Centers for Disease Control and Prevention

Budget Request Summary Fiscal Year 2006

February 2005

CDC's Health Protection Goals

Health promotion and prevention of disease, injury, and disability: All people, especially those at higher risk due to health disparities, will achieve their optimal lifespan with the best possible quality of health in every stage of life.

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

Strategic Imperatives

As a result of the Futures Initiative, these six strategic imperatives were developed to enable CDC to meet the challenges of public health in the 21st century.

Health impact. CDC will prioritize its science, research, and programs to achieve measurable health impact for the public, and emphasize prevention of early risk factors and support of healthy behaviors.

CDC will be a customer-centric organization. CDC's primary customers are the people whose health we are working to protect.

Public health research. Science will remain the foundation on which all CDC programs, policies, and practices are based.

Leadership for the nation's health system. CDC must assume greater leadership to strengthen the health impact of the state and local public health systems.

Global health. CDC will establish clear priorities for its global programs and increase global connectivity to ensure rapid detection and response to emerging health threats.

Effectiveness and accountability. CDC will modernize its management and business practices to become more efficient, effective, and accountable.

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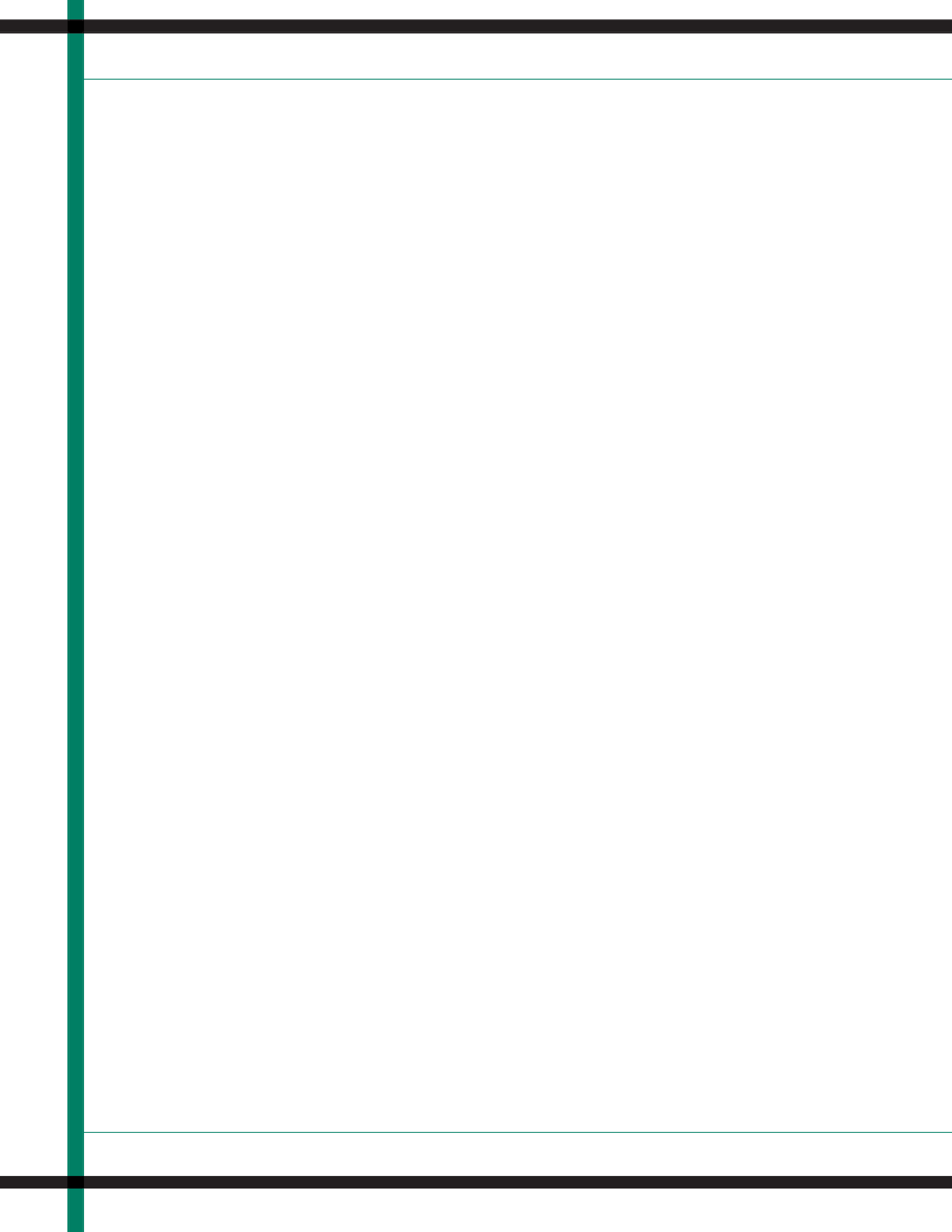
Department of Health and Human Services

Centers for Disease Control and Prevention

Financial Management Office



Message from the Director

Imagine a world where infants are born healthy and cared for so they can arrive at school safe, well-nourished, and ready to learn. A world in which teenagers have the information, motivation, and hope they need to make healthy choices about their lifestyles and behaviors. A world in which adults enjoy active and productive lives in safe communities where they can remain independent and engaged with family and friends throughout their senior years.

That's the world we see in CDC's vision of "Healthy People in a Healthy World—Through Prevention." This vision reflects our focus to make it possible for people at every stage of life to lead healthy, productive lives. 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.

CDC's FY 2006 Congressional Justification reflects this vision. It documents how CDC is working to enhance its capacity for facing major public health challenges both at home and abroad. And it reflects the two overarching health protection goals under which CDC is now aligning its priorities and investments:

Health promotion and prevention of disease, injury, and disability: All people, especially those at higher risk due to health disparities, will achieve their optimal lifespan with the best possible quality of health in every stage of life.

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

CDC has been involved in a two-year transformation to better meet the challenges of public health in the 21st century. The framework of this change—our Futures Initiative—is shaping CDC and serving as a catalyst for innovation in public health.

The transformation of CDC is also included in the FY 2006 budget request, which reflects CDC's new budget structure. This new structure is more transparent, separating program support costs from program costs, and increases our accountability to our customers and decision-makers.

This budget request continues to support the President's and Secretary's priority initiatives and reflects the goals and objectives included in the HHS FY 2004–2009 Strategic Plan. In addition, the PART process continues to be a critical tool for evaluating program effectiveness and developing budget and legislative strategies.

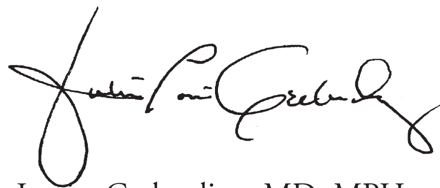
Because the majority of CDC's annual budget supports extramural activities, programs, and research, we have developed this summary to highlight the key elements of CDC's FY 2006 Budget Request to Congress and provide background on important management and program priorities for our partners, constituents, and customers.

Comprehensive performance measurement and reporting in 15 major areas at CDC provides results-oriented information tracking CDC's progress toward achieving its two strategic goals. Additionally, we are proud to report increased efficiencies and effectiveness in agency management, allowing us to dedicate more resources to front-line public health.

CDC has created a framework for linking agencywide goals with program priorities and resources through its use of performance management. We have provided a shared vision of what needs to be accomplished with our partners and a consistent and effective way to measure our achievements and to strive for continued and demonstrable improvement in public health. This FY 2006 budget request reflects our successes, our vision, and our commitment to ensuring the protection of Americans' health, both now and in the future.

We welcome your comments and suggestions.

Sincerely,



Julie Louise Gerberding, MD, MPH

Director, Centers for Disease Control and Prevention

Administrator, Agency for Toxic Substances and Disease Registry

Overview of CDC/ATSDR

About CDC

The Centers for Disease Control and Prevention (CDC) is one of the major operating components of the Department of Health and Human Services (HHS), which is the principal agency in the United States government for protecting the health and safety of all Americans and for providing essential human services, especially for those people who are least able to help themselves.

Since it was founded in 1946 to help control malaria, CDC has remained at the forefront of public health efforts to prevent and control infectious and chronic diseases, injuries, workplace hazards, disabilities, and environmental health threats. Today, CDC is globally recognized for conducting research and investigations and for its action-oriented approach. CDC applies research and findings to improve people's daily lives and responds to health emergencies—which distinguishes CDC from its peer agencies.

The workforce at CDC totals more than 9,300 employees in 170 occupations with a public health focus, including physicians, statisticians, epidemiologists, laboratory experts, behavioral scientists, and health communicators. CDC's workforce represents a cross-section of America's culturally and ethnically diverse society; hence, CDC is well-positioned to serve the American public, to meet the health goals for our nation, and to respond to disease outbreaks, health crises, and disasters in the United States and worldwide.

CDC's national headquarters is in Atlanta, but more than 2,000 CDC employees work at other locations throughout the United States (see map, page 6). Additional CDC staff are deployed to countries around the globe, assigned to almost all state health departments, and numerous local health agencies.

CDC does not work alone, however. It works in partnership with other agencies within HHS and across the U.S. government; global, state, and municipal governments; the private sector; health care organizations; academic institutions; and international and U.S.-based nongovernmental organizations to accomplish HHS' mission.

Strategic Imperatives

As a result of the Futures Initiative, these six strategic imperatives were developed to enable CDC to meet the challenges of public health in the 21st century:

Health impact. CDC will prioritize its science, research, and programs to achieve measurable health impact for the public and emphasize prevention of early risk factors and support of healthy behaviors.

*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.

CDC will be a customer-centric organization. CDC's primary customers are the people whose health we are working to protect.

Public health research. Science will remain the foundation on which all CDC programs, policies, and practices are based.

Leadership for the nation's health system. CDC must assume greater leadership to strengthen the health impact of state and local public health systems.

Global health. CDC will establish clear priorities for its global programs and increase global connectivity to ensure rapid detection and response to emerging health threats.

Effectiveness and accountability. CDC will modernize its management and business practices to become more efficient, effective, and accountable.

Partnerships

Throughout its history, CDC has placed a premium value on developing and nurturing partnerships with various public and private entities. These partnerships improve and expand the scope and depth of public health services for the American people.

