remained relatively constant, while the health impact and healthcare costs of chronic diseases continues to grow. CDC recognizes the significant public health consequences of health realities like obesity, asthma and heart disease and strives to balance funding in order to improve the Agency's well-established programs that address urgent realities.



FY 2008 Functional Table

FY 2008 BUDGET REQUEST
CENTERS FOR DISEASE CONTROL AND PREVENTION
DETAIL OF INCREASES & DECREASES
(DOLLARS IN THOUSANDS)

Budget Activity	FY 2006 Actual	FY 2007 Continuing Resolution (CR)[1]	FY 2008 Budget	FY 2008 +/- FY 2007
Infectious Diseases[2]	**$1,695,156**	**$1,658,626**	**$1,794,368**	**$135,742**
Immunization and Respiratory Diseases	**$519,858**	**$490,527**	**$544,977**	**$54,450**
-- Section 317 Immunization Program	$454,489	$425,123	$425,123	$0
-- Vaccine Purchase Grants	$261,656	$232,158	$232,158	$0
-- State Operations/Infrastructure Grants	$192,833	$192,965	$192,965	$0
-- Program Operations	$62,710	$62,743	$82,543	$19,800
-- Pandemic Influenza	$2,659	$2,661	$37,311	$34,650
HIV/AIDS, Viral Hepatitis, STD and TB Prevention	**$963,133**	**$963,798**	**$1,056,798**	**$93,000**
-- HIV/AIDS, Research and Domestic	$651,657	$652,107	$745,107	$93,000
-- Viral Hepatitis	$17,578	$17,590	$17,590	$0
-- Sexually Transmitted Diseases (STDs)	$157,201	$157,310	$157,310	$0
-- Tuberculosis (TB)	$136,697	$136,791	$136,791	$0
Zoonotic, Vector-Borne, and Enteric Diseases	**$87,797**	**$79,852**	**$62,952**	**($16,900)**
-- Hanta Virus/Special Pathogens	$3,864	$3,866	$3,866	$0
-- Lyme Disease	$5,432	$5,436	$5,436	$0
-- West Nile Virus	$44,982	$37,008	$20,108	($16,900)
-- Food Safety	$28,624	$28,644	$28,644	$0
-- Chronic Fatigue Syndrome (CFS)	$4,895	$4,898	$4,898	$0
Preparedness, Detection, and Control of Infectious Diseases	**$124,368**	**$124,449**	**$129,641**	**$5,192**
-- Antimicrobial Resistance	$17,443	$17,452	$17,452	$0
-- Patient Safety	$2,809	$2,811	$2,811	$0
-- All Other Emerging Infectious Diseases	$104,116	$104,186	$109,378	$5,192
Total, Infectious Diseases[2] -	**$1,695,156**	**$1,658,626**	**$1,794,368**	**$135,742**
Health Promotion	**$958,025**	**$958,687**	**$958,732**	**$45**
Chronic Disease Prevention, Health Promotion, and Genomics	**$833,574**	**$834,150**	**$834,195**	**$45**
-- Heart Disease and Stroke	$44,237	$44,269	$44,269	$0
-- Diabetes	$62,763	$62,806	$62,806	$0
-- Cancer Prevention and Control	$306,197	$306,409	$306,409	$0
-- Arthritis and Other Chronic Diseases	$21,995	$22,010	$22,010	$0
-- Tobacco	$104,169	$104,241	$104,241	$0
-- Nutrition, Physical Activity and Obesity	$41,280	$41,309	$41,309	$0
-- Health Promotion	$27,273	$27,290	$27,290	$0
-- School Health	$55,854	$55,893	$55,893	$0
-- Safe Motherhood/Infant Health	$44,044	$44,074	$44,074	$0
-- Oral Health	$11,621	$11,629	$11,629	$0
-- Prevention Centers	$29,536	$29,556	$29,556	$0
-- Steps to a Healthier U.S.	$43,611	$43,641	$26,386	($17,255)
-- Racial and Ethnic Approach to Community Health (REACH)	$34,080	$34,104	$34,104	$0
-- Genomics	$6,914	$6,919	$6,919	$0
-- Adolescent Health	$0	$0	$17,300	$17,300
Birth Defects, Developmental Disabilities, Disability and Health	**$124,451**	**$124,537**	**$124,537**	**$0**
-- Birth Defects and Developmental Disabilities	$38,458	$38,484	$38,484	$0
-- Human Development and Disability	$65,898	$65,944	$65,944	$0
-- Hereditary Blood Disorders	$20,095	$20,109	$20,109	$0
Total, Health Promotion -	**$958,025**	**$958,687**	**$958,732**	**$45**
Health Information and Service	**$218,905**	**$218,966**	**$243,496**	**$24,530**
Health Statistics - PHS Evaluation Transfers	**$109,021**	**$109,021**	**$109,921**	**$900**
Public Health Informatics	**$70,241**	**$70,272**	**$94,402**	**$24,130**
-- PHIN	$4,829	$4,833	$4,418	($415)
-- NEDSS (PHS Evaluation Transfers)	$24,751	$24,751	$24,751	$0
-- Vaccine Registry	$0	$0	$14,645	$14,645
-- All Other Public Health Informatics	$40,661	$40,688	$50,588	$9,900
Health Marketing	**$39,643**	**$39,673**	**$39,173**	**($500)**
Total, Health Information and Service -	**$218,905**	**$218,966**	**$243,496**	**$24,530**

FY 2008 Functional Table (continued)

FY 2008 BUDGET REQUEST
CENTERS FOR DISEASE CONTROL AND PREVENTION
DETAIL OF INCREASES & DECREASES
(DOLLARS IN THOUSANDS)

