

NATIONAL CENTER FOR HIV/AIDS, VIRAL HEPATITIS, STD, AND TB PREVENTION (CVJ)

The National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) maximizes public health and safety nationally and internationally through the elimination, prevention, and control of disease, disability, and death caused by Human Immunodeficiency Virus Infection/Acquired Immunodeficiency Syndrome (HIV/AIDS), non-HIV retroviruses, viral hepatitis, other STDs, TB, and non-tuberculosis mycobacteria. In carrying out its mission, NCHHSTP: (1) Builds capacity and enhances public health infrastructure for preventing and treating HIV/AIDS, viral hepatitis, STDs, and TB domestically and internationally; (2) coordinates activities and programs across CDC and CCID in order to maximize the public health impact of HIV/AIDS, viral hepatitis, STDs, and TB interventions; (3) conducts surveillance and research to determine the distribution, determinants, and burden of HIV/AIDS, viral hepatitis, STDs, and TB infections domestically and internationally; (4) conducts program evaluation to improve programs and activities relating to the prevention of HIV/AIDS, viral hepatitis, STDs, and TB, and determine their impact; (5) provides reference laboratory and clinical diagnostic services for HIV/AIDS, viral hepatitis, STDs, and TB to relevant stakeholders; (6) maximizes synergies among HIV/AIDS, viral hepatitis, STDs, and TB programs domestically and internationally; (7) engages external partners to develop and implement effective HIV/AIDS, viral hepatitis, STDs, and TB policies, research, and programs; (8) engages partners, to reduce health disparities among those affected by HIV/AIDS, viral hepatitis, STDs, and TB; (9) provides technical assistance and training to domestic and international partners in the diagnosis, treatment, and prevention of HIV/AIDS, viral hepatitis, STDs, and TB; (10) conducts domestic and international public health communication activities to disseminate research findings and increase awareness of HIV/AIDS, viral hepatitis, STDs, and TB; (11) conducts operational, behavioral, and biomedical research to improve the distribution, diagnosis, prevention, and control of HIV/AIDS, viral hepatitis, STDs, and TB; (12) provides scientific leadership regarding public health ethics and protection of human subjects linked to HIV/AIDS, viral hepatitis, STDs, and TB; (13) translates research findings into public health practice and policy for HIV/AIDS, viral hepatitis, STDs, and TB prevention; (14) plans, coordinates, and guides programs and activities with external partners, federal agencies, and other organizations related to HIV/AIDS, viral hepatitis, STDs, and TB prevention, care, and treatment; (15) leads and participates in the development, implementation, and evaluation of domestic and international policies and guidelines related to HIV/AIDS, viral hepatitis, STDs, and TB; (16) provides scientific leadership regarding screening, treatment, immunization, and other prevention interventions relevant to HIV/AIDS, viral hepatitis, STDs, and TB; (17) assures all public health decisions are based on the highest quality scientific data, openly and objectively derived; (18) provides leadership to assist international partners in establishing and maintaining HIV/AIDS, viral hepatitis, STDs, and TB screening, treatment, immunization, and other prevention and control programs; (19) assists countries in improving treatment, care, and support for people living with HIV/AIDS, and building capacity and infrastructure to address the global HIV/AIDS pandemic; (20) works with other federal agencies, governments of other nations, and other partners to implement the U.S. Government's international efforts to reduce the global burden of HIV/AIDS; (21) ensures that programmatic and scientific activities are aligned with, and in support of, CDC's overall mission, goals, and strategic imperatives; (22) allocates and tracks CDC resources and contributes to the development of CDC's short-, medium- and long-

term strategic plans for preventing the spread of HIV/AIDS, viral hepatitis, STDs, and TB domestically and internationally; and (23) coordinates oversight of the NCHHSTP Federal Advisory Committees. (Approved 3/22/2007)

Office of the Director (CVJ1)

(1) Provides leadership and guidance on the development of goals and objectives, policies, program planning and development, and program management and operations of the activities of the NCHHSTP and manages, directs, coordinates, and evaluates the center's activities;

(2) facilitates closer linkages between HIV, non-HIV retroviruses, STDs, viral hepatitis, TB, and non-TB mycobacteria surveillance activities and prevention programs at all levels, and facilitates collaboration, integration, and multi-disciplinary approaches to enhance the effectiveness of HIV, STD, viral hepatitis, and TB prevention programs; (3) facilitates integration of science and prevention programs throughout NCHHSTP and enhances the coordination and integration of HIV, STD, viral hepatitis, and TB prevention services for individuals and populations at increased risk for more than one of these infections; (4) coordinates the integration of CDC funding of state and local health departments for HIV, STD, viral hepatitis, and TB prevention; (5) facilitates and coordinates the assignment of field staff in accordance with CDC and NCHHSTP priorities and objectives; (6) provides technical information services to facilitate dissemination of relevant public health information and facilitates collaboration with national health activities, CDC components, other agencies and organizations, and foreign governments on international health activities; (7) provides oversight for the programmatic coordination of HIV, STD, viral hepatitis, and TB activities between NCHHSTP and other NCs; develops recommendations to the CDC Director as the lead NC for these programs for the distribution of HIV, STD, viral hepatitis, and TB funds CDC-wide; and advises the Director, CDC, on other policy matters concerning NCHHSTP activities; (8) provides technical assistance to divisions on issues management, public affairs, and health communications strategies, and coordinates with external organizations, the news, public service, entertainment and other media to ensure effective findings and their implications for public health reach the public; (9) collaborates closely with divisions to produce materials designed for use by the news media; (10) secures appropriate clearance of these materials within NCHHSTP and CDC; (11) develops strategies and operational systems for the proactive dissemination of effective findings and their implications for prevention partners and the public, responds to public inquiries, and distributes information materials apart from the clearinghouses, hotlines, or other contractual mechanisms; (12) coordinates graphics and publishing services for NCHHSTP staff; reviews and prepares congressional testimony and briefing documents; and analyzes the implications of legislation and legislative proposals; (13) plans and coordinates the annual program planning process; (14) coordinates with OD, CC/COs, and divisions in determining and interpreting operating policy and in ensuring their respective management input for specific program activity plans; (15) interprets general policy directives and proposed legislation relating to NCHHSTP program goals and objectives, and coordinates the development and review of congressional reports; serves as the coordination point for Inspector General and General Accounting Office audits and reviews; (16) coordinates and manages external groups such as advisory committees and serves as central point for OMB clearances and controlled correspondence; (17) advises on activities that might affect other NC and provides leadership in the integration of health disparities goals, objectives, and strategies in the development of policies and programs of NCHHSTP;

(18) coordinates and tracks health disparity activities within the center and provides leadership in support of research, surveillance, education, training, and program development to reduce health disparities; (19) develops partnerships with other federal agencies and nongovernmental organizations working on similarly-affected populations; (20) provides technical support and funding to the Tuskegee University National Center for Bioethics in Research and Health Care and manages the Tuskegee Participants Health Benefits Program; (21) sponsors workgroups, meetings, and conferences related to health disparities and collaborates with the CDC Office of the Director, CC/COs, and other NCs on health disparity activities; (22) works with NCHHSTP leadership to promote a diverse public health workforce through internships, fellowships, training programs, and other activities; (23) works with the CDC Office of Minority Health and Health Disparities to monitor progress in meeting the four Executive Orders related to improving minority health; and (24) serves as primary liaison between NCHHSTP and the National Center for Health Marketing on communications and marketing science, and its associated research and practice. (Approved 4/2/2008)