One key focus of CDC's Futures Initiative is to bolster the agency's ability to engage and support its partners. CDC is improving public health through increased efficiencies, stronger collaboration, and integration of similar programs and messages.

CDC's numerous partners in conducting effective prevention, control, research, and communication activities include

- public health associations
- state and local public health departments
- federal, state, and local law enforcement agencies and first-responders such as firefighters and rescue workers
- practicing health professionals, including physicians, dentists, nurses, and veterinarians
- schools and universities
- communities of faith
- community, professional, and philanthropic organizations
- nonprofit and voluntary organizations
- business, labor, and industry
- the CDC Foundation and other foundations
- international health organizations.

CDC alone cannot protect the health of the American people. However, by engaging with others—from state and local health departments to private corporations, from media outlets to the general public—we can achieve our vision of a better world, with safer, healthier people.

ATSDR

The Agency for Toxic Substances and Disease Registry (ATSDR) was established in 1980 by the Comprehensive Environmental Response, Compensation, and Liability Act—also known as Superfund. ATSDR works to prevent exposures to hazardous wastes and to environmental spills of hazardous substances. Headquartered in Atlanta, the agency also has 10 regional offices, an office in Washington, D.C., and a multidisciplinary staff, including epidemiologists, physicians, toxicologists, engineers, public health educators, communication specialists, and support staff.

ATSDR continues to serve the American public by working to prevent and mitigate human exposures to toxic substances. These efforts are the overarching focus of all agency activities. Some of ATSDR's recent successes in improving public health include the following:

- In one Missouri town, ATSDR recommendations helped families reduce lead exposures. A collaboration between ATSDR and the Missouri Department of

Health and Senior Services helped EPA justify prohibiting the use of mine tailings in farming.

- The agency's Great Lakes Human Health Effects Research Program advanced public health policy in Great Lakes states and helped foster similar programs elsewhere. Research showed reproductive-aged women and young children to be particularly vulnerable to pollution affecting fish, prompting all eight Great Lakes states to issue advisories.
- ATSDR's knowledge in creating health registries played a vital role in the launch of the World Trade Center Health Registry, which now has more than 70,000 participants and will provide health professionals a clear picture of the health consequences from 9/11.
- In an Ohio township, agency interventions helped trigger enforcement actions by the Ohio Environmental Protection Agency. Through ATSDR's involvement, an urgent health threat from a nearby landfill was validated; the community created emergency response plans for peak exposures; the Ohio EPA established a hotline for the threat; and the federal EPA justified a CERCLA emergency removal in October 2004.
- ATSDR provided critical emergency response expertise and personnel when ricin was discovered in a Capitol Hill office. ATSDR advised EPA about the proper personal protective equipment for responders entering the Dirkson Building and supplied expertise on sampling and clean up strategies, evaluation of sample data, and clearance standards for reoccupying the building.

During 2003, ATSDR and CDC's National Center for Environmental Health underwent an administrative and management consolidation to build a stronger environmental health presence at CDC.

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

Executive Summary

Mission

Not a week goes by that the American people do not hear on the nightly news about the extraordinary work done at CDC. Addressing emerging infectious diseases such as SARS and West Nile virus is a major focus, but CDC also does much more. Every day, CDC's dedicated team works around the clock and the globe to protect Americans from both naturally occurring and deliberate threats at home and abroad.

CDC's public health role is not just about outbreaks and crises. Health is more than just the absence of threats of disease and disability: it includes people's well-being, productivity, and satisfaction from birth through their senior years. Risks to health come in various forms, and CDC works with its sister agencies at HHS and its public health partners to help customers and communities protect health across the board: from environmental exposures to infectious diseases to injuries to chronic diseases.

Strategic Goals

Beginning in June 2003, CDC engaged in a major strategic planning process called the Futures Initiative. This initiative bolsters CDC's effectiveness by strengthening our capabilities in an ever-smaller and more connected world requiring globalization, connectivity, and speed. This evolution is enhancing CDC's core values of accountability, respect, and integrity while developing a more efficient, effective, and interconnected organization responding to the needs of our customers—the American public. CDC's mission to protect public health rests on two overarching health protection goals:

> **Health promotion and prevention of disease, injury, and disability**: All people, especially those at higher risk due to health disparities, will achieve their optimal lifespan with the best possible quality of health in every stage of life.
>
> **Preparedness**: People in all communities will be protected from infectious, occupational, environmental, and terrorist threats.

As the foundation for achieving these goals, CDC is developing a set of cascading health protection goals and establishing key performance indicators to measure progress toward meeting these goals. These goals will set the direction for CDC in future years and will assist in decision-making regarding resource allocation, research agenda-setting, and recruitment and retention strategies.

CDC has been engaged in activities in support of these goals and our mission over the past fiscal year. Following are some examples of the exciting things CDC is doing to improve public health impact both in the United States and throughout the world.

Key Accomplishments: Increasing CDC's Impact at Home and Abroad

People in All Communities Protected from Public Health Threats

Tsunami Response in South Asia—CDC has played a major role in the U.S. government response to the December 2004 Indian Ocean tsunami. Immediately after the event, personnel already assigned to South Asia (principally Thailand and India) traveled to affected locations to support relief efforts, assess health needs, monitor diseases, and assist in management of victims' remains. Through activation of the Director's Emergency Operations Center, CDC deployed U.S.-based personnel to Indonesia, Sri Lanka, and Thailand to support the World Health Organization (WHO), UNICEF, and other relief organizations in assessing health care needs, monitoring diseases, and running programs, especially those for diarrheal disease, malaria control, immunization, nutrition, injuries, mental health support, and environmental and occupational health.

Hurricane Relief Efforts Assist Southeastern States—CDC played a key role in the unprecedented public health response to the hurricanes that struck the southeastern United States in August and September 2004. CDC staff assisted state and local health departments in establishing surveillance systems for injuries, deaths, and illnesses related to the hurricanes. CDC experts developed educational materials for posting on CDC's Web site and distributing in affected areas on preparing for hurricanes, preventing carbon monoxide poisoning, and understanding food and water safety. Epidemiologists assessed environmental and medical needs, and CDC staff provided advice on safely sheltering storm refugees with special health needs, making sure infectious diseases were not spread person-to-person. CDC assessed the need for mosquito control programs in hurricane-damaged areas, and environmental health specialists worked with local health department staff to ensure that water and food supplies were safe.

BioSense Initiative—CDC's BioSense Initiative connects disparate data sources into a real-time surveillance system, informing federal, state, and local health officials of the first signs of a public health emergency or bioterrorist attack. BioSense has concentrated on health-related data such as diagnosis, procedures, and laboratory test orders and data from other federal partners such as Department of Defense and Department of Veterans Affairs. Additionally, information is shared with the Department of Homeland Security, where it is integrated with other sectors (e.g. food, animal, environmental) for maximum ability to detect and characterize an event more quickly. BioSense, which receives daily data feeds, has processed more than 159 million records since its inception, has been made available to 34 city jurisdictions and all 50 states through

the enrollment of BioSense administrators and standard users, and currently supports more than 290 users in all states and major metropolitan areas. CDC established the Biointelligence Center to monitor incoming data, laboratory test orders, and results from a national clinical laboratory performing more than 300,000 tests daily—to date, more 132 million clinical lab records have been processed. CDC and its partners developed specific monitoring capabilities for events such as the G-8 Summit and the Democratic and Republican National Conventions.

Getting the Word Out to the Public about Emergency Response—The CDC Emergency Communications System (ECS) coordinates, manages, and disseminates communication materials addressing emergency situations. The ECS fosters partnerships and creates channels to effectively disseminate critical emergency communication to specific audiences. In FY 2004, the ECS ensured that CDC information related to key health crisis situations in 2004—most notably, the U.S. flu vaccine shortage and the December 2004 earthquake and tsunami—was accurate, internally consistent, timely, and coordinated with CDC partners responding to these events.

Responding to Foodborne Public Health Threats—In FY 2004, CDC investigated outbreaks of hepatitis A in Tennessee, Georgia, North Carolina, and Pennsylvania involving more than 1,000 cases and at least three fatalities. The source of these outbreaks was identified as green onions grown on several different farms in Mexico. The investigation's findings resulted in an import ban by the FDA on green onions from the implicated farms.

Eliminating Residential Fire Deaths—Since 1998, CDC has funded smoke alarm installation and fire safety education programs in high-risk communities. A survey of participating homes found that 663 lives have been saved to date. Program staff have canvassed almost 320,000 homes and installed more than 231,000 long-lasting smoke alarms in high-risk homes, targeting households with children aged five years and younger and adults aged 65 years and older. Fire safety messages have reached millions of people as a result of these programs.

Increasing Immunization Rates—The nation's childhood immunization coverage rates are at record high levels for every vaccine and for all the vaccination series measured. As childhood immunization coverage rates increase, cases of vaccine preventable diseases decline significantly. For example, during the 1990s, approximately 11,000 hospitalizations and 100 deaths occurred each year due to varicella. Coverage for varicella vaccine reached 85 percent in 2003, nearly double the level of 43 percent in 1998. As a result, annual deaths have decreased to two in 2003. Overall, seven childhood diseases have been reduced by 99 percent or more due to vaccinations.

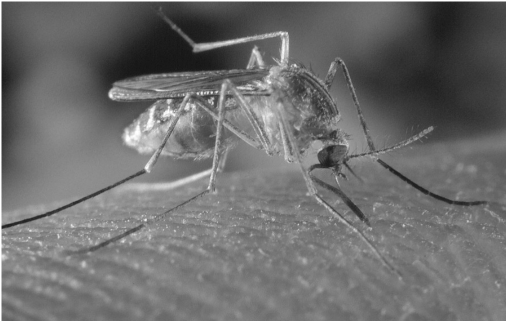
Rapid Response to 2004–2005 Influenza Season Vaccine Supply Shortage—In October 2004, the Chiron Corporation notified CDC that none of its influenza vaccine would be available for distribution in the United States for the 2004–2005 influenza season, reducing by approximately half the supply of inactivated influenza vaccine expected to be available. CDC, with immunization programs nationwide, allocated available influenza vaccine to state health departments, which helped ensure the doses reached those people at highest risk for complications from influenza. CDC worked with the remaining manufacturer of inactivated flu vaccine, sanofi pasteur, and the vaccine distributors to design an ordering and distribution system through CDC's Secure Data Network. The network allowed immunization programs to best direct vaccine to public and private providers and health care facilities.