Budget Activity	FY 2006 Actual	FY 2007 Continuing Resolution (CR)[1]	FY 2008 Budget	FY 2008 +/- FY 2007
Environmental Health and Injury Prevention	**$287,474**	**$287,674**	**$287,674**	**$0**
Environmental Health	**$149,161**	**$149,264**	**$149,264**	**$0**
-- Environmental Health Laboratory	$26,923	$26,942	$26,942	$0
-- Environmental Health Activities	$54,586	$54,623	$54,623	$0
-- Asthma	$31,828	$31,850	$31,850	$0
-- Childhood Lead Poisoning	$35,824	$35,849	$35,849	$0
Injury Prevention and Control	**$138,313**	**$138,410**	**$138,410**	**$0**
-- Intentional Injury	$103,492	$103,565	$103,565	$0
-- Unintentional Injury	$34,821	$34,845	$34,845	$0
Total, Environmental Health and Injury -	**$287,474**	**$287,674**	**$287,674**	**$0**
Occupational Safety and Health	**$262,883**	**$252,999**	**$252,998**	**($1)**
-- Education and Research Centers	$19,680	$19,694	$19,694	$0
-- Personal Protective Technology	$12,639	$12,648	$12,648	$0
-- National Occupational Research Agenda (NORA)	$99,098	$99,106	$99,106	$0
-- Mining Research	$47,922	$37,948	$37,948	$0
-- Other Occupational Safety and Health Research	$83,544	$83,603	$83,602	($1)
Total, Occupational Safety and Health -	**$262,883**	**$252,999**	**$252,998**	**($1)**
Global Health[3]	**$379,624**	**$310,420**	**$379,719**	**$69,299**
-- Global AIDS Program[3]	$122,560	$121,224	$121,223	($1)
-- Global Immunization Program	$144,282	$144,383	$144,383	$0
-- Global Disease Detection	$32,443	$32,466	$32,466	$0
-- Global Malaria Program	$8,975	$8,981	$8,981	$0
-- Other Global Health	$3,364	$3,366	$72,666	$69,300
-- *Other Global Health - Department of Defense Appropriation - DOD*	*$68,000*	*$0*	*$0*	*$0*
Total, Global Health -	**$379,624**	**$310,420**	**$379,719**	**$69,299**
Terrorism	**$1,631,173**	**$1,543,947**	**$1,504,375**	**($39,572)**
-- Upgrading State and Local Capacity	$823,099	$823,674	$698,267	($125,407)
-- Upgrading CDC Capacity	$136,504	$136,592	$136,592	$0
-- Anthrax	$13,851	$13,860	$0	($13,860)
-- Biosurveillance Initiative	$133,380	$78,431	$88,181	$9,750
-- Strategic National Stockpile	$524,339	$491,390	$581,335	$89,945
Total, Terrorism -	**$1,631,173**	**$1,543,947**	**$1,504,375**	**($39,572)**
Public Health Research - PHS Evaluation Transfers	**$31,000**	**$31,000**	**$31,000**	**$0**
Public Health Improvement and Leadership	**$264,106**	**$189,236**	**$190,412**	**$1,176**
-- Leadership and Management	$161,592	$161,703	$162,879	$1,176
-- *World Trade Center - Department of Defense Appropriation - DOD*	*$75,000*	*$0*	*$0*	*$0*
-- Director's Discretionary Fund	$7,846	$7,851	$7,851	$0
-- Public Health Workforce Development	$19,668	$19,682	$19,682	$0
Total, Public Health Improvement and Leadership -	**$264,106**	**$189,236**	**$190,412**	**$1,176**

FY 2008 BUDGET REQUEST CENTERS FOR DISEASE CONTROL AND PREVENTION DETAIL OF INCREASES & DECREASES (DOLLARS IN THOUSANDS)				
Budget Activity	FY 2006 Actual	FY 2007 Continuing Resolution (CR)[1]	FY 2008 Budget	FY 2008 +/- FY 2007
Preventive Health & Health Services Block Grant	$98,932	$99,000	$0	($99,000)
Buildings and Facilities	$158,291	$133,638	$20,000	($113,638)
Business Services Support [4]	$317,576	$317,781	$319,877	$2,096
FY 2006 Pandemic Influenza One-time Funding - Department of Defense [5]	$77,000	$0	$0	$0
FY 2006 Pandemic Influenza Second Supplemental	$200,000	$0	$0	$0
Total, L/HHS/ED [5] -	$6,315,045	$5,736,874	$5,716,651	($20,223)
Total, L/HHS/ED (includes PHS Evaluation Transfer and supplementals) [5] -	$6,580,145	$6,001,974	$5,982,651	($19,323)
Agency for Toxic Substances and Disease Registry [6]	$74,905	$74,905	$75,004	$99
Vaccines for Children	$1,974,295	$2,905,330	$2,761,957	($143,373)
Department of Defense (non-add)	$275,000	$0	$0	$0
PHS Evaluation Transfers (non-add)	$265,100	$265,100	$266,000	$900
User Fees	$2,226	$2,226	$2,226	$0
Total, CDC/ATSDR Program Level [5] -	$8,631,571	$8,984,435	$8,821,838	($162,597)
Bulk Monovalent Stockpile Rescission [7]	$0	$0	($29,680)	($29,680)

1 The FY 2007 Continuing Resolution reflects FY 2007 planning levels based on FY 2006 levels. These levels may not match the FY 2007 Joint Resolution as determined by Congress.

2 The Infectious Diseases budget activity has been realigned to reflect the new CCID reorganizational structure.

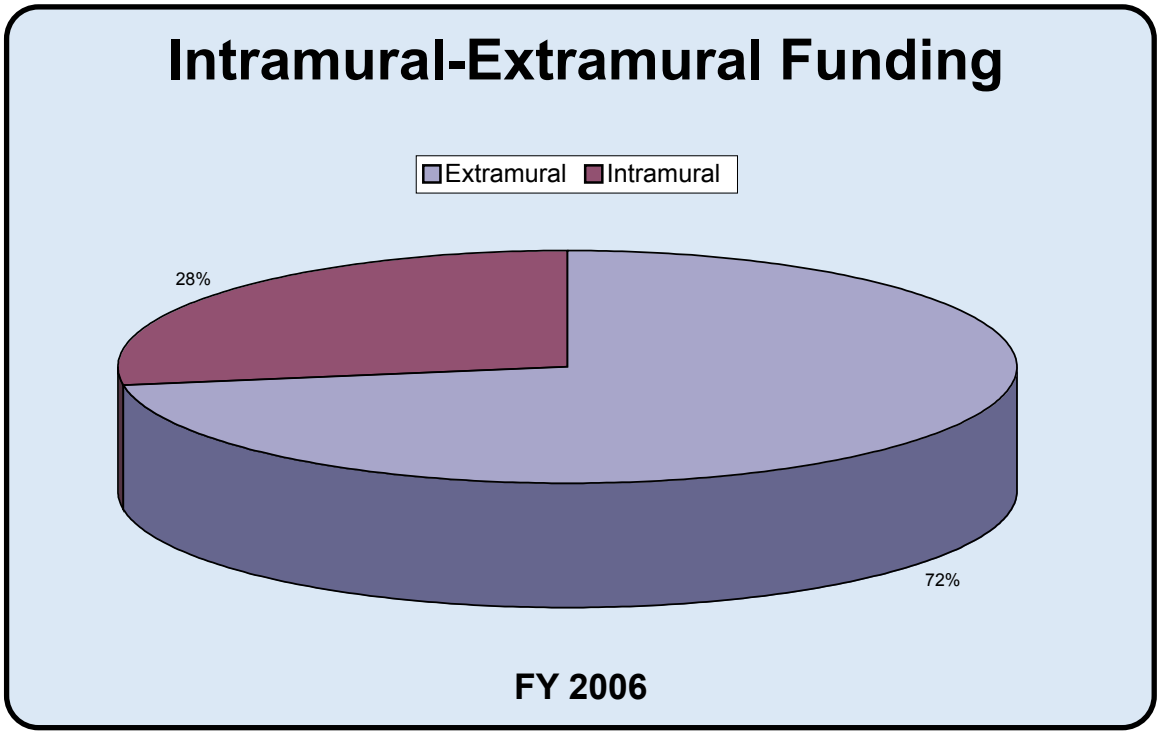
3 Funding does not include transfers to CDC from the Department of State Office of the Global AIDS Coordinator ($607.9 million in FY 2006), as part of the President's Emergency Plan for AIDS Relief.