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

(1) In cooperation with other CDC components, administers operational programs for the prevention of HIV/AIDS; (2) provides consultation, training, promotional, educational, other technical services to assist state and local health departments, as well as national, state, and local nongovernmental organizations, in the planning, development, implementation, evaluation and overall improvement of HIV prevention programs; (3) conducts behavioral, communications, evaluation, and operational research into factors affecting the prevention of HIV/AIDS; (4) develops recommendations and guidelines on the prevention of HIV/AIDS; (5) evaluates prevention and control activities in collaboration with other CDC components; (6) provides assistance and consultation on issues related to programmatic support, research, evaluation methodologies, and fiscal and grants management to state and local health departments, nongovernmental organizations, national organizations, and other research institutions; (7) promotes linkages between health department HIV/AIDS programs and other governmental and nongovernmental partners who are vital to effective HIV/AIDS prevention efforts; (8) works closely with Health Care Financing Administration, Health Resources and Services Administration, other governmental and nongovernmental agencies, and the managed care community (or the private medical sector) to enhance and evaluate HIV prevention services in public and private health care delivery systems; (9) provides consultation to other PHS agencies, medical institutions, private physicians, and international organizations or agencies; (10) provides information to the scientific community and the general public through publications and presentations; (11) implements national HIV/AIDS prevention public information programs and assists in developing strategic communications activities and services at the national level to inform and educate the American public about HIV/AIDS, especially people whose behavior places them at risk for HIV infection; and (12) provides technical support to CDC assignees to state and local health departments who are working on HIV/AIDS prevention and communications activities. (Approved 3/22/2007)

Office of the Director (CVJB1)

(1) Plans, directs, and evaluates the activities of the division; (2) develops goals and objectives

and provides national leadership and guidance in HIV/AIDS prevention policy formulation and program planning and development; (3) provides leadership for developing research in behavioral aspects of HIV/AIDS prevention, evaluation of HIV/AIDS prevention, and in coordinating activities between the division and other NCHHSTP divisions, CDC NCs, and national-level prevention partners who influence HIV/AIDS prevention programs involved in HIV/AIDS investigations, research, and prevention activities; (4) in collaboration with other components of CDC and with other governmental and non-governmental organizations, develops and promotes policies and evaluation methods, and recommends research to enhance HIV prevention and control efforts in public and private health care delivery systems; (5) provides oversight for human subjects review of protocols and coordinates human subjects review training; (6) coordinates within the division the response to the national and local communications media on HIV/AIDS issues; (7) ensures multidisciplinary collaboration in HIV/AIDS prevention activities; (8) provides leadership and guidance for program management and operations and the development of training and educational programs; (9) coordinates the development of guidelines and standards to ensure ongoing, effective HIV prevention programs and their evaluations; (10) oversees the creation of materials designed for use by the media, including press releases, letters to the editor, other print and electronic materials and programs, and ensures appropriate clearance of these materials; (11) assists in the preparation of speeches and congressional testimony on HIV/AIDS for the division director, the center director, and other public health officials; (12) provides program services support in extramural programs management; (13) collaborates, as appropriate, with nongovernmental organizations to achieve the mission of the division; (14) provides international consultation in collaboration with the Division of HIV/AIDS Prevention-Surveillance and Epidemiology's lead activity on international HIV/AIDS activities; (15) collaborates with other branches, divisions, and NCs to synthesize HIV prevention research findings and translate them into prevention practice; and (16) collaborates, as appropriate, with other divisions and offices of NCHHSTP, and with other NCs throughout CDC in carrying out these activities. (Approved 4/11/2007)

Prevention Research Branch (CVJBB)

(1) Applies current theory, practice, and empirical findings in designing and conducting research on state-of-the-art interventions to prevent HIV infection; (2) conducts research to examine methodological issues related to implementation, design and evaluation aspects of behavioral intervention research trials; (3) conducts research to examine the processes and factors that influence effective and efficient translation, diffusion, and sustainability of behavioral intervention research findings to HIV prevention programs; (4) conducts research to improve the effectiveness and cost effectiveness of HIV prevention interventions as delivered by health departments, community-based organizations, and other providers of prevention services; (5) summarizes and synthesizes the intervention research literature to derive research priorities and specify the characteristics of effective interventions to prevent HIV infection; (6) contributes to the intervention research literature by publishing regularly in peer-reviewed journals and CDC-sponsored publications; (7) collaborates with federal, state, and local HIV prevention partners in identifying research priorities and in designing intervention research; and (8) collaborates and consults with CDC staff, other PHS agencies, state and local health departments, and other groups and organizations involved in HIV prevention activities to devise and facilitate technical assistance systems and activities related to the application of behavioral

science research findings to prevention programs and policies. (Approved 4/11/2007)

Prevention Program Branch (CVJBC)

(1) In collaboration with state and local public health and non-governmental national/regional and local partners, CDC NCs, and other federal agencies, develops and implements programs, policies, and activities that enable and mobilize affiliates and communities to become involved with, and support, local and statewide strategic community planning that improves HIV prevention programs and activities; (2) plans, develops, implements, and manages strategies and resources that build a comprehensive public health-private sector partnership to prevent HIV infection/AIDS; (3) provides technical consultation and assistance to state and local health departments, community planning groups, and non-governmental and other prevention partners in operational aspects of HIV prevention; (4) monitors activities of HIV prevention projects to ensure operational objectives are being met; (5) establishes guidelines and policies for implementation and continuation of state and local HIV prevention programs; (6) provides technical review of grant applications and prevention plans; (7) coordinates program development and implementation with state/local/regional community planning groups; (8) facilitates linkages with STD's and other HIV prevention programs at all levels to maximize coordination of harm reduction and intervention strategies for populations with common prevention needs; (9) works with national partners to foster HIV prevention capabilities and activities in affected communities; (10) monitors the progress of community-based organizations undertaking HIV prevention programs and activities; (11) develops national public information programs for HIV/AIDS prevention, working closely with behavioral scientists to create communications messages that effectively promote adoption or maintenance of safe behaviors; (12) promotes and facilitates the application of social marketing principles to HIV prevention at the state and local levels; (13) collaborates with external organizations and the news, public service, entertainment, and other media to ensure that effective prevention messages reach the public; and (14) in collaboration with the Capacity Building Branch, creates and disseminates materials that incorporate prevention marketing principles for use at national, state, and local levels. (Approved 4/11/2007)

Program Evaluation Research Branch (CVJBD)

(1) Evaluates the effectiveness, costs, and impact of HIV prevention interventions, strategies, policies, and programs as practiced or implemented by public health agencies and organizations at the national/regional and state/local levels; (2) collaborates in the application of evaluation findings and techniques to the ongoing assessment and improvement of HIV prevention programs; (3) conducts evaluation research activities and economic evaluations of HIV prevention; (4) seeks to advance the methodology of HIV prevention evaluation through evaluation research activities; and (5) applies evaluation methods to improving HIV prevention programs; collaborating with other branches as they develop, test, and disseminate models for quality assurance of programs and services; and collaborating with other branches/activities in the development of methods to support the systematic assessment and continuous improvement of HIV prevention programs. (Approved 4/11/2007)

Capacity Building Branch (CVJBE)

(1) Assesses training and technical assistance needs and develops strategies to address the training of grantee organizations, other external partners involved in HIV/AIDS prevention programs and activities, and division headquarters staff; (2) works with other branches to synthesize, translate, and disseminate research findings applicable to HIV prevention program operations through training, conferences, and other systems; (3) conducts intramural/extramural training and training needs assessments; (4) manages conference grants and conference support services; (5) develops, maintains, and facilitates technical support systems to assist HIV prevention providers in applying sound technologies; and (6) assesses technical assistance and training needs of HIV prevention service providers, coordinates with other branches, and maintains communications between research and program staff at CDC. (Approved 4/11/2007)

Technical Information and Communications Branch (CVJBG)