Behavioral Risk Factor Surveillance System (BRFSS) Monitors Flu Vaccine Shortage—As part of CDC's response to the flu vaccine shortage, the BRFSS was quickly modified to incorporate questions relating to the shortage. State health departments and CDC are using the BRFSS to monitor the current situation on a state-by-state basis throughout the flu vaccination season. States are submitting data weekly to CDC for analysis. As a result, ongoing national flu coverage estimates for children and people in recommended priority groups have been available to state and federal officials. Using the BRFSS to monitor the flu vaccine shortage will continue to assist state and federal officials in responding to the current health needs of the public and with future planning.

CDC Works with Partners to Improve Global Preparedness and Response Capabilities for Influenza—Concerns that avian influenza (H5N1) could become the next influenza pandemic led to a variety of efforts by CDC and its international partners to plan for and address threats of increased influenza activity worldwide. In February 2004, CDC issued recommendations for enhanced domestic surveillance of H5N1. Following reports of human deaths from H5N1 in Vietnam in August, CDC issued a follow-up Health Alert Network (HAN) message reiterating criteria for domestic surveillance, diagnostic evaluation, and infection control precautions for H5N1. The HAN also detailed laboratory testing procedures for H5N1. CDC worked collaboratively with WHO to conduct investigations of H5N1 in Vietnam and to provide laboratory diagnostic and training assistance, and the agency has acted to improve influenza surveillance in Asia. Additionally, CDC has engaged in training efforts both with public health practitioners in the United States and abroad to improve surveillance and response capacities at local levels.

West Nile Virus Epidemic (WNV) Response in the United States—Since the exotic arthropod-borne virus (arbovirus) WNV was first discovered in the United States in 1999, the federal and state public health response has continued to evolve. As of early January 2005, 2,470 human cases of WNV in the United States were reported to CDC for 2004 (final tallies are not available yet), and a total of 16,637 human cases

have been reported since 1999. CDC continues to monitor, assess, and address the greatest threats of WNV in the country to control its spread. With other federal, private, and commercial partners, CDC assisted in developing and implementing strategies and protocols that resulted in programs screening the entire United States blood supply for WNV contamination beginning in 2003; more than 2.5 million blood donations are screened for WNV each year. Since screening began, 1,016 presumptively viremic donors have been reported to CDC. CDC continues to work with its partners to identify the best approaches for ensuring the safety of the blood supply.



Foodborne Illness Prevention Strategies Showing Promising Trends—FoodNet, a network of 10 sites around the United States that monitors nearly 42 million persons and provides the most comprehensive information available on foodborne illness, was established in 1995. FoodNet shows that since 1996, infections with E. coli O157 have declined 42 percent, Campylobacter by 28 percent, and Salmonella by 17 percent. These encouraging results suggest prevention strategies are having some effect, but further efforts are needed to meet national health goals.

Advancing Polio Eradication—CDC and its international partners have made extraordinary progress toward achieving the global eradication of polio. An estimated 250,000 lives have been saved and five million cases of childhood paralysis prevented since the global polio initiative began in 1988. Cases of polio worldwide have declined from 350,000 in 1988 to 784 cases reported in 2003. Polio is now confined to fewer than 20 countries, down from 125 countries when this effort began in 1988. In 2004, polio declined by nearly 50 percent in India, Pakistan, and Afghanistan. However, vanquishing polio requires constant efforts. In 2003 and 2004, wild poliovirus spread from Nigeria to other countries in western and central Africa. Polio transmission was re-established in five countries, and imported polio cases occurred in several others. An outbreak of polio in Sudan has paralyzed more than 100 children, adding to the humanitarian crisis resulting from the conflict in Darfur. Despite the tremendous success of the last 17 years, complacency must not occur.

Improving Prevention of Global Malaria—CDC completed and published a study on insecticide-treated bednets demonstrating that in an area of high malaria transmission, bednets reduced all-cause childhood mortality by 20 percent. This study proves that bednets are as effective a public health intervention as many vaccines. CDC also collaborated with Roll Back Malaria partners on developing the African Strategic Framework for Malaria Prevention in Pregnancy and worked in Malawi to increase national coverage of malaria prevention to exceed 80 percent.

Global AIDS Program (GAP)—CDC's GAP is working with 25 countries in Africa, Asia, the Caribbean, and Latin America to prevent HIV infection, improve treatment for people living with AIDS, and reduce mother-to-child HIV infections. Fifteen of the 25 countries in which CDC/GAP has offices are also part of the unified U.S. government effort to implement the President's Emergency Plan for AIDS Relief. This five-year, $15 billion initiative aims to combat the global HIV/AIDS pandemic by treating two million HIV-infected people, preventing seven million new infections, and providing care to 10 million HIV-infected individuals and AIDS orphans. In FY 2003, more than 25,000 pregnant women received antiretroviral drugs at 2,653 CDC/GAP-supported sites for preventing mother-to-child transmission (PMTCT), potentially averting approximately 2,200 infant HIV-infections. Nearly 600,000 individuals were tested at CDC/GAP-supported voluntary counseling and testing sites, and 602,774 pregnant women were tested at PMTCT sites.

Advancing HIV Prevention (AHP): New Strategies for a Changing Epidemic—Taking advantage of new technology to offer innovative strategies and approaches to combat HIV, CDC has retooled its domestic HIV prevention programs with its new AHP initiative. The initiative is designed to increase the number of persons who are aware of their infection, link those persons with care and prevention services, and reduce new infections in the United States. AHP builds on proven HIV prevention strategies and incorporates new technologies, such as rapid HIV testing. The majority of HIV infections are transmitted by people who have not yet been diagnosed. The initiative is reaching out to identify the estimated 180,000 to 280,000 people in the United States who are not aware of their status and connect them to care and treatment. Under AHP, CDC has distributed more than 530,000 rapid test kits to 194 training sites around the country and conducted more than 20 training sessions on rapid HIV testing.

Tuberculosis (TB) Cases Decline for an 11th Consecutive Year—TB case rates nationwide are at an all-time low following the 11th consecutive year of decline, moving closer to our goal of eliminating TB in the United States. CDC is using new tools in the fight against TB, such as its Tuberculosis Genotyping Program initiated in FY 2004, which provides rapid TB "fingerprinting" results to TB control programs across the United States. Genotyping can help detect outbreaks almost immediately by analyzing the "fingerprints" of individual TB strains and allowing health officials to take control measures. For example, TB genotyping was able to link five apparently unrelated TB patients to a Kansas homeless shelter. The findings led to mandatory TB screening for clients and workers in the community's homeless shelters.

Creating a Better Trained Public Health Workforce—The Centers for Public Health Preparedness (CPHPs) are important in developing a competent public health workforce. There are 41 CPHPs in the United States in academic institutions such as Columbia University, the University of California at Berkeley, and Emory

University. The centers have established a national Internet resource center through the Association of Schools of Public Health that lists more than 300 courses focused on a specific content area, discipline, technology, or setting. These centers produce research, training and related materials to enhance national preparedness efforts.

Expansion of CDC's Disease Detectives—CDC provides expert assistance, especially through its "disease detectives," the Epidemic Intelligence Service (EIS) officers. In the last seven years, 501 students have completed their rotational requirements. In FY 2004, the 167 current EIS officers responded to 90 outbreaks in a variety of locations, including 17 international response efforts. Requests for assistance have involved primarily infectious disease problems but also include environmental health, injuries, maternal and child health, and other problems. Additionally, all EIS officers now receive training in terrorism preparedness and emergency response.

Career Epidemiology Field Officer Program Under Way—The Career Epidemiology Field Officer Program was established after the attacks on the World Trade Center and Pentagon, the anthrax investigation, and the WNV epidemic to address the need for trained epidemiologists at state and local levels. Currently, 19 career epidemiology field officers are placed in state and local health agencies to provide expertise to state terrorism and emergency response planning and policy and to provide leadership, training, planning, and technical support for building local epidemiological capacity.

Preparing for New Cases of SARS—As new cases of laboratory-associated SARS erupted in the spring of 2004, CDC developed a satellite broadcast to alert laboratorians and researchers worldwide about precautions and preventive measures in working with the SARS virus and other biosafety level 3 agents. As of November 2004, more than 4,700 laboratorians and researchers had viewed those broadcasts.

Improving Laboratory Response Capacity—CDC has increased the number of Laboratory Response Network labs to 139 from 91 in 2001. These labs are now located in all 50 states with several installations also located outside the United States. Currently, 96 percent of these labs can confirm the presence of anthrax, 94 percent can confirm the presence of tularemia, and 63 percent can perform presumptive screening for smallpox. In addition, CDC has trained more than 8,800 clinical laboratorians on detection, diagnostics, and reporting of public health emergencies.

Syphilis Declines in Women and Infants—The number of cases of congenital syphilis occurring among infants under one year of age and of primary and secondary syphilis among women has declined since CDC launched its National Plan to Eliminate Syphilis in 1999. Since 1998, the number of cases of congenital syphilis has fallen about 51 percent and there were 413 cases in 2003. During that time, primary and secondary syphilis among women has declined by 61 percent and there were 1,218 cases in 2003. Congenital syphilis occurs when syphilis is transmitted from a pregnant woman to her fetus. Untreated syphilis during pregnancy can lead to stillbirth, neonatal death, or infant disorders, such as deafness, neurological impairment, and bone deformities. CDC's Syphilis Elimination program works with other public health agencies, the private medical community, and other organizations involved in STD and HIV prevention.

All People Will Achieve Optimal Lifespan and Best Quality of Health in Each Lifestage

CDC Boosts Extramural Research to Protect Americans' Health—During FY 2004, CDC committed funding to support the Health Protection Research Initiative. Approximately $22 million was awarded in FY 2004 for 31 investigator-initiated grants to evaluate and improve workplace health promotion strategies; 21 grants to support career development among research scientists to address CDC's health protection research priorities; three institutional awards to develop or enhance programs that offer training in health protection research; and two institutional awards for Centers of Excellence in Health Promotion Economics that will explore economic solutions to evaluating effective health promotion programs and policies and assessing their cost-effectiveness.