4 Funding in FY 2006 and 2007 CR for Business Services Support includes a comparability adjustment of -$0.039 million for activities that were jointly funded in prior years, and are financed centrally in the General Departmental Management account in the FY 2008 Budget.

5 FY 2006 funding includes $77 million in one-time costs related to pandemic influenza planning not carried forward into FY 2007 and 2008.

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

7 The 2008 Budget reflects a rescission from FY 2006 of $29.7 million related to Bulk Monovalent Influenza Vaccine.



CDC Timeline: Celebrating 60 Years of Health Protection and Prevention

2006
The Food and Drug Administration licensed the first vaccine developed to prevent cervical cancer.

2005
Rubella was eliminated in the United States.

2004
CDC provided support for laws restricting access to over-the-counter medications used in methamphetamine production in Georgia.

2003
SARS was first reported in Asia. CDC provided guidance for surveillance, clinical and laboratory evaluation, and reporting.

2002
CDC reported that U.S. newborn HIV infections were down 80 percent since 1981.

2001
CDC learned of the first anthrax case; the victim was a 63-year-old Florida man. He would be the first in a series of domestic terrorism victims of infection by anthrax sent through the mail.

2000
Children's Health Act of 2000 established Safe Motherhood, a CDC program to better understand the burden of maternal complications and mortality.

1999
CDC's Laboratory Response Network was established.

1998
For the first time since 1981, AIDS was diagnosed in more African-American and Hispanic men than in gay white men.

1997
CDC participated in the nationally televised White House event of the Presidential Apology for the Tuskegee Study.

1996
CDC found measurable levels of serum cotinine in the blood of 88 percent of American nonsmokers.

1995
CDC recommended offering HIV testing to all pregnant women.

1994
Polio elimination certified in the Americas.

1993
CDC investigated an outbreak of a mysterious illness in the southwestern United States, later known as hantavirus.

1992
The National Academy of Sciences reported on a dangerous new phenomenon: the emergence of new and virulent diseases that are resistant to antibiotics.

1991
Public Health Service recommended all women of childbearing years consume 400 mg of folic acid/day to reduce the risk of pregnancies affected by spina bifida and anencephaly.

1990
For the first time, CDC reported the possible transmission of HIV from a dentist to a patient in Florida during an invasive procedure.

1989
CDC reported every six of ten killings involved guns, making firearms the 8th leading cause of death, after diabetes but ahead of liver disease.

1988
CDC established the National Center for Chronic Disease Prevention and Health Promotion.

1987
CDC reported that about 7,000 workers die on the job annually; 42 percent of female workers who die on the job are murdered.

1986
The Office on Smoking and Health, which targets the nation's primary preventable health problem, became part of CDC.

1985
CDC study stated polysaccharide, a new vaccine, was a cost-effective means to protect children who were at risk for developing Haemophilus influenzae.

1984
CDC studied Vietnam veterans who were exposed to Agent Orange during combat and later fathered babies; no increased risk of birth defects was found.

1983
CDC established a Violence Epidemiology Branch to apply public health prevention strategies to child abuse, homicide, and suicide.

1982
CDC advised of the possible risk of Reye syndrome associated with the use of aspirin by children with chickenpox and flu-like symptoms.

1981
The first diagnosis of the fatal disease later known as AIDS was described in the June 5, 1981, issue of Morbidity and Mortality Weekly Report (MMWR).

1980
MMWR published the first report on a newly recognized illness associated with tampon use: toxic shock syndrome.

1979
First *Healthy People* report published.

1978
Alcorn County, Mississippi, reported cases of the first outbreak of tuberculosis resistance to formerly effective drugs.

1977
Global eradication of smallpox was achieved.

1976
CDC investigated two outbreaks of a previously unknown deadly hemorrhagic fever, later known as Ebola, in Zaire and Sudan.

1975
The last victim of variola major smallpox, the more severe form of the disease, was reported.

1974
CDC planned a major campaign to reverse the downward trend in the number of Americans immunized.

1973
MMWR reported that lead emissions in a residential area constituted a public health threat—contrary to popular assumption at the time.

1972
CDC assisted Sierra Leone in fighting a new outbreak of Lassa fever, a mysterious lethal viral disease

1971
The National Center for Health Statistics conducted the first National Health and Nutrition Examination Survey to capture the health status of Americans.

1970
The Communicable Disease Center became the Center for Disease Control.

1969
CDC constructed a "biocontainment lab" to protect scientists while they work with deadly and infectious pathogens.

1968
CDC investigated an unidentified, highly infectious respiratory disease in Pontiac, Michigan, later identified as Legionnaire's disease.

1967
The Foreign Quarantine Service, one of the oldest and most prestigious units of the Public Health Service, joined CDC.

1966
CDC announced a national measles eradication campaign at the American Public Health Association meeting.

1965
New surveillance systems added to the original National Surveillance Program of 1952 included measles, shigellosis, tetanus, and trichinosis.

1964
The first Surgeon General's report linking smoking to lung cancer was released. It stated that "cigarette smoking is a health hazard of sufficient importance in the United States to warrant appropriate remedial action."

1963
CDC tested the newly developed Jet Gun and vaccine for smallpox.

1962
CDC played a key role in one of the greatest triumphs of public health: the eradication of smallpox.

1961
CDC took over publication of MMWR.

1960
The Tuberculosis Program moved from the Public Health Service to CDC.

1959
Dr. Robert Kissling developed the fluorescent antibody test for rabies, first used in a field trial with 100 percent accuracy.

1958
A CDC team traveled overseas, for the first time, to Southeast Asia to respond to an epidemic of cholera and smallpox.

1957
National guidelines for influenza vaccine were developed.

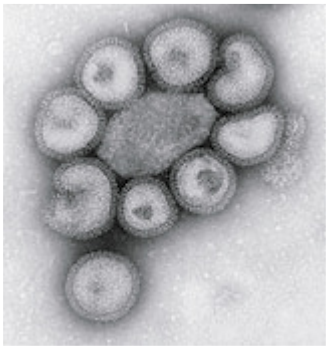
1956
Dr. William Cherry found the first practical use for the fluorescent technique and used it to research communicable diseases of bacterial origin.

1955
CDC established the Polio Surveillance Program.

1954
Alexander D. Langmuir, MD, MPH, set up a leptospirosis laboratory in Jacksonville, Florida.

1953
CDC reported first case of rabies in a bat.

1952
U.S. Surgeon General Dr. Leonard A. Scheele reported that the Communicable Disease Center was ready to combat possible biological warfare.



1951
The Epidemic Intelligence Service was established to help protect against biological warfare and manmade epidemics.

1950
Fifteen CDC staffers conducted the first investigation of an epidemic of polio in Paulding County, Ohio.

1949
The United States was declared free of malaria as a significant public health problem.

1948
CDC gained worldwide recognition for the quality and quantity of its contributions to the taxonomy of the Enterobacteriaceae.