(1) Provides scientific, statistical, visual, and technical information on HIV/AIDS, in cooperation with other CDC organizations, to health care professionals, public health officials, prevention partners, and the general public; (2) develops policy and procedures that utilize technology and resources for information dissemination and management; (3) provides information services to the general public, the news media, the division, CDC staff, and CDC partners including electronic publications, bibliographies, and current awareness information; (4) develops and maintains a broad range of HIV/AIDS information for dissemination via the Internet and other electronic means; (5) maintains a specialized collection of HIV/AIDS resources that includes subject files and reprints of CDC-authored publications and *MMWR* articles; (6) reviews HIV/AIDS materials from outside organizations and other agencies for technical and scientific accuracy; (7) provides lead scientific/technical guidance and support for the CDC National AIDS Hotline and the CDC National AIDS Clearinghouse; (8) prepares and monitors clearance of manuscripts for publication in scientific and technical journals and publications; (9) produces and coordinates the worldwide print and electronic distribution of the *CDC HIV/AIDS Prevention* newsletter; (10) prepares, tracks, and coordinates controlled and general correspondence; (11) prepares responses and coordinates the provision of materials requested by Congress; (12) prepares reports, briefings, speeches, and congressional testimony on HIV/AIDS; (13) coordinates preparation of documents for annual program review with the directors of NCHHSTP and CDC; (14) in collaboration with the Capacity Building Branch and the Prevention Programs Branch, creates and disseminates materials that incorporate prevention marketing principles for use at national, state, and local levels; (15) works closely with all division branches and the Division of HIV/AIDS Prevention-Surveillance and Epidemiology to disseminate surveillance reports and other scientific publications electronically and through the CDC National AIDS Clearinghouse; (16) works closely with other relevant offices or groups to produce materials designed for use by CDC prevention partners and the news media and secures appropriate clearance of these materials both within and outside of the division; and (17) designs, produces, and facilitates clearance of public health brochures and other publications for the public. (Approved 4/11/2007)

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

(1) Conducts national surveillance of the HIV/AIDS; (2) provides consultation and statistical, epidemiological, and other technical services to assist state and local health departments, as well as national, state, and local nongovernmental organizations, in the planning, development, implementation, and overall improvement of HIV prevention programs; (3) conducts epidemiologic, surveillance, etiologic, health services and operational research into factors affecting the prevention of HIV/AIDS; (4) develops recommendations and guidelines on the prevention of HIV/AIDS and associated illnesses; (5) monitors sentinel surveillance of HIV infection and infectious diseases and other complications of HIV/AIDS; (6) monitors surveillance of risk behaviors associated with HIV transmission; (7) determines risk factors and transmission patterns of HIV/AIDS by conducting national and international HIV/AIDS surveillance, epidemiologic investigations, and research studies; (8) develops preventive health services models for a variety of HIV-related activities; (9) provides assistance and consultation on issues related to epidemiology, surveillance, and research to NCHHSTP, CDC, other PHS agencies, state and local health agencies, community-based organizations, CDC prevention partners, medical institutions, private physicians, and international organizations; (10) provides epidemic aid, epidemiologic and surveillance consultation, and financial assistance for HIV/AIDS surveillance activities to state and local health departments; (11) provides information on HIV/AIDS surveillance and epidemiology to the scientific community and the general public through publications and presentations; (12) works closely with other CCID NCs on HIV/AIDS surveillance and epidemiologic investigations that require laboratory collaboration, and on activities related to the investigation and prevention of HIV-related opportunistic infections; (13) provides technical support to CDC assignees to state and local health departments who are working on HIV/AIDS surveillance activities; and (14) serves as the WHO Collaborating Division on HIV/AIDS for epidemiology and surveillance. (Approved 3/22/2007)

Office of the Director (CVJC1)

(1) Plans, directs, and evaluates the activities of the division; (2) develops goals and objectives and provides national leadership and guidance in HIV/AIDS prevention policy formulation and program planning and development; (3) provides leadership in developing research in epidemiology, surveillance, and other scientific aspects of HIV/AIDS prevention, and in coordinating activities between the division and other NCHHSTP divisions, CDC NCs, and national-level prevention partners who influence HIV/AIDS prevention programs involved in HIV/AIDS investigations and research; (4) provides oversight for human subjects review of protocols and coordinates human subjects review training; (5) maintains lead responsibility for HIV/AIDS issues related to epidemiology, surveillance, or policy; (6) provides leadership and guidance for the development of data management systems; (7) assists in the preparation of speeches and congressional testimony on HIV/AIDS for the division director, the center director, and other public health officials; (8) coordinates international HIV/AIDS activities of the division and ensures inter-divisional coordination of international activities within the center and CDC, as appropriate; (9) collaborates, as appropriate, with non-governmental organizations to achieve the mission of the division; and (10) collaborates, as appropriate, with other divisions and offices of NCHHSTP, and with other NCs throughout CDC. (Approved 4/11/2007)

Epidemiology Branch (CVJCB)

(1) Designs and conducts epidemiologic and behavioral studies in the U.S. to determine risk factors, co-factors, and modes of transmission for HIV infection and AIDS; (2) conducts studies of the clinical epidemiology of HIV infection, including manifestations of HIV disease in adults, adolescents, and children; (3) designs and conducts research on the psychosocial, cultural and contextual determinants of risk behaviors related to HIV risk behaviors; (4) describes psychosocial impact of HIV on infected individuals, their families, and close contacts, and identifies psychosocial and cultural determinants of disease outcomes for HIV-infected individuals; (5) conducts both epidemiologic and behavioral studies to evaluate appropriate biomedical interventions for preventing HIV infection (primary prevention) and for preventing manifestations of AIDS (secondary prevention); (6) conducts applied research to assist in evaluation of strategies, major activities, and policies; (7) conducts epidemiologic and investigations of HIV infection and associated infectious diseases, as well as other illnesses related to HIV/AIDS; (8) develops policy related to both primary prevention of HIV infection and secondary prevention of its severe manifestations based on scientific investigations and clinical trials; (9) provides epidemiologic consultation to state and local health departments, other PHS agencies, universities, and other groups and individuals investigating HIV/AIDS; (10) responds to inquiries from physicians and other health providers for information on the medical and epidemiologic aspects of HIV/AIDS; (11) collaborates and conducts research internationally of the epidemiology and prevention of HIV/AIDS; and (12) collaborates in studies to determine virologic and immunologic factors related to transmission and natural history of HIV infection. (Approved 4/11/2007)

Behavioral and Clinical Surveillance Branch (CVJCC)

(1) Conducts surveillance of behaviors related to acquisition or transmission of HIV infection in high risk populations to direct prevention resource allocation; (2) ensures that baseline and ongoing monitoring data on behavioral risk are collected to measure progress in meeting the goals, objectives, strategies and action steps of the HIV Prevention Plan; (3) develops, utilizes, and disseminates methods to monitor behaviors associated with HIV transmission or acquisition and evaluates the impact of prevention programs; (4) maintains, analyzes, and disseminates information from national surveillance of behaviors associated with HIV acquisition or transmission; (5) conducts investigation of unusual laboratory findings or special populations of epidemiologic importance; (6) conducts in-depth chart reviews of persons with HIV or AIDS in selected sites to monitor the morbidity and mortality of the HIV epidemic, evaluates access to care and quality of care, and to determine the efficacy and adverse outcomes of therapy; (7) conducts in-depth interviews of persons reported with HIV or AIDS to evaluate access to medical care and adherence to therapy, as well as behavioral risk and socioeconomic factors associated with HIV acquisition; (8) assesses the acceptability, implementation, and impact on HIV prevention of various HIV diagnostic modalities; (9) validates techniques for identifying recent HIV infection and other assays related to HIV diagnosis and monitoring, and provides technical assistance and support to laboratories implementing these modalities; (10) provides technical assistance to state and local health departments and academic organizations to assure high-quality behavioral monitoring systems; and (11) manages intramural and extramural

funding and provides consultation and technical assistance on activities and surveillance methodologies to state and local health departments and national and international organizations and agencies. (Approved 4/11/2007)

Quantitative Sciences and Data Management Branch (CVJCD)

(1) Coordinates quantitative science and data management planning, policy development, and project monitoring and evaluation; (2) designs and develops statistical, economic, cost, resource allocation, and data management strategies, models, and methodologies in the public health arena; and (3) collaborates with scientists, program experts, and senior public health officials throughout the division to implement these strategies, models, and methodologies in support of HIV surveillance and prevention studies, prevention resource allocation issues, and prevention program activities. (Approved 4/11/2007)

HIV Incidence and Case Surveillance Branch (CVJCE)