The extramural research community responded enthusiastically to CDC's Health Protection Research Initiative—researchers submitted more than 200 applications. CDC awarded 57 grants (about 28 percent of applications) in FY 2004 and will increase this investment in FY 2005.

Reducing Tobacco Use—Tobacco use remains the leading preventable cause of death in America, resulting in 440,000 deaths and costing more than $75 billion in direct medical costs every year. The need for proactive tobacco prevention and control programs is clear. Surgeon General Richard H. Carmona released *The Health Consequences of Smoking: A Report of the Surgeon General* on May 27, 2004. The 2004 report showed that smoking caused cancers in parts of the body (kidney, cervix, bone marrow) that have not been previously linked to smoking and concluded that smoking harms nearly every organ of the body.

In FY 2004, CDC funded a national network of smoking cessation "quitlines." A key component of the national network of quitlines is the establishment of a single, toll-

free national number (1-800-QUIT NOW) that serves as a portal, linking callers to their state's telephone cessation services.

The most impressive accomplishment related to tobacco may be the decline in smoking among young people, after nearly a decade of rising smoking rates among youth. In FY 2004, a CDC study showed fewer adolescents smoke now than any time since 1991. CDC initiatives, state and local programs, and increases in cigarette retail prices have helped to reduce the percentage of high school students who smoke from 36 percent in 1997 to 22 percent in 2003—a drop of approximately two million young people who smoke. Studies show that 80 percent of adults who smoke started before age 18. Deterring youth smoking is directly correlated with reducing preventable adult deaths.

Folic Acid-Preventable Birth Defects Decline Dramatically—Spina bifida and anencephaly—serious birth defects of the brain and spine—continue to decline because of folic acid food fortification and public health education efforts. Since fortification of cereal grain products was required in 1998, the rates of these defects have declined by 26 percent. CDC is now engaging in a media campaign targeting Hispanic women because this ethnic group is at a twofold increased risk for having children with spina bifida and anencephaly.

Successful Coalition Building through REACH 2010—Racial and Ethnic Approaches to Community Health (REACH) 2010 is an important cornerstone of CDC efforts to eliminate racial and ethnic disparities in health. The REACH 2010 Program is in its fourth year of implementation in 31 communities across the country. This program has made significant inroads in reducing rates of cardiovascular disease, diabetes, breast cancer, and HIV/AIDS while increasing rates of childhood immunizations in minority, at-risk populations. In addition to these 31 communities, REACH 2010 also provides annual funding for four programs for the elderly and five American Indian and Alaskan Native Project programs.

Reducing Work-Related Injuries, Illnesses, and Fatalities—By identifying emerging work-related injuries and illnesses, CDC helps reduce the annual incidence of these injuries, illnesses, and fatalities among targeted sectors. After recognizing fatal falls during communication tower construction as an emergent hazard, CDC worked closely with industry and government partners to identify safe practices in this construction sector. While conducting a health hazard evaluation in a poultry processing facility, CDC researchers developed new analytic methods to identify exposure to chloramines and protect workers from this occupational hazard. A recent extramural research partnership with a nursing home company documented a 61 percent reduction in injury rates and a 37 percent reduction in workers' compensation expenses related to patient lifting and transferring.

CDC Publishes the Most Extensive Assessment of Exposure of U.S. Population to Environmental Chemicals—CDC published the Second National Report on Human Exposure to Environmental Chemicals, the largest and most extensive assessment of the United States population's exposure to environmental chemicals. The publication reports exposure information for 116 environmental chemicals, including information on lead, environmental tobacco smoke, and the insecticide DDT. By the end of the 2005–2006 sampling of the United States population, the number of chemicals for which data is collected will increase to 180.

Data Collection Results in Call to Action for Obesity/Overweight—Data collected on overweight prevalence and increased calorie consumption through the National Health and Nutrition Examination Survey (NHANES) and the Behavioral Risk Factor Surveillance System (BRFSS) illustrate the percentage of Americans at elevated risk of a variety of health problems. To address the fact that 31 percent of the U.S. population aged 18 years and older is obese and 64 percent is overweight or obese, CDC is working with schools, communities, and industry to combat excess weight and obesity. The Secretary and the CDC Director have brought attention to the problem by discussing positive steps the public can take to exercise and eat more healthfully. Additionally, these data have led to legislative initiatives and major changes in the messages and food choices made available by the food industry.

For example, several states have introduced legislation pertaining to improved labeling of foods sold in restaurants, reporting the body mass index of school-aged children, and restricting access or prohibiting vending machines in schools. In addition, parts of the food industry have reduced or eliminated trans fats from their products and developed more healthful food and beverage options.

Providing Authoritative Public Health Messages and Information—In 2004, CDC launched its newly redesigned Web site. Key improvements included making the site easier to use, navigate, and search; expanding content; and presenting information in a consumer-oriented manner. CDC—as the authoritative trusted source of public health information for health care providers, public health officials, the media, and the

public—attracts ten million different visitors per month on average to its Web site. More than 17 million different persons visited the site during the SARS outbreak in April 2003.

Overview of Budget Request

CDC's FY 2006 budget reflects the Administration's commitment to ensuring that the health of the nation and our global community is protected and enhanced by providing the nation's best public health research and programs in collaboration with our partners. CDC's FY 2006 budget request of $7.5 billion represents a decrease of $491 million below the FY 2005 Enacted level.

The FY 2006 request enhances several areas to address the most pressing public health challenges facing the United States, including the Section 317 Immunization program, the Strategic National Stockpile, and the Global Disease Detection initiative. The budget request also includes reductions in several areas, including the Youth Media Campaign, Public Health Information Network, Preventive Health and Health Services Block Grant, Buildings and Facilities, State and Local Preparedness Cooperative Agreements, and Anthrax Research Program.

Program Increases

Section 317 Program: Influenza (+$50 million)

CDC's Immunization Grant Program (Section 317) provides vaccines for children, adolescents, and adults who receive care primarily at local health departments but are not eligible for the Vaccines for Children program. These populations are often underinsured (insurance does not cover vaccines), insured but with high deductibles, or the working poor. The influenza vaccine shortage in the 2004–2005 influenza season spurred a review of current practices for assuring the availability of influenza vaccine and resulted in two initiatives proposed in the FY 2006 budget request for influenza vaccine purchase through the Section 317 program. The first, an increase of $30 million more than FY 2005, will allow CDC to enter into sales guarantee contracts with manufacturers to ensure the creation of more vaccine for upcoming influenza seasons by purchasing unused vaccines at the end of the influenza season. These guarantees will also provide incentives for more manufacturers to enter the influenza vaccine market, thus diversifying the vaccine supply. The second increase in funding for FY 2006 will allow CDC to purchase an additional $20 million in influenza vaccine for the Section 317 program to ensure states have access to additional vaccines needed to cover all people who wish to receive them.

Global Disease Detection (+$12 million)

The Global Disease Detection initiative aims to recognize infectious disease outbreaks faster, to improve the ability to control and prevent outbreaks, and to detect emerging microbial threats. CDC will continue implementing a comprehensive system of surveillance by expanding the Emerging Infections Program and the Field Epidemiology and Laboratory Training Program. This network is a phased approach that requires ongoing support for existing country/regional platforms while bringing a high level of focus and attention to develop new sites. An effective network will have a strategic presence across the globe with an information technology and laboratory infrastructure that would allow for the broadest possible detection and response capacities before a significant event occurs. Additional activities include improving early warning systems; researching new viral strains; aiding in collaborations with multinational organizations; and augmenting surveillance.

Strategic National Stockpile (+$203 million)

The creation of the Strategic National Stockpile has allowed CDC to prepare for mass trauma events and respond by delivering medical supplies to any point in the United States within 12 hours. To ensure adequate supplies of the antitoxins and vaccines needed for necessary readiness levels, the FY 2006 budget request includes increased funding to purchase additional countermeasures. Funding is also included in the FY 2006 budget request to support a preplanned federal mass care facility for the HHS Federal Medical Contingency Stations program, a federal-level contingency care program in case of a mass-casualty event.

Vaccines for Children (+$7 million)

CDC's Vaccines for Children (VFC) program funds vaccinations for a variety of children who qualify for the program, such as uninsured children and those covered by Medicaid. In FY 2006, CDC's funding for VFC includes a proposed change in the law that affects underinsured children (those children whose insurance does not cover immunizations). Currently, underinsured children can receive vaccines purchased with VFC program funds only at community health centers and federally qualified health centers. The change to VFC legislation proposes allowing those children to receive VFC vaccine at state or local public health clinics. Amending the VFC authorizing legislation to expand access points for those children would decrease the burden on the Section 317 Immunization Program to supply these vaccines to underinsured children who are seen in state or local public health clinics. The proposed legislation would also ensure these children have rapid access to new vaccines such as pneumococcal conjugate vaccine.

Program Decreases

Youth Media Campaign (-$59 million)

CDC's VERB: Its What You Do—Youth Media Campaign, which will not be funded in FY 2006, was authorized for five years in FY 2001 to clearly communicate messages that will help kids develop habits that foster good health. The VERB Program is an excellent example of how effective partnerships with private industry can leverage limited government funds.

Public Health Information Network (-$5 million)

The Public Health Information Network (PHIN) supports a broad range of public health functions by ensuring electronic information systems capabilities are in place. PHIN builds on systems to link critical areas of public health and identify gaps in information. The FY 2006 budget request includes a decrease of $5 million for PHIN as CDC moves from standards design to system implementation.

Preventive Health and Health Services Block Grant (-$131 million)

The Preventive Health and Health Services Block Grant provides 61 grantees with funding for prevention and health promotion programs. The FY 2006 budget request eliminates this program. New grant programs will address program areas previously supported only by the block grant. CDC expects to continue funding for about 65 percent of the areas related to the block grant through other sources and will work with state health officials to identify critical unmet public health priorities.

Buildings and Facilities (-$240 million)

Funding at $30 million for Buildings and Facilities in FY 2006 will support repairing and improving facilities and completing construction of the Ft. Collins, Colorado Vector Borne Infectious Diseases Replacement Laboratory.