1947
In San Francisco, CDC took over the Public Health Service Plague Laboratory, thus acquiring an Epidemiology Division.

1946
The Communicable Disease Center was organized in Atlanta, Georgia, on July 1.

CDC Funding History

As the world changes, CDC's scope and mission grow to meet diverse public health challenges. Since its inception, CDC's funding has grown along with the agency's mission and activities.

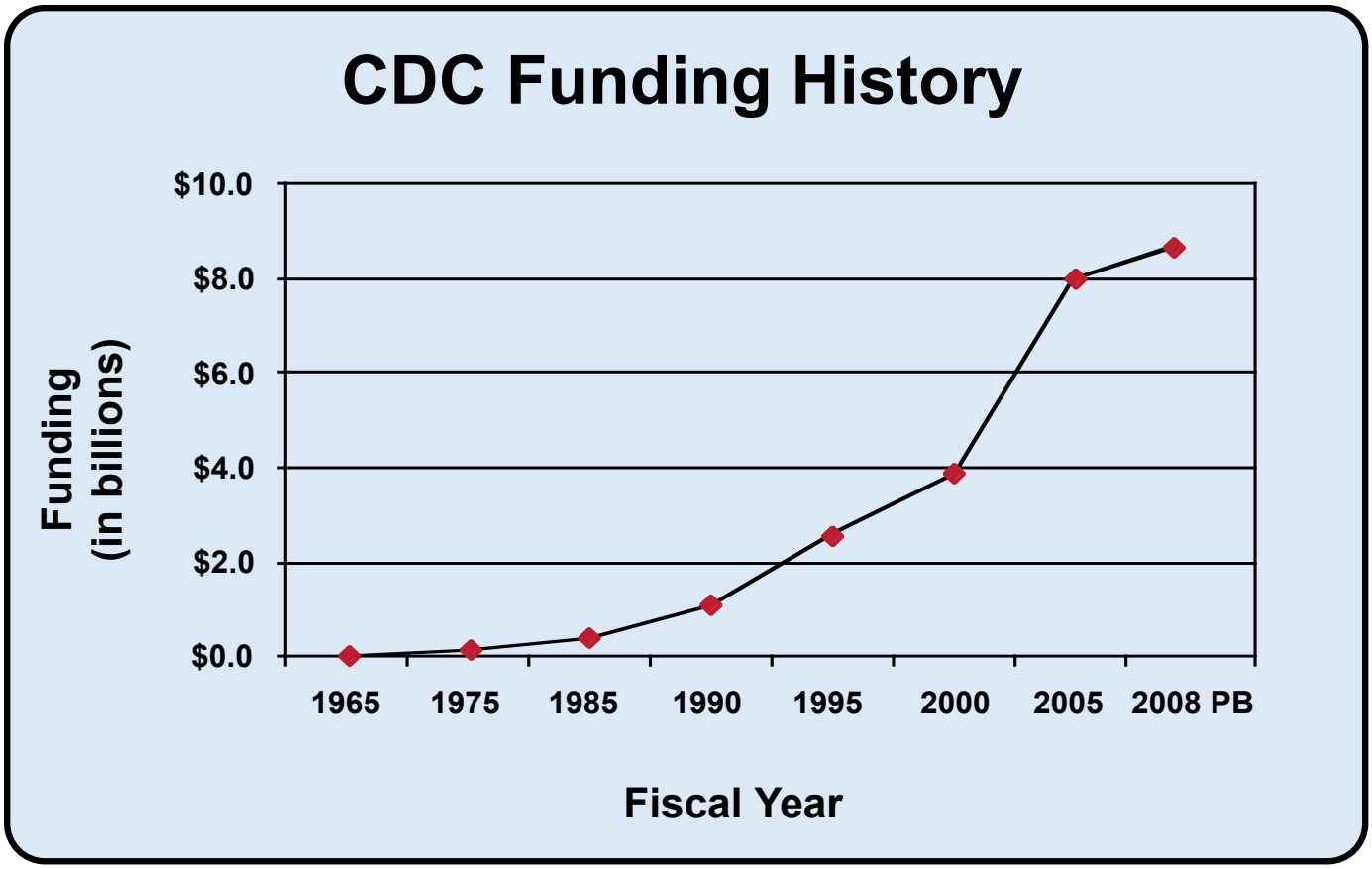
CDC's workforce is diverse. More than one-third of CDC's employees are members of a racial or ethnic minority group, and women account for nearly 60 percent of CDC's workforce.

Then:

- In 1946, CDC focused on eliminating malaria.
- As a new agency, the key jobs at CDC were entomologists and engineers. It had only 7 medical officers on duty.
- In 1947, CDC employees collected $10 to make a token payment to Emory University for 15 acres of land on Clifton Road in Atlanta, the home of CDC headquarters today.

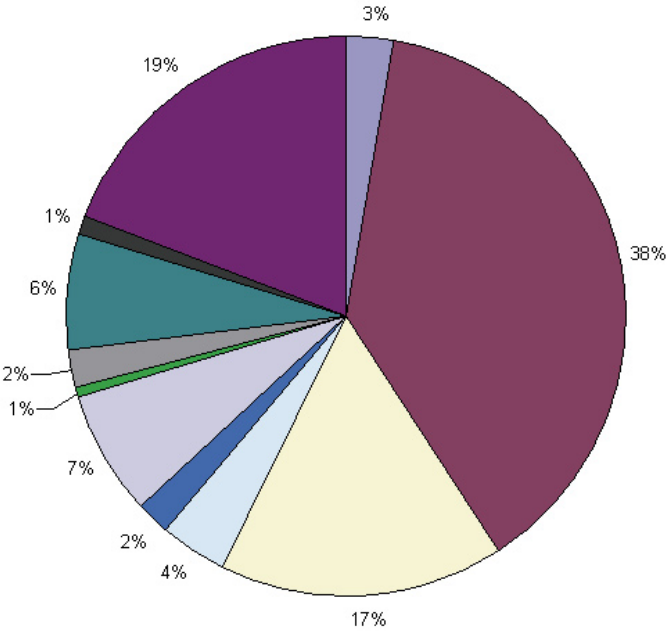
Now:

- Today, CDC is the nation's premier health promotion, prevention and preparedness agency.
- CDC staff include epidemiologists, biologists, health advisors, economists and statisticians – just to name a few!
- In addition to CDC's three government owned Atlanta campuses, scientists and public health professionals occupy leased space in 21 different buildings at four separate locations.