(1) Conducts surveillance of the clinical characteristics of persons diagnosed with HIV infection, the onset of AIDS, and deaths in persons with HIV/AIDS in coordination with and local health departments to provide population-based data for public health policy development and evaluation; (2) maintains, analyzes, and disseminates information from the national confidential registry of HIV/AIDS cases; (3) supports a population-based, national system to measure and monitor the incidence of HIV transmission; (4) pilots and coordinates methods for conducting population-based surveillance for the emergence and transmission of drug-resistant HIV; (5) supports a system of maternal to child HIV transmission surveillance through reports of outcomes of births of live infants to HIV infected women in high-prevalence areas; (6) promotes uses of surveillance data for prevention and evaluation; (7) conducts surveillance of special populations of epidemiologic importance; (8) evaluates surveillance systems for HIV infection and AIDS and modifies surveillance methodologies as needed to meet changing needs of HIV/AIDS programs; and (9) manages extramural funding of surveillance activities and provides consultations and technical assistance on surveillance activities and methodologies to state and local health departments and national and international organizations and agencies. (Approved 4/11/2007)

Laboratory Branch (CVJCG)

(1) Conducts studies of HIVs and other human and zoonotic retroviruses, including the diseases they cause and their modes of transmission, through virus detection, isolation, and characterization by virologic, molecular, and cellular biologic methods; (2) collaborates with NCHHSTP investigators to conduct HIV epidemiologic and surveillance studies worldwide particularly as they pertain to prevention and intervention strategies; (3) identifies and characterizes new HIV isolates and develops new screening tests for these isolates to determine their prevalence in various populations; (4) determines genotypic and phenotypic variations of HIVs that may affect pathogenesis, drug resistance, persistence, virulence, and transmissibility; (5) conducts and supports field epidemiologic investigations of the prevalence, distribution, trends, and risk factors associated with non-AIDS retroviral infections and associated diseases; (6) serves as a WHO Reference Center and as a member of the Joint United Nations Programme

on HIV/AIDS (UNAIDS) Virus Network to provide international consultation and technical assistance on laboratory procedures for HIV isolation, detection, and characterization; (7) develops and evaluates procedures for the isolation and characterization of HIV and for the detection of retroviral DNA or RNA from clinical samples; (8) provides training, reference testing, and reference reagents for virologic and molecular characterization of divergent HIVs for public health laboratories in the U.S. and WHO; (9) serves as a reference laboratory for the isolation of zoonotic retroviruses from clinical samples; (10) develops collaborations with other CDC and non-CDC scientists to promote scientific progress and accomplishments; (11) collaborates with industry to promote commercialization of useful technology, methodologies, or reagents of public health importance; (12) conducts studies related to the development, evaluation, improvement, and standardization of laboratory technologies used for the diagnosis, surveillance, and monitoring of HIV infection both independently and in collaboration with the biotechnology industry; (13) performs HIV antigen and antibody testing plus related standardized assays in support of the diagnostic/surveillance/epidemiologic requirements of CDC-based and CDC-affiliated studies of the HIV epidemic; (14) serves as a reference laboratory for state and local health departments; and (15) provides diagnostic services to other federal agencies, WHO, CDC-affiliated academic centers, CDC-affiliated studies with other countries, and community organizations, as appropriate. (Approved 4/11/2007)

Division of Sexually Transmitted Disease Prevention (CVJD)

(1) In cooperation with other CDC components, administers operational programs for the prevention of STD; (2) provides consultation, training, statistical, educational, epidemiological, and other technical services to assist state and local health departments in the planning, development, implementation, evaluation, and overall improvement of STD prevention programs; (3) supports a nationwide framework for effective surveillance of STD other than HIV; (4) conducts behavioral, clinical, epidemiological, preventive health services, and operational research into factors affecting the prevention and control of STD; (5) provides leadership and coordinates, in collaboration with other CDC components, research and program activities that focus on STD and HIV prevention; (6) promotes linkages between health department STD programs and other governmental and non-governmental partners who are vital to effective STD prevention efforts; and (7) provides technical supervision for division, state and local assignees. (Approved 3/22/2007)

Office of the Director (CVJD1)

(1) Plans, directs and evaluates the activities of the division; (2) provides national leadership and guidance in STD prevention and control policy formulation; program planning, development, management, and evaluation; development of training, educational, and health communications; (3) provides administrative, fiscal, technical, and communications support for division programs and units; (4) assures multidisciplinary collaboration in STD prevention and control activities; (5) in cooperation with other CDC components, provides leadership for developing research in behavioral, clinical, epidemiologic, and health services aspects of STD prevention and control, and for coordinating activities between the division and others involved in STD research; (6) coordinates the development of guidelines and standards to assure ongoing high quality performance of STD prevention and control programs; (7) coordinates international STD activity

of the division; (8) collaborates, as appropriate, with other divisions and offices in NCHHSTP, and with other divisions throughout CDC; (9) collaborates as appropriate with non-governmental organizations to achieve the mission of the division; and (10) establishes linkages with other NCs and national level prevention and STD research partners that impact on STD prevention and control programs. (Approved 4/11/2007)

Behavioral Interventions and Research Branch (CVJDB)

(1) Plans and conducts research on individual and group behavior patterns, their individual and societal determinants, and consequences as they affect STD occurrence and transmission, and disseminates the results of this research; (2) plans and conducts research on health communication messages and strategies, and disseminates the results of this research; (3) in collaboration with other relevant CDC units, plans and conducts studies to develop, evaluate, and apply new community and clinic-based behavioral intervention methods to STD prevention and control; (4) in collaboration with other components of the division, NCHHSTP, and CDC, plans, coordinates, implements, and monitors demonstration projects designed to provide information which will guide national program direction in behavioral intervention for STD prevention and control; (5) in collaboration with other components of the division, NCHHSTP, and CDC, develops an effective behavioral surveillance system to assist national STD prevention efforts; implements and evaluates new approaches to behavioral surveillance related to STD prevention and control; and analyzes behavioral surveillance data in conjunction with STD morbidity surveillance data to guide national STD prevention policy and program direction; (6) in collaboration with internal and external colleagues, translates behavioral and health communication research findings into programmatic interventions; (7) provides state and local health departments and other prevention partners with technical assistance in the development, implementation, and evaluation of health communication messages and strategies and behavioral intervention strategies to reduce STD morbidity; (8) participates in STD prevention and control reviews and guideline development; (9) collaborates with other components of the division to develop and implement strategies and activities to meet goals for key division priorities; and (10) translates overall NCHHSTP and division strategies into branch-specific implementation plan for research and programs. (Approved 4/11/2007)

Epidemiology and Surveillance Branch (CVJDC)

(1) Provides national and international leadership in the design and analysis of clinical and epidemiologic prevention research to improve understanding of the epidemiology of STD; advances knowledge of factors related to STD acquisition, transmission, and sequelae using a variety of epidemiologic tools including mathematical modeling; participates in evaluations of the effectiveness and immunologic characteristics of forthcoming STD vaccines; and, develops and evaluates new approaches for prevention, diagnosis, and treatment that will strengthen national and international STD prevention efforts; (2) assesses STD burden and sequelae by monitoring and interpreting surveillance data; by developing, implementing, and interpreting data from STD prevalence monitoring projects among populations of special interest and from national population-based surveys; by conducting sentinel surveillance projects to evaluate and monitor trends in STD antimicrobial sensitivity and to identify emerging STD problems, clinical presentations, and behavioral associations; and by conducting special investigations of epidemic

increases in STD and of other emerging STD problems in the U.S. and abroad; (3) develops and evaluates, in close collaboration with program colleagues and field assignees, innovative, efficient, program-focused approaches to strengthen STD prevention at state and local levels, and to facilitate the translation of such research findings into prevention; (4) develops and disseminates, via the STD Treatment Guidelines and other methods, national and international guidance concerning STD diagnosis and treatment; disseminates timely information to the national and international public health community of emergent changes in STD epidemiology and in recommendations concerning STD treatment and diagnosis; (5) collaborates with other components of the division to develop and implement strategies and activities to meet goals for key division priorities; and (6) translates overall NCHHSTP and division strategies into branch-specific implementation plan for research and programs. (Approved 4/11/2007)

Health Services Research and Evaluation Branch (CVJDD)