State and Local Terrorism Cooperative Agreements (-$130 million)

One source of funding for state and local health departments is provided through CDC's Cooperative Agreement on Public Health Preparedness and Emergency Response. While recognizing competing priorities and some state and local level constraints to effectively utilize grant funds, CDC proposes reducing funds for these cooperative agreements in FY 2006 by $130 million.

Anthrax (-$17 million)

The anthrax research study, began in 2001 after the U.S. anthrax attacks, is concluding. The information gleaned during the course of this study will not be compromised

due to the elimination of funding in FY 2006, and the expected benefits will have been gained by the time of the project's completion.

Administrative Savings (-$15 million) and Information Technology Reduction (-$10 million)

Funding for Business Services Support in FY 2006 includes an administrative savings of $15 million, which CDC anticipates realizing from various consolidations and the new CDC budget and organizational structure. CDC's budget request for FY 2006 also includes an information technology reduction of $10 million, which is realized in project-specific areas across CDC's budget.

President's Management Agenda

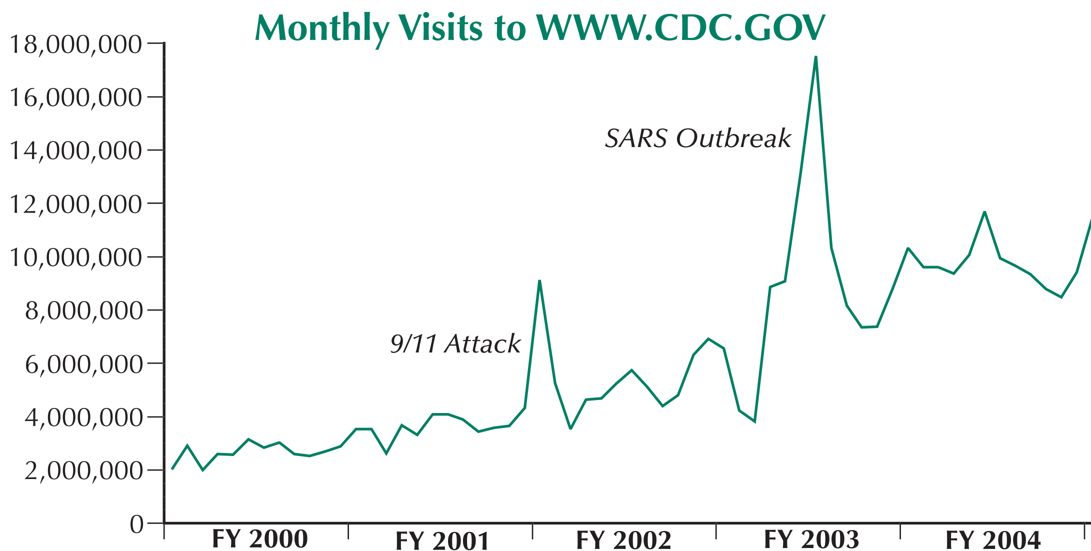
CDC has made great progress in increasing efficiencies and addressing key aspects of the President's Management Agenda (PMA). Through several important initiatives related to the PMA, CDC has been actively pursing goals and improving program management for several years.

CDC has historically focused on keeping the agency market-based and efficient by having service contractor staff conducting commercially oriented responsibilities. In addition, CDC established its Fiscal Management Excellence Initiative, which has further enhanced its fiscal performance. Additionally, CDC has established a Management Council to help concentrate management attention on the PMA.

Major Accomplishments

Information Technology—CDC consolidated 13 information technology (IT) infrastructure functions, services, staff and fiscal resources into the new Information Technology Services Office (ITSO). This consolidation reduced operating costs by 21 percent ($23 million) and staff by 18 percent.

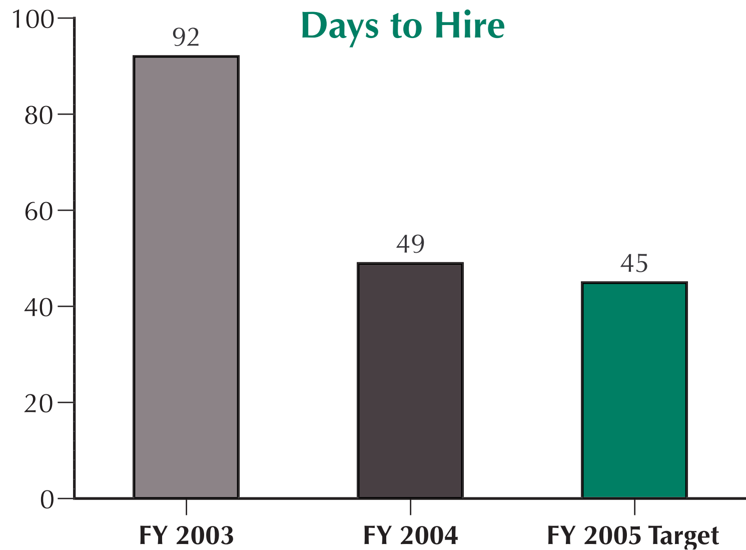
Visits to the CDC Web site are constantly increasing and reflect the quality, timeliness, trust, and value of CDC's information to the public. During public health emergencies, visits to the site spike dramatically as the public seeks emergency-related information. Overall, CDC's Web site has seen a steady growth in visitors.



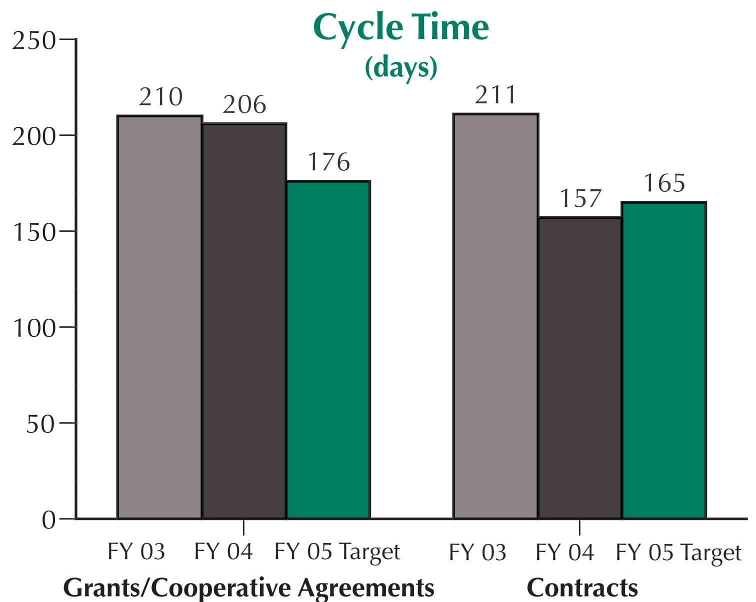
Budget Execution—In October 2004, CDC consolidated budget execution services across the agency. This action successfully resulted in a 20 percent reduction of staff working in budget execution services, or a decrease of 61 full-time equivalent (FTE) employees.

ATSDR/NCEH—A complex and innovative approach to administrative/management consolidation was used to functionally merge the Office of the Director in both ATSDR and NCEH into one unit. FTE savings of 18 percent (35 FTEs) have been realized.

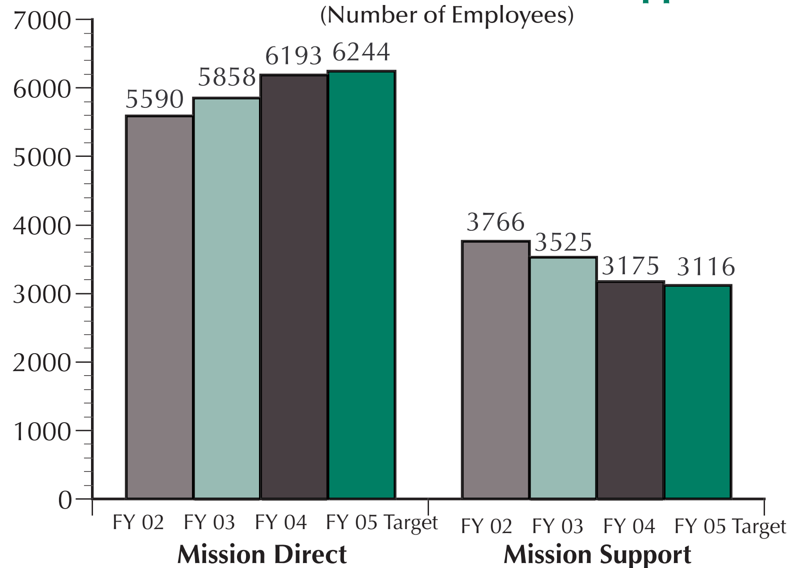
AHRC—CDC, with guidance from HHS, restructured its human resources office to the HHS Atlanta Human Resources Center (AHRC). This restructuring eliminated 76 FTEs, reflecting a 30 percent reduction. Despite this reduction, the time from AHRC's receipt of a hiring request to the day the job offer is made has been reduced by 47 percent between 2003 and 2004.



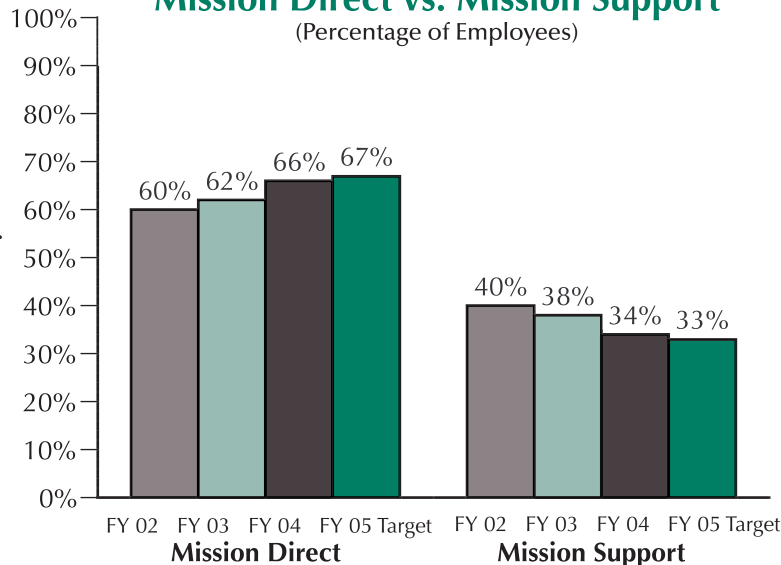
Procurement and Grants—Opportunities that have been identified for improving CDC's procurement and grants operations will increase employee productivity through workforce alignment, process redesign, and operational performance management. This effort has already resulted in new contract cycle time being reduced by 26 percent between 2003 and 2004.