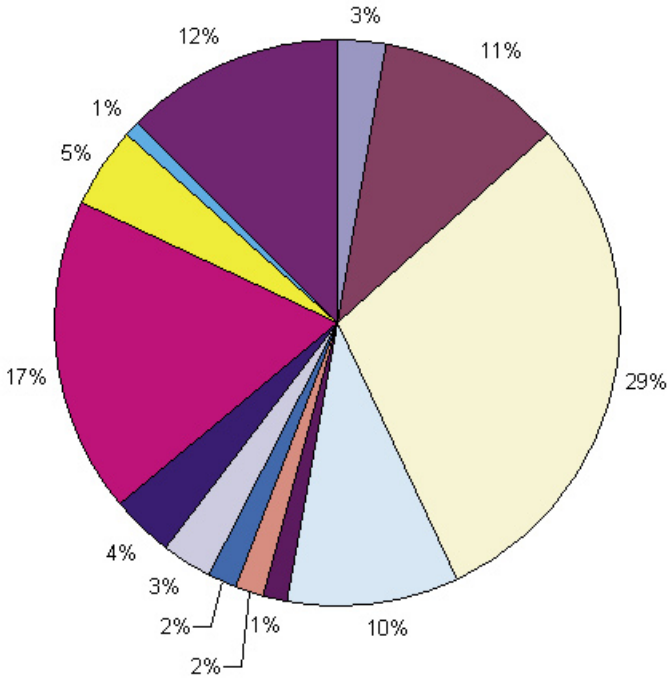


CDC's overall mission, to promote health and quality of life by preventing and controlling disease has remained constant in our 60 years of public service. However, the disease areas we focus on are constantly changing. Here's an example:

FY 1991 Funding by Disease Category



FY 2006 Funding by Disease Category



- Infectious Diseases
- HIV/AIDS
- Immunization
- Chronic and Environmental Disease
- Injury Prevention
- Occupational Safety and Health
- Lead Poisoning
- Breast and Cervical Cancer
- Sexually Transmitted Diseases
- Tuberculosis Elimination
- Birth Defects, Developmental Disabilities, and Health
- Environmental Health
- Global Health
- Terrorism
- Pandemic Influenza Supplementals
- Agency for Toxic Substances and Disease Registry
- Other*

Health Protection Goals

The 21st century brings new health and safety challenges:

- Infectious diseases (e.g. SARS, monkeypox, pandemic influenza)
- Terrorism
- Environmental threats (e.g. hurricanes, wildfires, mudslides, toxic chemical spills)
- Aging population
- Lifestyle factors (e.g. tobacco use, poor nutrition, physical inactivity)

Over the last three years, CDC has reorganized to meet 21st century health and safety threats. CDC's centers continue to conduct and support the excellent science that drives all of the agency's work.

CDC's coordinating centers and offices are improving coordination and networking inside and outside CDC, and are homes for the Health Protection Goal Action Plan teams. These teams, led by CDC senior staff and made up of internal and external experts, have developed plans with measurable objectives and priorities to achieve the health protection goals.

CDC's center and division leaders, HHS, CDC's Advisory Committees and partners and the public have provided input on the goal action plans, and goal teams will continue to consult with these groups as the plans are updated. As always, CDC's program centers and divisions will be responsible for planning and managing activities and projects, overseeing their quality, and measuring their results.

The Health Protection 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 Health Protection Goals will allow CDC to objectively measure and clearly demonstrate the impact of its health protection activities, and can help inform the public, the administration, Congress, partners and stakeholders about the state of the public's health.

Health Protection Goals

CDC refocused its efforts, as reflected in its 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 – Healthy People in Every Stage of Life, Healthy People in Healthy Places, People Prepared for Emerging Health Threats and Healthy People in a Healthy World.

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 in every stage of life.

- Infants and Toddlers, ages 0 – 3: Start Strong
- Children, ages 4 – 11: Grow Safe and Strong
- Adolescents, ages 12 – 19: Achieve Healthy Independence
- Adults, ages 20 – 49: Live a Healthy, Productive, and Satisfying Life
- Older Adults and Seniors, ages 50 and over: Live Better, Longer

Healthy People in Healthy Places

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

- Healthy Communities
- Healthy Homes
- Healthy Schools
- Healthy Workplaces
- Healthy Healthcare Settings
- Healthy Institutions
- Healthy Travel and Recreation

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
- Health Protection
- Health Diplomacy

People Prepared for Emerging Health Threats

CDC's preparedness activities-spanning the spectrum from mental health to environmental health-will help in safeguarding lives and responding to threats.

- Pre-Event – All Hazards Objectives
  - – Increase the use and development of interventions known to prevent human illness from chemical, biological, radiological agents, and naturally occurring health threats.
  - – Decrease the time needed to classify health events as terrorism or naturally occurring in partnership with other agencies.
  - – Decrease the time needed to detect and report chemical, biological, radiological agents in tissue, food or environmental samples that cause threats to the public's health.
  - – Improve the timeliness and accuracy of communications regarding threats to the public's health.
- Event – All Hazards Objectives
  - – Decrease the time to identify causes, risk factors and appropriate interventions for those affected by threats to the public's health.
  - – Decrease the time needed to provide countermeasures and health guidance to those affected by threats to the public's health.
- Post-Event – All Hazards Objectives
  - – Decrease the time needed to restore health services and environmental safety to pre-event levels.
  - – Improve the long-term follow-up provided to those affected by threats to the public's health.
  - – Decrease the time needed to implement recommendations from after-action reports following threats to the public's health.

Healthy People

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 in every stage of life.

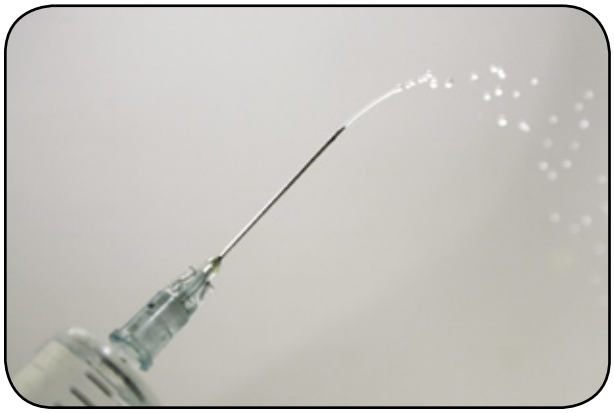
CDC Accomplishments

Improving HIV Screening – Revised Recommendations for HIV Testing of Adults, Adolescents and Pregnant Women in Healthcare Settings – One quarter of HIV-infected Americans are unaware of their infection and about 40 percent of those who are diagnosed with HIV receive an AIDS diagnosis less than a year later, revealing missed opportunities to prevent transmission and protect the health of those who are infected. CDC published new recommendations for healthcare providers that are designed to make voluntary HIV screening a part of medical care for all patients aged 13 to 64. The recommendations aim to simplify the HIV testing process in healthcare settings and increase early HIV diagnosis among the estimated more than 250,000 HIV-positive Americans who are unaware of their infection. CDC supported the released recommendations with pod casts, satellite broadcasts and meetings with policy-makers and providers. Several major insurers have announced their willingness to cover recommended HIV testing for their insured populations.

Decreasing Adolescent Risk Behavior – Prevention activities targeted at adolescents provide young people with skills and information to help them avoid behaviors that put them at risk for serious health problems such as asthma, heart disease and HIV infection. CDC supports state and local education agencies in their efforts to provide effective health education targeted at youth, including minority races and ethnicities.