(1) Develops and evaluates methodologies for conducting program evaluation and preventive health services research related to STD prevention and control; (2) plans, coordinates, and disseminates the results of evaluation studies for a wide variety of behavioral, clinical, and operational program issues including access (and barriers) to care, quality of care, health care delivery systems, and the impact of these on STD-related clinical/behavioral outcomes; (3) serves as a bridge in translating program relevant research into STD program operations, including cost-effectiveness and cost-benefit analyses; (4) develops preventive health services models for a variety of STD-related issues including counseling/testing, partner notification, and integration of services; (5) in collaboration with other components of the division, NCHHSTP, and CDC, explores and evaluates the role of managed care and other private sector entities in STD prevention and control efforts; (6) in collaboration with other components of the division, conducts studies to develop new or to refine old methods of STD prevention; (7) uses economic methods such as econometrics, diffusion analysis, modeling, and cost-effectiveness analysis to identify costs and cost-effectiveness of STD prevention interventions and help resolve allocation decisions; (8) provides technical assistance to state and local health departments and other prevention partners in building program evaluation and preventive health services research capacity; (9) participates in STD prevention and control reviews and guideline development; (10) collaborates with other components of the division to develop and implement strategies and activities to meet goals for key division priorities; and (11) translates overall NCHHSTP and division strategies into branch-specific implementation plan for research and programs. (Approved 4/11/2007)

Laboratory Reference and Research Branch (CVJDE)

(1) Performs research on the pathogenesis, genetics, and immunology of syphilis and other treponematoses, gonococcal and chlamydial infections, chancroid, genital herpes, donovanosis, bacterial vaginosis and trichomoniasis; (2) conducts and participates in clinical, field, and laboratory research to develop, evaluate, and improve laboratory methods used in the diagnosis and epidemiology of these sexually transmitted infections (STIs); (3) provides consultation and reference/diagnostic services for these STIs; (4) conducts laboratory-based surveillance for and research on the genetics of antimicrobial resistance in *Neisseria gonorrhoeae*; (5) serves as the WHO International Collaborating Center for Reference and Research in Syphilis Serology;

(6) provides consultation and laboratory support for domestic and international activities; (7) serves as the reference laboratory for the WHO STD diagnostics initiative; (8) participates in STD prevention and control reviews and guideline development; (9) collaborates with other components of the division to develop and implement strategies and activities to meet goals for key division priorities; and (10) translates overall NCHHSTP and division strategies into branch-specific implementation plan for research and programs. (Approved 4/11/2007)

Program and Training Branch (CVJDG)

(1) In collaboration with other division components, provides technical consultation and assistance to state and local health departments, non-governmental, and other prevention partners in operational aspects of STD prevention and control; (2) monitors activities of STD prevention projects to assure operational objectives are being met; (3) establishes guidelines and policies for implementation and continuation of state and local STD prevention and control programs; (4) establishes guidelines and standards for STD negotiated agreements and assures implementation; (5) provides technical review and funding recommendations related to grant applications; (6) conducts continuing analysis of field personnel and other resource allocations and utilization in relation to STD prevention and control; and conducts site review to identify and resolve STD prevention problems in project areas; (7) provides technical support and supervision, including analysis of performance and development, for STD field staff; (8) assists in the development of new operational programs and program solicitations for STD prevention and control; (9) facilitates coordination within state/local project areas regarding STD activities with other program partners; (10) coordinates program development and implementation with state/local/regional community planning processes; (11) facilitates linkages with HIV and viral hepatitis prevention programs at all levels to assure coordination of prevention strategies; (12) provides leadership in development, implementation, and evaluation of training programs for providers of interventions to prevent and control STDs; (13) develops STD training programs for nationwide application; (14) develops plans to address emerging and future training needs in support of national goals; (15) establishes and maintains partnerships with other national training entities to promote coordination and minimize duplicative efforts; (16) promotes the application of new technologies to enhance distance learning and communication with prevention partners; (17) builds STD training and teaching capacity in state and local health departments; (18) initiates and facilitates adoption of scientific, evidence-based interventions and practices through provision of program guidance, technical assistance, curricula and training program development and collaborations with appropriate STD prevention partners; assists with research for program translation by implementing projects that assist partners in demonstrating and replicating significant research findings in practical, non-research settings; (19) participates in STD prevention and control reviews and guideline development; (20) collaborates with other components of the division to develop and implement strategies and activities to meet goals for key division priorities; and (21) translates overall NCHHSTP and division strategies into branch-specific implementation plan for research and programs. (Approved 4/11/2007)

Statistics and Data Management Branch (CVJDH)

(1) Provides leadership in and coordination of statistical and data management planning, policy development and monitoring, and data-based project implementation and evaluation;

(2) coordinates and supports the collection, compilation, analysis, and dissemination of national data related to STD prevention and control efforts, including STD-related behavioral and health services data; (3) conducts statistical research and methods development focused on STD prevention issues including mathematical models of STD transmission dynamics, diagnostic test performance, and intervention effectiveness; (4) provides data management and statistical design, implementation and analysis support for STD surveillance and research studies; (5) provides consultation and technical assistance regarding data management, data analysis, visualization, and reporting, and statistical issues to other division components and local and state STD control programs; (6) participates in STD prevention and control reviews and guideline development; (7) collaborates with other components of the division to develop and implement strategies and activities to meet goals for key division priorities; and (8) translates overall NCHHSTP and division strategies into branch-specific implementation plan for research and programs. (Approved 4/11/2007)

Division of Tuberculosis Elimination (CVJE)

The Division of Tuberculosis Elimination (DTBE) promotes health and quality of life by preventing, controlling, and eventually eliminating tuberculosis from the U.S., and by collaborating with other countries and international partners in controlling tuberculosis worldwide. In carrying out its mission, the division conducts the following activities under each focus area: (1) Administers and promotes a national program for the prevention, control, and elimination of TB; (2) supports a nationwide framework for surveillance of TB and evaluation of national TB prevention and control program performance; (3) provides programmatic consultation, technical assistance, and outbreak response assistance to international, state, and local TB programs; (4) chairs and coordinates administrative support for the Federal TB Task Force, and supports and collaborates with the National Tuberculosis Controllers Association and the Tuberculosis Education and Training Network to promote effective national communications and coordinated feedback on urgent policy and program performance issues; (5) supports development of TB patient education materials and interventions, capacity development, and access to medical consultation; (6) provides national and supranational reference laboratory capacity for identification, drug susceptibility testing of *Mycobacterium tuberculosis*, and for characterization of non-tuberculous mycobacteria (NTM); (7) fosters patient-centered measures, including directly-observed therapy, to promote adherence with long-term treatment for improvements in well-being and interruption in community transmission of *M. tuberculosis*; (8) promotes targeted testing of epidemiologically-defined at-risk populations and treatment of persons with latent tuberculosis; (9) conducts epidemiologic, laboratory, behavioral, health systems, and clinical research; (10) supports patient and provider research to identify barriers and facilitators to TB services; (11) supports multicenter consortia for epidemiologic, laboratory, diagnostics, clinical, and vaccine development research; (12) develops and applies mathematical TB transmission models to forecast future TB incidence and prevalence trends; (13) provides leadership and formulates national and global policies and guidelines; (14) provides technical supervision and training to federal assignees working in international, state, and local TB control programs; (15) develops training and educational materials, and provides technical assistance on communications and training needs; (16) participates in the development of policies and guidelines for TB prevention and control within populations at high risk, such as persons with HIV or racial and ethnic minorities; (17) provides programmatic consultation, technical

assistance, and outbreak response assistance to other countries by collaborating with national and international partners; (18) supports technical activities and operational research to reduce TB in foreign-born populations; (19) provides leadership and technical support to the President's Emergency Plan for AIDS Relief for treatment and prevention of HIV-associated TB; (20) provides leadership and technical support to the WHO-hosted Stop TB Partnership for implementation of the Global Plan to Stop TB and Millennium Development Goals; (21) monitors progress and trends towards TB elimination; (22) monitors progress towards CDC, Healthy People 2010, and the Government Performance Results Act goals; (23) provides progress reports to, and solicits advice from, the Advisory Council for the Elimination of Tuberculosis (ACET); and (24) facilitates partnerships with affected communities, non-governmental, professional, and global organizations. (Approved 3/22/2007)

Office of the Director (CVJE1)