Mission Support/Mission Direct—As a result of human capital and other CDC business services improvements, the agency has reduced its number of mission-support (administrative) staff by about 600 as of January 2005—a reduction of 15 percent resulting in redirection to front-line public health efforts.



Delayering—CDC has completed the delayering of the agency to no more than four management layers, resulting in fewer staff involved in management or supervisory duties, and more staff involved in conducting public health work. In total, CDC abolished more than 200 "sections" in response to this initiative. In total CDC delayered organizational units by 33 percent. This agencywide approach compressed the distance between citizens and decision-makers. CDC's supervisory ratio has increased from 1:5.5 in 2001 to 1:12 in December 2004.



Hotlines—CDC consolidated the agency's medical and professional inquiry hotlines. CDC awarded a performance-based contract for consolidated public and professional health information services reducing more than 40 hotlines to one. This will expand services (24 hours x 365 days, multilingual, hearing impaired) and save about $35 million over seven years.

Administrative Functions—CDC consolidated administrative functions in about 30 offices within its CDC Office of the Director, reducing staffing from a baseline of 83 FTEs to 63 FTEs, a savings of 24 percent. This action resulted in staff savings that can be redirected to mission-direct activities.

A-76 Competitive Sourcing—OMB Circular A-76 was established to identify federal inherently governmental and commercial activities, and to establish procedures that permit the federal government to provide commercial activities after showing through competition that it offers superior performance and lower cost than the private sector.

In FY 2004, CDC conducted five A-76 studies, involving a range of CDC staff. The specific studies were for Animal Care; Laboratory, Glassware and Associated Laundry Services; Office Automation; Printing; and Materials Management. With the exception of printing, CDC received approval to conduct commercial activities. This approval indicates that through a rigorous and complex analysis of work, CDC performs at a cost to the taxpayer less than that of private-sector organizations.

Vaccine Management Business Improvement Project—The Vaccine Management Business Improvement Project is a comprehensive review and update of the public supply chain for pediatric vaccines from the distribution of vaccine by the manufacturer to the point of administration (either public clinic or private provider's office). The project is leveraging commercial best practices to address all aspects of vaccine procurement, ordering, distribution and management.

By combining best practices of the business community with those of the public sector, CDC is improving its stewardship of taxpayer dollars, thereby enhancing its public health programs and science.

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FY 2006 CDC Budget Request by Activity

(Dollars in Thousands)

Budget Activity	FY 2004 Actual	FY 2005 Enacted Appropriation	FY 2006 Estimate	FY 2006 +/- FY 2005
Infectious Diseases (Current Law)				
Budget Authority	$1,641,600	$1,652,536	$1,696,964	$44,429
PHS Evaluation Transfers	*$12,794*	*$12,794*	*$12,794*	*$0*
Total, Infectious Diseases (Current Law)	**$1,654,394**	**$1,665,330**	**$1,709,758**	**$44,429**
Infectious Diseases (Proposed Law)[1]				
Budget Authority	$1,641,600	$1,652,536	$1,596,964	($55,571)
PHS Evaluation Transfers	*$12,794*	*$12,794*	*$12,794*	*$0*
Total, Infectious Diseases (Proposed Law)	**$1,654,394**	**$1,665,330**	**$1,609,758**	**($55,571)**
Total, Health Promotion	**$932,067**	**$1,024,033**	**$964,421**	**($59,612)**
Health Information and Service				
Budget Authority	$95,247	$94,438	$89,564	($4,874)
PHS Evaluation Transfers	*$115,269*	*$134,235*	*$134,235*	*$0*
Total, Health Information and Service	**$210,516**	**$228,673**	**$223,799**	**($4,874)**
Total, Environmental Health and Injury	**$282,925**	**$285,721**	**$284,820**	**($902)**
Occupational Safety and Health				
Budget Authority	**$241,307**	**$198,970**	**$198,859**	**($111)**
PHS Evaluation Transfers	*$35,681*	*$87,071*	*$87,071*	*$0*
Total, Occupational Safety and Health	**$276,988**	**$286,041**	**$285,930**	**($111)**
Total, Global Health[2]	**$285,983**	**$293,863**	**$306,079**	**$12,216**
Public Health Research				
Budget Authority	$29,107	$0	$0	$0
PHS Evaluation Transfers	*$0*	*$31,000*	*$31,000*	*$0*
Total, Public Health Research	**$29,107**	**$31,000**	**$31,000**	**$0**
Public Health Improvement and Leadership				
Budget Authority	$215,387	$266,843	$206,541	($60,302)
PHS Evaluation Transfers	*$17,436*	*$0*	*$0*	*$0*
Total, Public Health Improvement and Leadership	**$232,824**	**$266,843**	**$206,541**	**($60,302)**
Total, Preventive Health & Health Services Block Grant	**$131,814**	**$130,759**	**$0**	**($130,759)**
Total, Buildings and Facilities	**$260,454**	**$269,708**	**$30,000**	**($239,708)**

FY 2006 CDC Budget Request by Activity *continued*

(Dollars in Thousands)

Budget Activity	FY 2004 Actual	FY 2005 Enacted Appropriation	FY 2006 Estimate	FY 2006 +/- FY 2005
Business Services Support				
Budget Authority	$251,273	$278,840	$263,715	($15,126)
PHS Evaluation Transfers	*$30,953*	*$0*	*$0*	*$0*
Total, Business Services Support	**$282,226**	**$278,840**	**$263,715**	**($15,126)**
Total, L/HHS/ED (includes PHS Evaluation Transfer) (Current Law)	**$4,579,299**	**$4,760,811**	**$4,306,063**	**($454,749)**
Total, L/HHS/ED (includes PHS Evaluation Transfer) (Proposed Law) [1]	**$4,579,299**	**$4,760,811**	**$4,206,063**	**($554,749)**
PHS Evaluation Transfers (nonadd)	*$212,134*	*$265,100*	*$265,100*	*$0*
Agency for Toxic Substances and Disease Registry	$73,034	$76,041	$76,024	($17)
Terrorism	$1,507,211	$1,560,445	$1,616,723	$56,278
Vaccines for Children (Current Law) [3]	$1,052,030	$1,634,850	$1,502,333	($132,517)
Vaccines for Children (Proposed Law) [1,3]	$1,052,030	$1,634,850	$1,642,333	$7,483
User Fees	$2,226	$2,226	$2,226	$0
Total, CDC/ATSDR Program Level (Current Law)	**$7,213,800**	**$8,034,373**	**$7,503,369**	**($531,004)**
Total, CDC/ATSDR Program Level (Proposed Law) [1]	**$7,213,800**	**$8,034,373**	**$7,543,369**	**($491,004)**

[1]The FY 2006 budget request reflects the Proposed Law transfer of $100 million from the discretionary Section 317 Program to the mandatory Vaccines For Children program.

[2]Funding levels for FY 2004 are shown on a comparable basis. A total of $148.992 million was removed from FY 2004 to reflect the transfer of the President's International Mother and Child HIV Prevention Initiative (PMTCT) from CDC to the Department of State Office of the Global AIDS Coordinator.

[3]Funding for VFC in FY 2004 reflects obligations. FY 2005 funding includes carryover of $166 million from FY 2004.

FY 2006 CDC Budget Request—Detail of Increases/Decreases

(Dollars in Thousands)

Budget Activity	FY 2004 Actual	FY 2005 Enacted Appropriation	FY 2006 Estimate	FY 2006 +/- FY 2005 Dollars	FY 2006 +/- FY 2005 Percentage
Infectious Diseases					
Infectious Diseases Control	**$221,729**	**$225,589**	**$224,761**	**($829)**	**-0.37%**
Infectious Diseases	$188,706	$191,855	$191,125	($730)	-0.38%
Food Safety	$28,013	$28,767	$28,665	($101)	-0.35%
Chronic Fatigue Syndrome (CFS)	$5,010	$4,967	$4,970	$2	0.05%
HIV/AIDS, STD & TB Prevention	**$963,876**	**$960,711**	**$956,283**	**($4,428)**	**-0.46%**
HIV/AIDS, Research and Domestic	$667,940	$662,267	$657,694	($4,573)	-0.69%
State and Local Health Departments	$415,544	$412,016	$412,221	$205	0.05%
Community Planning Grants (nonadd)	*$324,464*	*$321,868*	*$321,868*	$0	0.00%
National/Regional/Other Organizations	$179,424	$177,901	$173,086	($4,814)	-2.71%
CDC Research, Surveillance, Analysis, Tech. Asst	$72,972	$72,350	$72,387	$36	0.05%
Sexually Transmitted Diseases (STD)	$158,580	$159,633	$159,709	$76	0.05%
Tuberculosis (TB)	$137,356	$138,811	$138,881	$69	0.05%
Immunization (current law)	**$468,789**	**$479,029**	**$528,714**	**$49,685**	**10.37%**
317 Immunization Program	$405,796	$411,478	$461,478	$50,000	12.15%
Vaccine Purchase Grants	$209,998	$215,680	$265,680	$50,000	23.18%
State Operations/Infrastructure Grants	$195,798	$195,798	$195,798	$0	0.00%
Program Operations	$62,993	$67,551	$67,236	($315)	-0.47%
Vaccine Tracking (SPARX)	$0	$4,960	$4,960	$0	0.00%
Prevention Activities	$62,993	$62,591	$62,276	($315)	-0.50%
Vaccine Safety	$16,317	$16,186	$16,186	$0	0.00%
All Other Prevention Activities	$33,882	$33,611	$33,296	($315)	-0.94%
National Immunization Survey (PHS funded)	*$12,794*	*$12,794*	*$12,794*	*$0*	*0.00%*
Immunization (proposed law) [1]	**$468,789**	**$479,029**	**$428,714**	**($50,315)**	**-10.50%**
317 Immunization Program	$405,796	$411,478	$361,478	($50,000)	-12.15%
Vaccine Purchase Grants	$209,998	$215,680	$165,680	($50,000)	-23.18%
State Operations/Infrastructure Grants	$195,798	$195,798	$195,798	$0	0.00%
Program Operations	$62,993	$67,551	$67,236	($315)	-0.47%
Vaccine Tracking (SPARX)	$0	$4,960	$4,960	$0	0.00%
Prevention Activities	$62,993	$62,591	$62,276	($315)	-0.50%
Vaccine Safety	$16,317	$16,186	$16,186	$0	0.00%
All Other Prevention Activities	$33,882	$33,611	$33,296	($315)	-0.94%
National Immunization Survey (PHS funded)	*$12,794*	*$12,794*	*$12,794*	*$0*	*0.00%*
Total, Infectious Diseases—Current Law	**$1,654,394**	**$1,665,330**	**$1,709,758**	**$44,429**	**2.67%**
Total, Infectious Diseases—Proposed Law	**$1,654,394**	**$1,665,330**	**$1,609,758**	**($55,571)**	**-3.34%**