CDC currently supports HIV prevention through school health programs in 48 states, 7 territories and 18 large city education agencies. Between 1991 and 2005, the percentage of students who used a condom at last sexual intercourse increased from 46 percent to 63 percent and the percentage who had been taught about HIV and AIDS in school increased from 83 percent to 88 percent. In addition, the proportion of fully tobacco-free secondary schools increased from 37 percent in 1994 to 46 percent in 2000. A large number of schools have recently improved the nutritional quality of food and beverage items sold in vending machines. School health policies and programs have contributed to recent decreases in health risk behaviors among high school students, including the decline in cigarette smoking rates from 36 percent in 1997 to 23 percent in 2005.

Delivering Cost Effective Immunizations – Public health action saved $43.3 billion through seven vaccines. An economic evaluation of the impact of seven vaccines (tetanus, diphtheria and pertussis; tetanus and diphtheria; haemophilus influenza type B; poliomyelitis; measles, mumps and rubella; hepatitis B; and varicella) routinely given as part of the childhood immunization schedule found that vaccines are tremendously cost effective. Childhood vaccination with the seven tested vaccines, which prevent more than 14 million cases of disease and over 33,000 deaths over the lifetime of children born in any given year, resulted in annual savings of $9.9 billion in direct medical costs and over $33.4 billion in indirect societal costs. This study, published in the Archive of Pediatrics and Adolescent Medicine, is the first time the seven vaccine series has been examined together with a common methodology.



Healthy Places

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

CDC Accomplishments

Maintaining Healthy Homes – In 2005, CDC adopted a new Healthy Places Goal which included Healthy Homes. Childhood lead poisoning, unintentional home injuries, asthma and allergic episodes from dust mites, pets, mold and exposures to rats, mice and cockroaches have a significant impact on health and well-being. In collaboration with Housing and Urban Development's (HUD) Office of Healthy Homes and Lead Hazard Control, CDC has developed a National Healthy Homes Training Center and Network. The center provides training for practitioners in the assessment and treatment of housing related health hazards. More than 300 nurses, environmental health, public health and housing specialists were trained at 10 different locations in 2005. In partnership with HUD, CDC updated, produced and distributed the Healthy Housing Reference Manual, a resource designed to be used by local health, environmental health and housing departments to provide comprehensive recommendations to make homes healthier and safer. Some of the public health issues addressed by the manual include indoor air pollution, rodents and other disease vectors, waste water disposal and lead poisoning prevention.

Preventing Residential Fire Deaths – A review of homes participating in CDC-funded smoke alarm installation and fire safety education programs found that approximately 1,164 lives have been saved. Staff have canvassed over 400,000 homes and installed more than 295,000 long-lasting or lithium-battery powered smoke alarms in high-risk homes, specifically those with children ages five years and younger and adults ages 65 years and older. Through both the year-round promotion of the program in each community (e.g., local radio, television, newspapers, church bulletins, health clinics) and the education and smoke alarm installations that occur in each participant's home, fire safety activity and messages have reached the individuals and populations in greatest need.

Improving Coal-Mining Safety – CDC, in collaboration with manufacturers, labor and industry, developed a new personal dust monitor (PDM) for assessing coal miners' exposure to coal dust in underground coal mines. The PDM provides real-time exposure data during a work shift so that mine operators can reduce over-exposures that might lead to the development of coal workers' pneumoconiosis or "black lung," a debilitating lung disease that caused 14,000 deaths between 1991 and 2000. In addition, CDC and its partners received the prestigious R&D 100 Award in 2006 for development of the "Coal Dust Explosibility Meter – Model 100." This is the first device created to immediately determine if coal dust concentrations in active areas of underground coal mines have been sufficiently mixed with rock dust to prevent risk of explosion. Technologies currently used to assess coal dust concentrations require lab analysis that may take as long as two weeks to complete. The explosibility meter can be used to avoid this delay and enhance mine safety.

Detecting Methamphetamine Exposure – CDC and its partners developed a new method for detecting methamphetamine (meth) contamination to rapidly identify toxic exposures of police officers assigned to seize illegal meth labs. In 2005 alone, there were more than 12,000 incidents in the United States involving meth labs. Significant occupational risks of exposures to toxic materials exist for those entering sites contaminated with chemical wastes from meth production. The new meth wipe method provides faster and lower-cost identification of meth contamination on surfaces and allows decisions on safe procedures and protective clothing for officers and other personnel to be made quickly. With the new method, results can be available in minutes compared with days for traditional methods.

Preparedness

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

CDC Accomplishments

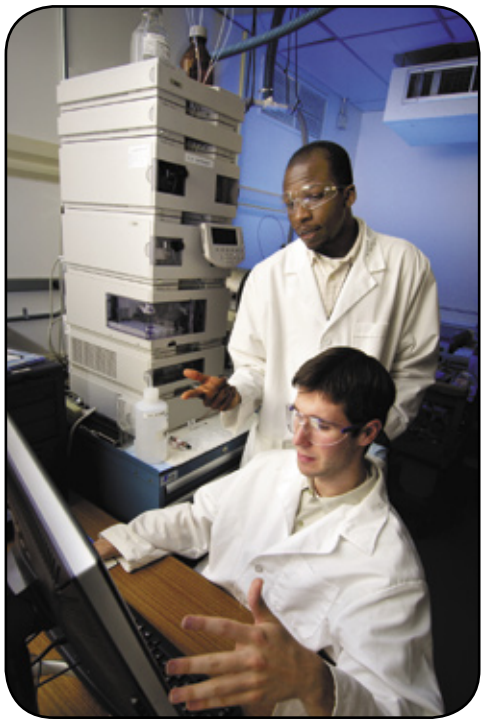
Increasing Surveillance Capacity – CDC established and improved the capacity of domestic and global sentinel surveillance networks linking healthcare providers in order to improve the ability to detect and monitor emerging diseases. These networks include: sentinels along the United States-Mexico border; sentinel physicians for influenza; travel medicine clinics in the United States and other countries; academic hospital emergency departments; and infectious disease specialists throughout the United States. These networks are capable of identifying and responding to emerging infections that require immediate attention. In addition, through CDC's Select Agent and Toxins Program, CDC initiated the investigation of all thefts, losses and releases of select agents or toxins within five days of receipt of report. The program also developed and tested a national Select Agent database and system that will provide a single source for registration, transfer, amendments, inspection data and other required information.

Enhancing the Laboratory Response Network (LRN) – CDC has increased the number of LRN labs to 152, up from 91 in 2001. This number includes food and veterinary labs, allowing for greater ability to detect threat agents in the nation. These labs are now located in all 50 states and several installations abroad. Of the labs funded through the 2006 cooperative agreement, 100 percent can confirm anthrax, tularemia and plague and more than 90 percent can confirm melioidosis, ricin toxin, staphylococcal enterotoxins, SARS virus, non-variola orthopox and influenza A/H5. CDC has trained more than 8,800 clinical laboratorians to play a role in the detection, diagnostics and reporting of public health emergencies.