(1) Provides leadership and guidance in program planning and management, policy formulation, and development of training, surveillance, and research programs in tuberculosis and NTM; (2) directs and evaluates the operations of the division; (3) establishes contact with, and promotes tuberculosis activities of, other national and international organizations which have an important role to play in achieving tuberculosis elimination; (4) coordinates administrative and logistical support services for the division; (5) provides consultation and assistance in writing reports for presentation at local, regional, national, and international scientific meetings and for publication in scientific journals; (6) coordinates and tracks materials for purposes of clearance and approval for publications and presentations; (7) presents findings at national and international scientific meetings; (8) presents division overview at the ACET meetings; (9) collaborates and coordinates division activities with other components of NCHHSTP and CDC; (10) provides technical support to ACET; and (11) provides administrative and technical support for the National Coalition for the Elimination of Tuberculosis (NCET) and the Federal TB Task Force. (Approved 4/11/2007)

Communications, Education, and Behavioral Studies Branch (CVJEB)

(1) Provides technical assistance to health departments and other health care providers in assessing and meeting their TB training, education, and communication needs; (2) provides technical expertise to assess the impact of training and education activities by health departments; (3) provides technical assistance to health departments and other TB health care providers regarding behavioral studies research and intervention development; (4) collaborates with the WHO, the World Bank, the International Union Against Tuberculosis and Lung Diseases (IUATLD), USAID, and others, in assessing and meeting TB training, education, and communication needs in other countries; (5) provides consultation and assistance in coordinating TB training, education, behavioral studies and interventions, and communication activities carried out by other CDC programs, Regional Training and Medical Consultation Centers, and NCET members, and develops, markets, and maintains a list serve of persons with TB-related education, training, and communication responsibilities; (6) develops, plans, and coordinates agendas necessary to conduct tuberculosis conferences and workshops sponsored by the division; (7) provides coordination and oversight of the development of materials and provides technical information for CDC INFO and duty officers; (8) organizes and maintains scientific and

non-scientific information resources related to TB and NTM; (9) conducts formative research and evaluation on approaches to patient, provider, and public education, and conducts research on individual and social factors affecting health-care seeking behavior and treatment outcomes related to tuberculosis; (10) based on research findings, develops behavioral interventions targeted to health care providers, persons with or at risk for TB, and other high-risk populations; (11) provides consultation to national and international organizations on behavioral research needs and study designs; on the technical transfer of behavioral research findings into TB program practice and TB training and educational strategies; and provides consultation, technical assistance, and coordination to other branches within the division regarding development and implementation of behavioral interventions and training for branch specific activities such as TIMS, ARPE, and surveillance activities; (12) presents findings at national and scientific meetings and develops, disseminates, and evaluates training and educational materials and courses providing tuberculosis information to the scientific and public health communities, as well as the general population; (13) conducts training and education needs assessments; identifies resources available for health department TB control officers and senior managers, TB nurse consultants, TB training and education directors and for senior staff carrying out TB activities in other programs or facilities serving persons at high risk for TB; and develops, conducts, and coordinates training courses on tuberculosis for state and big city TB program managers and nurse consultants; (14) based on needs assessments, develops and conducts or coordinates training courses and materials for staff who train and/or supervise front-line TB program staff; (15) provides oversight in the planning, coordination, and maintenance of the division's Internet and Intranet Web sites; (16) conducts and/or coordinates communications programs designed to build public support and sustain public interest and commitment to the elimination of TB; (17) conducts communications research and identifies communications resources available for health department TB control officers and senior managers, TB nurse consultants, and for senior staff carrying out TB activities in other programs or facilities serving persons at high risk for TB; (18) coordinates graphic support to the division and senior field staff; (19) provides coordination and oversight for division responses and relations with the media and public and serves as point of contact for telephonic, written, and electronic (E-mail) requests for information from the media and public; (20) develops, coordinates, and staffs the division's exhibit booth at conferences/meetings; (21) develops and provides support for, or coordinates a TB Voice and FAX Information System; (22) assists in developing or coordinating a clearing house of TB training and education resources; (23) maintains inventory of TB training opportunities and coordinates with employees and supervisors for training necessary to carry out their duties; and (24) presents communications issues to ACET and at national and international scientific meetings. (Approved 4/11/2007)

Data Management and Statistics Branch (CVJEC)

(1) Provides division-wide leadership in and coordination of data management and statistical planning, policy development and monitoring within an integrated systems framework, playing a central role in the education of all DTBE staff on the science and methods of data management, statistics, and epidemiology; (2) consults and assists in appropriate data collection, management, analysis, and reporting for scientific studies conducted division-wide; (3) collaborates in the statistical analysis of data and in the preparation of materials for publication; (4) coordinates and oversees data management and statistical design, implementation and analysis support, and

consultation for the TB Clinical Trials and the TB Epidemiologic Studies Consortia; (5) conducts statistical research and methods development, including mathematical models of TB transmission and diagnostic test performance to improve the effectiveness of prevention and control activities; (6) coordinates data management and statistical services provided under contractual services; (7) collaborates with other components of the division to develop and implement strategies and activities to meet goals for division priorities; (8) translates overall NCHHSTP and DTBE strategies into branch-specific implementation plans for research and programs; and (9) presents data management, statistical considerations, and reporting issues to ACET and other national and international scientific meetings. (Approved 4/11/2007)

Field Services and Evaluation Branch (CVJED)

(1) Provides medical and programmatic consultation to assist state and local health departments in developing, implementing and evaluating their activities toward achieving tuberculosis prevention, control, and elimination; (2) promotes adoption of CDC tuberculosis-related policies by national organizations, health departments, and health care providers; (3) acts as advocate for health departments when conveying resource needs; (4) participates in development of national policies and guidelines for tuberculosis elimination; (5) evaluates tuberculosis program performance; (6) provides technical assistance to states and localities for improving program operations; (7) develops funding guidelines, assists in application reviews, makes funding recommendations, and monitors performance of programmatic portion of Tuberculosis Cooperative Agreements with state and local health departments; (8) provides supervision to medical staff assigned to state and local health departments; (9) analyzes data to assess progress toward achieving national TB objectives and prepares program management and evaluation reports for publication; (10) supports program consultants in providing technical assistance and recommendations to health departments; (11) encourages and facilitates the transfer of new technology and guidelines into clinical and public health practice; (12) participates in the development of comprehensive evaluation methods for TB prevention and control programs; (13) serves as liaison or focal point to assist TB controllers in linking with proper resource persons and obtaining technical assistance, both within and outside the division; (14) conducts a continuing analysis of the effectiveness of field personnel and utilization of other resources in relation to the tuberculosis problems; (15) provides consultation and assists state and local health departments in the methodology and application of tuberculosis control techniques recommended by CDC; (16) acts as advocate for state and local health departments during needs assessments and requests for resources; (17) provides technical supervision and support for the CDC field staff; (18) identifies specific management, operational, and staff performance problems associated with not achieving TB control objectives or with not implementing essential TB components, and recommends solutions; (19) provides input into the development of branch and division policy, priorities and operational procedures; (20) coordinates technical reviews of cooperative agreement applications and makes appropriate funding recommendations; (21) serves as an agent of technology transfer to ensure that good program methodology in one program is known and made available to other state and local programs; (22) provides programmatic oversight, technical assistance, and medical consultation to the Regional Training and Medical Consultation Centers; and (23) presents programmatic activities to ACET and at national and international scientific meetings. (Approved 4/11/2007)

Clinical and Health Systems Research Branch (CVJEE)