FY 2006 CDC Budget Request—Detail of Increases/Decreases, *continued*

(Dollars in Thousands)

Budget Activity	FY 2004 Actual	FY 2005 Enacted Appropriation	FY 2006 Estimate	FY 2006 +/- FY 2005 Dollars	FY 2006 +/- FY 2005 Percentage
Health Promotion					
Chronic Disease Prevention, Health Promotion, and Genomics	**$818,171**	**$899,457**	**$840,858**	**($58,599)**	**-6.51%**
Heart Disease and Stroke	$41,628	$44,618	$44,627	$10	0.02%
Diabetes	$59,957	$63,457	$63,471	$14	0.02%
Cancer Prevention and Control	$293,825	$309,705	$309,778	$73	0.02%
Arthritis and Other Chronic Diseases	$22,022	$22,487	$22,493	$5	0.02%
Tobacco	$90,239	$104,345	$104,370	$25	0.02%
Nutrition, Physical Activity and Obesity	$39,289	$41,930	$41,939	$9	0.02%
Health Promotion	$20,620	$21,635	$21,640	$5	0.02%
School Health	$57,232	$56,746	$56,759	$13	0.02%
Safe Motherhood/Infant Health	$45,121	$44,738	$44,748	$11	0.02%
Oral Health	$10,643	$11,204	$11,207	$3	0.02%
Prevention Centers	$24,944	$29,690	$29,697	$7	0.02%
Youth Media Campaign (VERB)	$32,060	$58,795	$0	($58,794)	-100.00%
Steps to a Healthier U.S.	$41,261	$46,601	$46,612	$11	0.02%
Racial and Ethnic Approach to Community Health (REACH)	$34,800	$34,505	$34,513	$8	0.02%
Genomics	$4,530	$4,491	$4,492	$1	0.02%
Alzheimer's Disease	$0	$1,586	$1,587	$0	0.02%
Inflammatory Bowel Disease	$0	$744	$744	$0	0.02%
Interstitial Cystitis	$0	$694	$694	$0	0.02%
Pioneering Healthier Communities (YMCA)	$0	$1,487	$1,488	$0	0.02%
Birth Defects, Developmental Disabilities, Disability and Health	**$113,896**	**$124,576**	**$123,563**	**($1,013)**	**-0.81%**
Birth Defects and Developmental Disabilities	$49,416	$54,112	$53,672	($440)	-0.81%
Human Development and Disability	$44,730	$50,239	$49,830	($409)	-0.81%
Hereditary Blood Disorders	$19,750	$20,226	$20,061	($164)	-0.81%
Total, Health Promotion	**$932,067**	**$1,024,033**	**$964,421**	**($59,612)**	**-5.82%**
Health Information and Service					
Health Statistics	**$90,055**	**$109,021**	**$109,021**	**$0**	**0.00%**
Field Operations (PHS funded)	*$45,269*	*$59,833*	*$59,833*	*$0*	*0.00%*
Statistical Program Infrastructure (PHS funded)	*$44,786*	*$49,188*	*$49,188*	*$0*	*0.00%*
Public Health Informatics	**$73,544**	**$73,130**	**$68,233**	**($4,897)**	**-6.70%**
PHIN	$9,911	$9,827	$4,912	($4,915)	-50.02%
NEDSS (PHS-funded)	*$24,751*	*$24,751*	*$24,751*	*$0*	*0.00%*
All Other Public Health Informatics	$38,882	$38,552	$38,570	$18	0.05%
Health Marketing	**$46,917**	**$46,522**	**$46,545**	**$23**	**0.05%**
Health Marketing (Budget Authority)	$46,454	$46,059	$46,082	$23	0.05%
Health Marketing (PHS funded)	*$463*	*$463*	*$463*	*$0*	0.00%
Total, Health Information and Service	**$210,516**	**$228,673**	**$223,799**	**($4,874)**	**-2.13%**

FY 2006 CDC Budget Request—Detail of Increases/Decreases, *continued*

(Dollars in Thousands)

Budget Activity	FY 2004 Actual	FY 2005 Enacted Appropriation	FY 2006 Estimate	FY 2006 +/- FY 2005 Dollars	FY 2006 +/- FY 2005 Percentage
Environmental Health and Injury					
Environmental Health	**$146,458**	**$147,484**	**$146,888**	**($596)**	**-0.40%**
Environmental Health Laboratory	$27,110	$27,564	$27,337	($227)	-0.82%
Environmental Health Activities	$50,461	$51,024	$50,858	($166)	-0.33%
Asthma	$32,101	$32,422	$32,317	($106)	-0.33%
Childhood Lead Poisoning	$36,786	$36,474	$36,376	($97)	-0.27%
Injury Prevention and Control	**$136,467**	**$138,237**	**$137,931**	**($306)**	**-0.22%**
Intentional Injury	$101,733	$103,138	$102,814	($324)	-0.31%
Unintentional Injury	$34,734	$35,099	$35,117	$18	0.05%
Total, Environmental Health and Injury	**$282,925**	**$285,721**	**$284,820**	**($902)**	**-0.32%**
Occupational Safety and Health					
Education and Research Centers	$16,051	$17,402	$17,411	$9	0.05%
National Personal Protective Technology Lab	$10,185	$11,487	$11,492	$6	0.05%
National Occupational Research Agenda (NORA)	$81,600	$87,071	$87,071	$0	0.00%
National Occupational Research Agenda (NORA)—Budget Activity	$45,919	$0	$0	$0	N/A
National Occupational Research Agenda (NORA) (PHS funded)	*$35,681*	*$87,071*	*$87,071*	*$0*	*0.00%*
Mining Research Program	$27,717	$31,704	$31,719	$16	0.05%
All Other Occupational Safety and Health	$83,445	$80,388	$80,247	($141)	-0.18%
Occupational Safety and Health Management and Administrative Costs	$57,990	$57,990	$57,990	$0	0.00%
Total, Occupational Safety and Health	**$276,988**	**$286,041**	**$285,930**	**($111)**	**-0.04%**
Global Health[2]					
Global AIDS Program	$124,882	$123,821	$123,883	$62	0.05%
Global Immunization Program	$137,903	$137,126	$137,194	$68	0.05%
Global Disease Detection	$11,609	$21,426	$33,503	$12,078	56.37%
Global Malaria Program	$9,186	$9,108	$9,113	$5	0.05%
Other Global Health	$2,403	$2,383	$2,386	$3	0.13%
Total, Global Health	**$285,983**	**$293,863**	**$306,079**	**$12,216**	**4.16%**
Public Health Research					
Public Health Research	**$14,000**	**$31,000**	**$31,000**	**$0**	**0.00%**
Public Health Research (Budget Authority)	$14,000	$0	$0	$0	N/A
Public Health Research (PHS funded)	*$0*	*$31,000*	*$31,000*	*$0*	*0.00%*
Extramural Prevention Research	$15,107	$0	$0	$0	N/A
Total, Public Health Research	**$29,107**	**$31,000**	**$31,000**	**$0**	**0.00%**

FY 2006 CDC Budget Request—Detail of Increases/Decreases, *continued*

(Dollars in Thousands)

Budget Activity	FY 2004 Actual	FY 2005 Enacted Appropriation	FY 2006 Estimate	FY 2006 +/- FY 2005 Dollars	FY 2006 +/- FY 2005 Percentage
Public Health Improvement and Leadership					
Congressional Projects	$41,872	$60,450	$0	($60,450)	-100.00%
Leadership and Management	$170,917	$178,542	$178,673	$131	0.07%
Leadership and Management—Budget Authority	$153,480	$178,542	$178,673	$131	0.07%
Leadership and Management (PHS funded)	*$17,436*	*$0*	*$0*	*$0*	*N/A*
Director's Discretionary Fund	$0	$7,931	$7,936	$5	0.06%
Public Health Workforce Development	$20,035	$19,920	$19,932	$13	0.06%
Total, Public Health Improvement and Leadership	**$232,824**	**$266,843**	**$206,541**	**($60,302)**	**-22.60%**
Prev. Health and Health Services Block Grant	**$131,814**	**$130,759**	**$0**	**($130,759)**	**-100.00%**
Buildings and Facilities	**$260,454**	**$269,708**	**$30,000**	**($239,708)**	**-88.88%**
Business Services Support					
Business Services Support—Budget Authority	$251,273	$278,840	$263,715	($15,126)	-5.42%
Business Services Support (PHS funded)	*$30,953*	*$0*	*$0*	*$0*	*N/A*
Total, Business Services Support	**$282,226**	**$278,840**	**$263,715**	**($15,126)**	**-5.42%**
PHS Evaluation Transfers (nonadd)	*$212,134*	*$265,100*	*$265,100*	$0	*0.00%*
Total, L/HHS/ED (includes PHS Evaluation Transfer) (Current Law)	$4,579,299	$4,760,811	$4,306,063	($454,749)	-9.55%
Total, L/HHS/ED (includes PHS Evaluation Transfer) (Proposed Law) [1]	$4,579,299	$4,760,811	$4,206,063	($554,749)	-11.65%
Total, Agency for Toxic Substances and Disease Registry	**$73,034**	**$76,041**	**$76,024**	**($17)**	**-0.02%**
Terrorism					
Upgrading State and Local Capacity	$918,454	$926,736	$797,138	($129,598)	-13.98%
Upgrading CDC Capacity	$151,283	$140,972	$140,224	($748)	-0.53%
Anthrax	$17,934	$16,666	($0)	($16,666)	-100.00%
Security	$0	$0	$0	$0	N/A
Biosurveillance Initiative	$21,900	$79,271	$79,361	$90	0.11%
Strategic National Stockpile	$397,640	$396,800	$600,000	$203,200	51.21%
Total, Terrorism	**$1,507,211**	**$1,560,445**	**$1,616,723**	**$56,278**	**3.61%**