Ensuring the Safety of Respirators for Emergency Responders – Respirator Certification – CDC continues to conduct a respirator certification program to ensure that respiratory protective equipment conforms to established regulatory standards. The agency issued 402 approvals in 2006 including 30 respirators for occupational use by emergency responders against CBRN (Chemical, Biological, Radiological and Nuclear) agents. Of these 30, 11 were self-contained breathing apparatus (SCBA), 10 were air-purifying respirators and 9 were air purifying escape respirators. CDC has initiated testing for Powered Air Purifying CBRN respirators with three applications in process. In addition, CDC is installing a CBRN laboratory respiratory protection level testing chamber to improve the timing and decrease the cost of testing. CDC has also significantly decreased the approval times for new N95 respirators to increase the availability of filtering face-piece respirators.

Developing Influenza Vaccine – A critical aspect of influenza pandemic preparedness is vaccine development. CDC has developed several candidate H7N7, H7N2 and H5N1 pandemic vaccines to meet pandemic preparedness goals. The H7N7 and H7N2 candidate vaccines were part of the public health preparedness response to the outbreaks of avian H7 viruses in poultry, which caused human infections in Canada and the Netherlands, the latter involving one fatality. The H5N1 avian influenza outbreak in Asia, Europe and Africa has caused more than 250 infections and more than 150 deaths. Vaccination is one of the major public health interventions if the virus becomes pandemic.

Enhancing Preparedness at Ports of Entry – As of September 2006, CDC increased its number of quarantine stations at international ports of entry into the United States to 20. By September 2007, Emergency Response Plans will be drafted and integrated with local quarantine system partners at 18 ports of entry. CDC is continuing to enhance the CDC Quarantine Network through expanded field presence, community partnership, preparedness and response activities, and increased surveillance and epidemiologic research. Quarantine station expansion and enhancement has improved the systematic collection, analysis, interpretation and dissemination of data related to public health events at Uniited States ports of entry. This improves CDC's capacity to respond to natural and intentional communicable disease emergencies of public health significance.



Global

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.

CDC Accomplishments

Eradicating Global Polio – CDC provides epidemiologic, laboratory and programmatic support for global polio eradication and works with partners from the WHO, Rotary International and The United Nations Children's Fund (UNICEF) as part of the Global Polio Eradication Initiative. Global polio incidence has declined from approximately 350,000 cases in 1988 to 1,791 cases in 2006. Since 1988, roughly 250,000 lives have been saved and five million cases of childhood paralysis avoided. Today, more than 200 countries and territories are polio free and the disease is now endemic in only four countries: Nigeria, India, Pakistan and Afghanistan. In 2006, more than 94 percent of all cases detected globally have been from these four countries, with 58 percent from Nigeria and 33 percent from India. In 2006, CDC participated in development of new laboratory procedures which can detect and confirm new polio infection twice as quickly, enabling a more rapid outbreak response.

Preparing for Avian Influenza – A new Influenza Division addresses expanded influenza epidemiology, laboratory and extramural responsibilities. CDC placed staff in strategic oversees positions to coordinate avian influenza activities and provide on going technical assistance to improve international pandemic preparedness. Onsite outbreak assistance, technical assistance, or training was provided to China, Vietnam, Thailand, Indonesia, Nigeria, Turkey, Brazil, Laos, Cambodia, Ukraine, Kenya, Uganda, Kazakhstan, Egypt, Djibouti and Romania for avian influenza outbreaks. In addition, CDC developed the first H5N1 Clade 2 pandemic influenza vaccine candidate for distribution to vaccine manufacturers, advanced the development of a rapid influenza diagnostic test, and collaborated with partners within and outside of CDC to identify and promote health behaviors (e.g., hand hygiene, cough etiquette and respiratory hygiene) that can prevent the spread of influenza and other respiratory infections.

Contributing to International AIDS Relief – In 2006, CDC provided technical assistance and support for programmatic activities (e.g., prevention, laboratory capacity, surveillance and Prevention of Mother-to-Child Transmission, care and treatment) in 29 Global Aids Program (GAP) countries. In addition, GAP assigned more than 100 CDC staff to the field and employed over 1,000 local staff to implement country programs. As of September 2006, CDC supported the President's Emergency Plan for AIDS Relief (PEPFAR) in providing life-saving antiretroviral treatment for approximately 822,000 men, women and children through bilateral programs in PEPFAR's 15 focus countries in sub-Saharan Africa, Asia and the Caribbean.

CDC supported PEPFAR in providing antiretroviral prophylaxis for women during 533,000 pregnancies, preventing an estimated 101,500 HIV infections. As of September 2006, CDC provided 18.7 million counseling and testing sessions for men, women and children and provided HIV care for nearly 4.5 million individuals.

Preventing Malaria in Children – CDC collaborated with Roll Back Malaria partners on the development of the African Strategic Framework for Malaria Prevention in Pregnancy and provided financial support or technical assistance for malaria program implementation in 14 countries and seven regional networks in Africa. In Niger, CDC assisted with the nation-wide distribution of more than two million insecticide treated bed-nets (ITNS) and increased ownership of ITNS in households with children under five from 6.0 percent to 69.9 percent, with an increased equity ratio from 0.36 to 0.83. CDC, in partnership with United States Agency for International Development, provided assessment and strategic planning with the national malaria control programs in Angola, Uganda and Tanzania to begin the scale-up of interventions in the President's Malaria Initiative.

Improving Efficiency and Effectiveness: The President's Management Agenda at CDC

To meet rapidly changing and ever-growing responsibilities, CDC and ATSDR must ensure excellence in public health science, superior service to the public and to our public health partners, and an effective, sound organizational system to enable us to fulfill our long-term vision for safer, healthier people in every community.

President George W. Bush outlined certain approaches to help federal government agencies improve the efficiency and effectiveness of their services. The President's vision for the federal government, set forth in his President's Management Agenda (PMA) is to have all agencies guided by three core principles, which emphasize being:

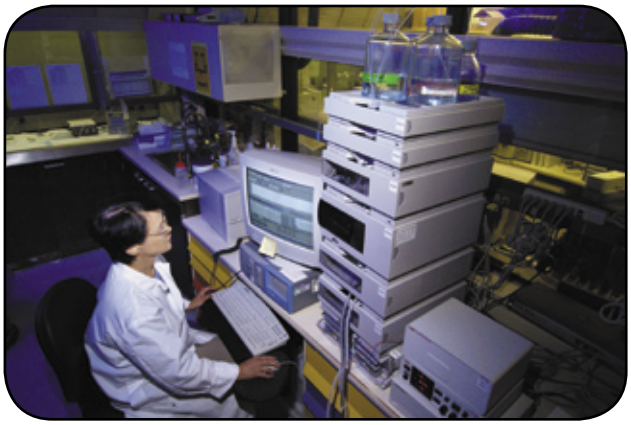
- Citizen-centered – focusing on customer service
- Results oriented – having concrete and measurable outcomes
- Market based – promoting innovation through competition

In addition to measuring external health impact, CDC strives to improve internal performance in efficiency and effectiveness. Increased efficiencies allow CDC to focus savings on the front line public health activities that define the agency's mission of preventing and controlling disease in communities around the world.