(1) Assesses the need for and conducts studies of new or existing drugs and regimens used in the prevention and treatment of tuberculosis, including dosage, duration, pharmacokinetics and toxicity; (2) supports the TB Trials Consortium in the conduct of studies of new treatments for active tuberculosis and latent tuberculosis infection; (3) supports coordinated and standardized data management for all branch research, and serves as the Data and Coordinating Center for the TB Trials Consortium, collaborating as needed with both internal and external partners; (4) collaborates with private and public institutions in the area of vaccine development; (5) provides clinical support and oversight for the distribution of investigational drugs for the treatment and prevention of tuberculosis by CCID National Centers/Scientific Resources/Drug Service; (6) assesses the need for and conducts clinical and field trials of more specific and rapid tests to diagnose active tuberculosis and latent tuberculosis infection and to identify drug-resistant tuberculosis; (7) collaborates with and provides consultation and technical assistance to national and international organizations on the design and conduct of clinical trials and research needs; (8) conducts, participates in, and collaborates with other DTBE units in research on clinical, epidemiologic, immunologic and genetic aspects of TB prevention and control; (9) collaborates in contact investigation research with other branches and local programmatic areas; (10) conducts multidisciplinary studies (including the analysis of behavioral, economic, and epidemiologic factors) of health care systems to assess the cost, effectiveness, and impact of public health policies, programs, and practices on tuberculosis outcomes to further the goal of tuberculosis elimination in the U.S., and targets these studies toward various populations at high risk for tuberculosis, including persons from high tuberculosis prevalent countries, homeless persons, HIV-infected persons, residents of correctional facilities, substance abusers, and health care workers; (11) provides consultation and training to local, state, national, and international organizations, and to TB program field staff, on design and conduct of clinical trials, TB therapeutics and diagnostics, health care systems research needs, decision and economic analyses, evaluation techniques, qualitative research methods, and research on TB transmission; (12) has responsibility for divisional engagement in preparing for and participating in trials of new TB vaccines; (13) reports study results to public health practitioners through direct communication, articles in scientific journals and CDC publications, and oral/poster presentations at national and international scientific meetings; (14) provides input into statements and guidelines issued by the CDC, the ACET, and professional organizations; and (15) presents research issues and findings to ACET and at national and international scientific meetings.

(Approved 4/11/2007)

Surveillance, Epidemiology, and Outbreak Investigations Branch (CVJEG)

(1) Directs national surveillance of tuberculosis to provide accurate and timely national data and to monitor progress toward the elimination of tuberculosis in the U.S.; (2) conducts analyses of national TB surveillance data to monitor national trends in TB in order to assist in program planning, evaluation, and policy development and to identify areas for further study to guide elimination efforts; (3) conducts surveillance-related studies that evaluate current TB surveillance systems and develops new surveillance methods and systems in order to better monitor and accelerate TB elimination efforts; (4) provides technical surveillance expertise to state, local, and international TB control programs, other federal agencies, and other

organizations involved in TB prevention and control; (5) conducts epidemiologic research to assess the characteristics of persons with *M. tuberculosis* disease and infection in the U.S.; (6) analyzes research findings to develop improved interventions for eliminating tuberculosis and better analytic tools for future studies; (7) provides technical epidemiologic expertise to state, local, and international tuberculosis control programs; (8) supports the TB Epidemiologic Studies Consortium in the conduct of studies of programmatically relevant epidemiologic, behavioral, economic, laboratory, and operational research concerning the identification, diagnosis, prevention and control of TB disease and latent infection; (9) investigates outbreaks of tuberculosis; (10) provides consultation and technical expertise on TB surveillance, epidemiology, and outbreaks to state, local, and international tuberculosis control programs; (11) analyzes TB outbreak investigation findings in order to improve the ability of tuberculosis control programs to detect future outbreaks and respond to them promptly and appropriately to limit transmission; (12) supervises EIS officers in the conduct of their two year assignments; (13) prepares manuscripts for publication in scientific journals; (14) presents findings at national and international scientific meetings; and (15) presents surveillance, epidemiology, and outbreak findings to ACET and at national and international scientific meetings. (Approved 4/11/2007)

International Research and Programs Branch (CVJEH)

(1) Coordinates division and center international TB activities; (2) coordinates the assessment of immigration and its impact on TB patterns in the U.S. and assists with the evaluation of overseas TB screening procedures for immigrants and refugees; (3) conducts and coordinates operational research and demonstrations to improve both the overseas screening for tuberculosis of immigrants and refugees and the domestic follow-up of those entering with suspected TB (done in collaboration with Division of Global Migration and Quarantine); (4) promotes the improved recognition and management of tuberculosis among the foreign-born through special studies on the U.S./Mexico border and at other overseas sites; (5) collaborates with WHO, the World Bank, IUATLD, USAID, and others to improve the quality of TB programs globally by supporting implementation of the WHO-recommended directly observed therapy, short-course strategy; (6) collaborates with the nation of Botswana, WHO, the World Bank, IUATLD, USAID, and others, to conduct investigations into the diagnosis, management, and prevention of tuberculosis in persons with and without HIV infection; (7) collaborates with the Division of Global AIDS and the Office of Global AIDS Coordination in addressing the AIDS pandemic in countries where both HIV and TB are reported in epidemic proportions; (8) collaborates with WHO, USAID, and several nations to reduce the impact of multi-drug resistant TB on global TB control; (9) prepares manuscripts for publication in scientific journals; (10) presents findings at national and international scientific meetings; (11) supervises EIS officers in the conduct of their two year assignments; and (12) presents international and operational research findings to ACET and national and international scientific meetings. (Approved 4/11/2007)

Mycobacteriology Laboratory Branch (CVJEJ)

(1) Provides laboratory support for epidemic investigations, surveillance activities, and special studies of tuberculosis and other mycobacteria-caused diseases; (2) administers contracts to provide *Mycobacterium tuberculosis* genotyping, maintains a national database of genotypes, and conducts operational research to implement genotyping; (3) develops and evaluates new

methods to subtype mycobacteria for epidemiologic studies; (4) serves as primary CDC focus for diagnostic mycobacteriology laboratory services and for laboratory aspects of NTM species and of Hansen disease (leprosy); (5) administers grants and cooperative agreements with states and others to upgrade laboratory activities and provide special services; (6) provides reference diagnostic services, consultation, technical assistance, and training to state, federal, and municipal public health laboratories; (7) provides laboratory support, reference services, assessment, consultation, and training for CDC's international tuberculosis activities; (8) develops, evaluates, or improves conventional and molecular methods for the detection, classification, identification, characterization, and susceptibility testing of mycobacteria and mycobacteria-caused diseases; (9) conducts studies to define the role of bacterial virulence factors, host factors, and pathogenic and immunologic mechanisms in disease processes and protective immunity, and develops, evaluates, and improves immunologic methods for the diagnosis and prevention of mycobacteria-caused diseases; (10) develops tissue culture and animal models of mycobacteria-caused diseases and conducts studies on chemotherapy, immunotherapy, pathogenesis, pathology, and vaccines for mycobacteria-caused diseases; (11) conducts studies on the isolation, taxonomy, and ecology of mycobacteria and develops tests to identify new species; (12) conducts and supports studies to characterize newly emerging pathogenic species of *Mycobacterium* and associated diseases; and (13) presents laboratory issues to ACET and at national and international scientific meetings. (Approved 4/11/2007)

Division of Global AIDS (CVJG)

The Division of Global AIDS (DGA) works directly with host governments and nongovernmental organizations in resource-constrained countries to implement comprehensive, integrated HIV/AIDS prevention, treatment, care, and support programs and to strengthen the ability of host governments to build human capacity through training and infrastructure development designed to address the HIV/AIDS pandemic in a sustainable manner. In carrying out its mission, DGA: (1) Focuses on care and treatment of HIV disease in those infected and/or affected by HIV/AIDS and prevention of infection and disease in order to change the dynamics of the global epidemic and assures maximum impact of intervention strategies promoted by host governments; (2) works closely with host governments to strengthen their capacity to develop and implement comprehensive HIV/AIDS prevention, care, and treatment services that meet clients' needs; (3) works closely with U.S. Government agencies, UNAIDS and host governments to conduct public health research and evaluation to ensure the delivery of evidence-based, cost-effective services; (4) provides financial and technical assistance to nations heavily affected by the HIV/AIDS epidemic in collaboration with the Global Fund to Fight AIDS, Tuberculosis and Malaria, and other large non-governmental organization donor agencies and the private sector; (5) serves as the primary disseminator of information about the global HIV/AIDS epidemic through training, health communications materials, scientific publications, and presentations; (6) provides U.S.-based (headquarters) and onsite (in-country) technical and financial assistance to develop and implement programs on HIV/AIDS prevention, care, support, and treatment for people living with HIV/AIDS; and strengthen infrastructure to support prevention, care, and treatment programs through training, laboratory support, program evaluation, operational research, HIV/AIDS surveillance and related activities; and (7) provides comprehensive monitoring and evaluation with clear objectives and goals to assure the quality of all division activities. (Approved 3/22/2007)