FY 2006 CDC Budget Request—Detail of Increases/Decreases, *continued*

(Dollars in Thousands

Budget Activity	FY 2004 Actual	FY 2005 Enacted Appropriation	FY 2006 Estimate	FY 2006 +/- FY 2005 Dollars	FY 2006 +/- FY 2005 Percentage
Vaccines for Children (Current Law) [3]	**$1,052,030**	**$1,634,850**	**$1,502,333**	**($132,517)**	**-8.11%**
Vaccines for Children (Proposed Law) [1,3]	**$1,052,030**	**$1,634,850**	**$1,642,333**	**$7,483**	**0.46%**
User Fees	**$2,226**	**$2,226**	**$2,226**	**$0**	**0.00%**
Total, CDC/ATSDR Program Level—Current Law	**$7,213,800**	**$8,034,373**	**$7,503,369**	**($531,004)**	**-6.61%**
Total, CDC/ATSDR Program Level —Proposed Law [1]	**$7,213,800**	**$8,034,373**	**$7,543,369**	**($491,004)**	**-6.11%**

[1]The FY 2006 budget request reflects the Proposed Law transfer of $100 million from the discretionary Section 317 Program to the mandatory Vaccines For Children program.

[2]Funding levels for FY 2004 are shown on a comparable basis. A total of $148.992 million was removed from FY 2004 to reflect the transfer of the President's International Mother and Child HIV Prevention Initiative (PMTCT) from CDC to the Department of State Office of the Global AIDS Coordinator.

[3]Funding for VFC in FY 2004 reflects obligations. FY 2005 funding includes carryover of $166 million from FY 2004.

FY 2006 Budget Request—Funding by Selected Disease Activity

(Dollars in Thousands)

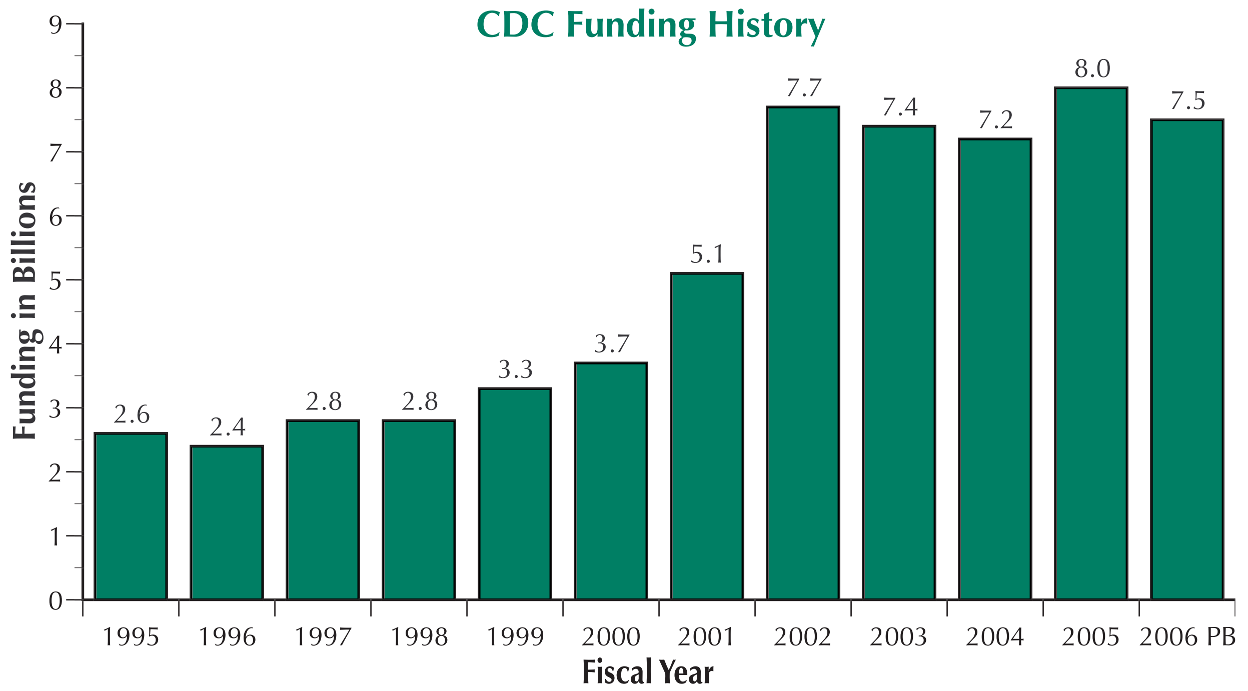
Diseases/Conditions/Activities	FY 2004 Actual	FY 2005 Enacted Appropriation	FY 2005 Estimate	FY 2006 +/- FY 2005 Dollars	FY 2006 +/- FY 2005 Percentage
Arthritis	$13,355	$13,643	$13,646	$3	0.0%
Autism	$13,242	$14,873	$14,752	($121)	-0.8%
Asthma	$32,101	$32,422	$32,317	($106)	-0.3%
Breast and Cervical Cancer[1]	$197,176	$204,425	$204,474	$48	0.0%
Childhood Lead Poisoning	$36,786	$36,474	$36,376	($97)	-0.3%
Chronic Fatigue Syndrome (base funding)	$5,010	$4,967	$4,970	$2	0.0%
Colorectal Cancer	$13,751	$14,626	$14,629	$3	0.0%
Diabetes	$59,957	$63,457	$63,471	$14	0.0%
Emerging Infectious Diseases (including SARS)	$188,706	$191,855	$191,125	($730)	-0.4%
Environmental and Health Outcome Tracking Network	$24,147	$24,438	$24,356	($82)	-0.3%
Epilepsy	$7,372	$7,560	$7,562	$2	0.0%
Fetal Alcohol Syndrome	$10,519	$10,678	$10,591	($87)	-0.8%
Global Disease Detection[2]	$11,609	$21,426	$33,503	$12,078	56.4%
Global Malaria	$9,186	$9,108	$9,113	$5	0.0%
Heart Disease and Stroke	$41,628	$44,618	$44,627	$10	0.0%
Hemophilia	$17,852	$17,700	$17,557	($144)	-0.8%
Hepatitis C	$18,065	$17,912	$17,848	($63)	-0.4%
HIV/AIDS - Research & Domestic (CDC-wide)[3]	$737,972	$731,704	$726,983	($4,721)	-0.6%
HIV/AIDS - Global (CDC-wide)[3]	$124,882	$123,821	$123,883	$62	0.0%
HIV/AIDS, Total (CDC-wide)[3]	$862,854	$855,526	$850,867	($4,659)	-0.5%
Lupus	$950	$942	$942	$0	0.0%
Nutrition/Physical Activity/Obesity	$39,289	$41,930	$41,939	$9	0.0%
Ovarian Cancer	$4,504	$4,565	$4,566	$1	0.0%
Pandemic Influenza - (CDC-wide)[4]	$29,677	$29,754	$79,744	$49,990	168.0%
Polio Eradication	$96,838	$96,276	$96,324	$48	0.0%
Prion Disease	$4,162	$5,118	$5,101	($17)	-0.3%
Prostate Cancer	$14,091	$14,071	$14,074	$3	0.0%
Sexually Transmitted Diseases (STDs)	$158,580	$159,633	$159,709	$76	0.0%
Skin Cancer	$2,010	$2,092	$2,093	$0	0.0%
Spina Bifida	$4,209	$4,825	$4,785	($39)	-0.8%
Syphilis Elimination	$33,901	$33,613	$33,630	$17	0.0%
Tuberculosis	$137,356	$138,811	$138,881	$69	0.0%
West Nile Virus (WNV)	$34,633	$37,809	$37,675	($134)	-0.4%
WISEWOMAN	$13,116	$13,116	$13,116	$0	0.0%

[1] Funding for WISEWOMAN ($13.116 million) is included in the total for Breast and Cervical Cancer.

[2] This initiative crosses multiple activity lines, including pandemic flu and malaria. Funding in these other disease activities does not reflect the increases that ultimately may come through the Global Disease Detection Initiative.

[3] Funding levels for FY 2004 are shown on a comparable basis. A total of $148.992 million was removed from FY 2004 to reflect the transfer of the President's International Mother and Child HIV Prevention Initiative from CDC to the Department of State Office of the Global AIDS Coordinator.

[4] Additional funding is provided in FY 2005 for pandemic influenza through the Global Disease Detection Initiative and nondiscretionary sources.



Note: FY 2002 funding included one-time costs related to terrorism funding preparedness not reflected in FY 2003.

Disease Control, Research, and Training

Appropriation History Table[1]

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 [14]	$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]	$4,213,553,000	$4,228,778,000	$4,538,592,000	$4,533,910,000
2005 Labor/HHS Reduction	—	—	—	($1,944,000)
2005 Rescission	—	—	—	($36,256,000)
2006 [13]	$3,940,963,000	—	—	—

[1] Does not include funding for ATSDR, bioterrorism, or vaccines for children.
[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 and 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 *Budget Estimate to Congress* reflect the Proposed Law for Immunization.

Terrorism

Appropriation History Table

	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	$1,573,300,000
2005 Labor/HHS Reduction	—	—	—	($271,000)
2005 Rescission	—	—	—	($12,584,000)
2006	$1,616,723,000	—	—	—

[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.

Agency for Toxic Substances and Disease Registry (ATSDR)

Appropriation History Table

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 Recission	—	—	—	($538,200)
2004	$73,467,000	$73,467,000	$73,467,000	$73,467,000
2004 Recission	—	—	—	($433,455)
2005	$76,654,000	$76,654,000	$76,654,000	$76,654,000
2005 Recission	—	—	—	($613,000)
2006	$76,024,000	—	—	—

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 the 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,
- 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.

ADDITIONAL INFORMATION

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