Savings achieved by improvements in Business Sevices Support help CDC fund front line public health programs. Seventy-two percent of CDC's funding in FY 2006 supported extramural public health activities.

CDC's commitment to ongoing internal advancement aligns with government-wide and HHS program initiatives:

1) Strategic Management of Human Capital
2) Competitive Sourcing
3) Improved Financial Performance
4) Expanded E-Government
5) Budget and Performance Integration
6) Federal Real Property Asset Management
7) Eliminating Improper Payments
8) Faith-Based and Community Initiative
9) Broadening Health Insurance Coverage Through States
10) Research and Development Investment Criteria



Preparing for the Future Today

By improving excellence in systems and strategy, PMA initiatives help CDC prepare to meet the unknown public health challenges of tomorrow.

Using the PMA in tandem with our own management initiatives for improvement as a roadmap, the Agency is merging the best of business community practices with the public sector practices to achieve our vision of efficiency and effectiveness.

Business Services Support

Over the past two years, CDC's business services structures and systems have been significantly enhanced. Guided by the PMA, CDC has engaged in numerous business process improvements in order to support the premiere public health programs and science that make CDC America's lead public health agency and a respected resource for improving public health worldwide. Improvements include:

- Increasing Mission-Direct Positions: CDC continued to lead a multi-year initiative to shift more staff to frontline public health programs, thereby increasing CDC's positive impact on America's health and well-being. For example, CDC developed a FY 2005 Voluntary Separation Incentive Payment (VSIP) plan to help CDC reduce the number of mission-support staff. By the end of FY 2005, more than 300 individuals in mission-support positions elected regular or early-retirement with a VSIP. At least half of these FTEs were redirected to mission-direct positions.

- Consolidating Information Technology (IT) Infrastructure: CDC consolidated all common CDC IT infrastructure to achieve higher performance at lower cost. This consolidation reduced operating costs by 30 percent and staff by 29 percent, while increasing service offering, expanding service hours and locations and improving service levels and reaching a "best-in-class" customer satisfaction result.

- Improving Program Implementation: Acquisition and Assistance Activities of the Procurement and Grants Office (PGO) enables CDC's programs to implement health-related programs and initiatives. PGO protects the public trust by ensuring the integrity and effectiveness of financial assistance and acquisition processes. PGO is also implementing process improvement measures and key performance indicators to decrease the amount of time taken to award contracts and grants, thereby increasing the speed with which public health interventions can be put into place.

CDC's Strategic Imperatives

CDC's strategic development process also yielded strategic imperatives. The six strategic imperatives were designed to help guide CDC's decisions and priorities to achieve our health protection goals.

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

- Customer-centricity: Market what people want and need to choose health.

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

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

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

Building for the Future – Buildings and Facilities (B & F) at CDC

CDC is charged with protecting the public health security of the nation. Part of CDC's preparation for the future includes ensuring that the agency has adequate facilities and equipment to carry out the agency's mission.

CDC is making dramatic progress in implementing its B & F Master Plan to ensure that all facilities, particularly laboratories, are safer for both workers and the community; that taxpayer investments in these facilities are protected through effective maintenance and operations; and that all CDC facilities are designed and operated responsibly to reduce consumption of resources. Furthermore, planning and asset management processes are identified and implemented to continually align with CDC strategic goals and the PMA.

Several ongoing actions to improve efficiency and effectiveness continue within the B & F program, including achieving ten percent below market leased space. CDC uses its market presence and sound negotiations to achieve below market lease rates. This efficiency plays a major role in the accomplishments of B & F at CDC.

- Completed Projects: CDC completed and occupied four Atlanta Master Plan Projects in FY 2005 and FY 2006: Emerging Infectious Disease Laboratory, Tom Harkin Global Communications Center, Arlen Specter Headquarters and Emergency Operations Center, and Environmental Toxicology Laboratory.

Energy Efficiency at CDC

As part of ongoing efforts to practice fiscal responsibility, CDC builds innovative energy conservation systems into its new state-of-the-art facilities:

- Building 21, the Arlen Specter Headquarters and Emergency Operations Center, is designed to improve the productivity and health of employees by providing an open environment that optimizes the use of daylight. Energy initiatives aim to achieve energy reduction levels greater than 20 percent above standard codes.
- Building 110, Environmental Toxicology Laboratory is a design that consumes approximately 43 percent less energy than required by model energy codes. The building design also provides daylight views for 90 percent of the occupants and utilizes energy efficient lighting.

B & F Accomplishments

- Decreasing Procurement Time: To date, CDC has successfully procured services for six major new construction projects in approximately one-third to one-quarter of the time previously needed for traditional procurements.
- Accelerated Delivery: CDC has implemented efficiency methods that reduce delivery time of projects by one-third over other methods.
- Atlanta Roybal Campus, Building 20: By re-siting the building, CDC has accelerated major elements of the project schedule by 14 months.
- Atlanta Chamblee Campus, Building 106: By utilizing the Design/Build process, CDC has accelerated the total project schedule by ten months.

Emerging Infectious Disease Laboratory: This new facility contains unique high containment laboratory space to support research on hazardous pathogens such as Ebola, Avian Flu and SARS. The facility is also the central receiving, processing and response lab for the CDC Bioterrorism Preparedness and Response Program and Rapid Response/Advanced Technology Lab.

Budget and Performance Integration at CDC: Highlighting the Program Assessment Rating Tool (PART)

The Office of Management and Budget (OMB) created PART, in FY 2001 as a component of the President's Management Agenda (PMA) to consistently and critically review all federal programs over a five-year period.

The first five year cycle of PART has come to a close, with 20 CDC programs reviewed during that time. CDC has demonstrated improved scores and ratings over the course of those five years. The last two years saw CDC achieve its highest PART scores and ratings. By the end of FY 2008, 22 CDC programs will have completed PART reviews.

PART Highlight: Global Immunization

In 2005, Global Immunization received an effective rating:

- The program has a clear purpose: to eliminate or reduce vaccine-preventable diseases overseas. These efforts protect American children from diseases imported to the United States. or acquired abroad and against the medical costs of morbidity and mortality associated with these diseases.

- The program has well-established annual and long-term performance measures, consistent with its global partners. One measure is to reduce the number of countries in the world with endemic wild polio virus, the objective being to eradicate polio. Performance data indicates that global polio incidence has declined by more than 99 percent from 1988 to 2004.

- The program is meeting its efficiency goals of minimizing headquarters expenses and overhead. At least 90% of program funds are in direct support of field work to accomplish the long-term outcome of ending vaccine-preventable illness.

CDC programs continue to work on program improvements including budget and performance integration and conducting independent evaluations in select areas. For more information on CDC's program performance, please visit www.ExpectMore.gov.

www.hhs.gov
www.cdc.gov
www.cdc.gov/fmo/fmofybudget.htm