Office of the Director (CVJG1)

(1) Directs the activities of DGA which include U.S.-based (headquarters) and onsite (in-country) program offices; (2) provides leadership and guidance on policy development and interpretation, budget formulation, and program planning, development, management, operations, and evaluation; (3) provides direct leadership, guidance, support, and oversight to onsite (in-country) programs; (4) provides DGA-wide administrative management services pertaining to interagency/reimbursable agreements and coordinates or ensures coordination with the appropriate NCHHSTP or CDC staff offices; (5) develops and implements strategies to increase human capacity of host government public health programs; (6) implements HIV prevention, care, and treatment programs in resource-constrained countries heavily affected by the HIV/AIDS epidemic; (7) provides direct technical assistance to ministries of health and other organizations through in-country offices; (8) provides scientific review and clearance of manuscripts for publication, abstracts for presentation, protocols for IRB and human subjects review, and other scientific, programmatic, and informational materials; and (9) collaborates, as appropriate, with other divisions and offices of NCHHSTP, COGH, CCID, HHS, USAID, the State Department, and other NCs and Staff Offices throughout CDC. (Approved 4/11/2007)

HIV/AIDS Care and Treatment Branch (CVJGB)

(1) Provides technical assistance in developing comprehensive programs for the prevention, diagnosis, and treatment of HIV/AIDS, tuberculosis, and other opportunistic infections; (2) provides assistance in the development of policy and programs for the appropriate use of antiretroviral drugs, for integration of TB and HIV programs, and for the prevention of mother-to-child HIV transmission; (3) designs and assists in implementing home- and community-based models for HIV/AIDS care; (4) develops and assesses operational research protocols to improve the effectiveness and implementation of HIV treatment and care technical strategies; (5) reviews and analyzes findings of DGA-sponsored and other operational research to guide DGA programs and policies; (6) provides technical support to DGA headquarters and country programs in developing laboratory, clinical, and administrative capacities to prevent and treat HIV and AIDS-related conditions such as TB; (7) monitors the quality and impact of care programs for persons living with HIV/AIDS and their families; (8) assists in monitoring the training of health care workers to provide care, support, and treatment; (9) assists in monitoring the impact of HIV/AIDS on health care systems in DGA countries, including monitoring the clinical spectrum of disease, response to treatment, infant follow-up and diagnosis, integration of TB and HIV programs, and emerging antiretroviral and antimicrobial resistance; (10) provides technical support in increasing access to and availability of home- and community-based care and access to antiretroviral, tuberculosis, and other drug programs that will extend life and enhance the quality of life for persons living with HIV/AIDS; and (11) collaborates, as appropriate, with other divisions and offices of NCHHSTP, COGH, CCID, HHS, USAID, the State Department, and other NCs and Staff Offices throughout CDC. (Approved 4/11/2007)

International Program Development Branch (CVJGC)

(1) Plans, coordinates, and provides administrative and management advice, guidance and support services to DGA country program offices in the areas of fiscal management, procurement, personnel, extramural (grants, cooperative agreements and contracts) programs, and other administrative services; (2) develops and implements administrative policies, procedures, and operations, as appropriate, for overseas staff and country program offices; (3) provides a link between DGA country programs and DGA headquarters in Atlanta; (4) provides short- and long-term consultation, technical assistance, and backstopping to DGA country program offices; (5) develops strategies to improve the technical skills and problem-solving abilities of country program managers and locally employed staff who work in the administrative, management and operational area; and (6) collaborates, as appropriate, with other divisions and offices of NCHHSTP, COGH, CCID, HHS, USAID, the State Department, and other NCs and Staff Offices throughout CDC. (Approved 4/11/2007)

Epidemiology and Strategic Information Branch (CVJGD)

Through collaborations with national and international partners, the branch: (1) Strengthens in-country capacity to design and implement HIV/AIDS surveillance systems and surveys; (2) assists and trains personnel in countries on how to analyze, use, and disseminate HIV/AIDS data; (3) evaluates existing information systems for use in countries or for use by different HIV prevention, care, and treatment programs; (4) increases host government capacity to monitor and evaluate the process, outcome, and impact of HIV prevention, care, and treatment programs; (5) provides support and technical assistance to monitor and evaluate U.S. Government funded HIV/AIDS activities in other countries; (6) implements and evaluates novel approaches for conducting surveillance and surveys, and conducting monitoring and evaluation; (7) performs epidemiologic investigations of HIV/AIDS as well as provides statistical and epidemiologic technical assistance for in-country investigations; (8) works collaboratively with other U.S. Government agencies on technical working groups and in field activities; and (9) collaborates, as appropriate, with other divisions and offices of NCHHSTP, COGH, CCID, HHS, USAID, the State Department, and other NCs and Staff Offices throughout CDC. (Approved 4/11/2007)

HIV Prevention Branch (CVJGE)

(1) Supports DGA field sites in their collaborations with national and international partners to implement, improve, expand, sustain, and maximize effectiveness of HIV prevention programs; (2) assists DGA country programs in the recruitment of safe blood (products) donors, quality testing, blood bank management, appropriate use of blood and blood products, and prevention of severe anemia; (3) fosters the improvement of HIV prevention and counseling services through blood donor education, mobilization, and retention of safe blood donors; (4) supports development of safe injection practices, improved sharps waste management, safer blood transfusions, and avoidance of unnecessary medical injections; (5) assists in the development, implementation, and evaluation of model behavior change interventions and programs to reduce risk-behaviors and enhance health-seeking behaviors; (6) helps strengthen, expand, and make accessible programs to prevent, diagnose, and treat sexually transmitted infections in high risk populations and to prevent HIV infection among persons seeking treatment for sexually

transmitted infections; (7) assists in tailoring HIV prevention programs to meet the special needs of youth and drug-using populations; (8) assists to develop, expand, and evaluate voluntary HIV counseling and testing programs in both clinical and community settings; (9) develops and assesses operational research protocols to improve the effectiveness and implementation of HIV prevention technical strategies; (10) reviews and analyzes findings of DGA-sponsored and other operational research to guide DGA programs and policies; and (11) collaborates, as appropriate, with other divisions and offices of NCHHSTP, COGH, CCID, HHS, USAID, the State Department, and other NCs and Staff Offices throughout CDC. (Approved 4/11/2007)

International Laboratory Branch (CVJGG)

Through collaborations with national and international partners, the branch: (1) Conducts laboratory capacity assessments and assists in development of infrastructure for effective implementation of programs in countries where DGA operates; (2) serves as a reference laboratory that provides guidance on quality assurance and certification for international sites; (3) provides technical assistance to country programs in the areas of laboratory information systems, laboratory systems, and hands-on training for HIV, STI, and opportunistic infection diagnostics (HIV/STI/OI) and for monitoring techniques; (4) develops training packages to facilitate implementation of diagnostic techniques and standard operating procedures, and also serves as a training center of excellence for HIV/STI/OI diagnostics for international sites; (5) provides laboratory assistance to various international surveillance activities to monitor trends of HIV prevalence and incidence; (6) assists in the surveillance of HIV subtypes in the overall context of supporting sero-surveillance programs to better understand the HIV epidemic; (7) assists in the surveillance and evaluation of HIV drug resistance as part of antiretroviral care and treatment programs and serves as a reference laboratory for the WHO-CDC HIV drug resistance network; (8) assists in the evaluation and validation of serologic and nucleic acid assays for measurement of HIV incidence to enable evaluation of effectiveness of prevention programs; (9) develops comprehensive testing algorithms for early infant HIV diagnosis; (10) conducts laboratory operational research in areas such as evaluation of reliable and easy to use diagnostic technologies that can be used in resource-restrained settings; (11) assists in other targeted evaluations; and (12) collaborates, as appropriate, with other divisions and offices of NCHHSTP, COGH, CCID, HHS, USAID, the State Department, and other NCs and Staff Offices throughout CDC. (Approved 4/11/2007)

Division of Viral Hepatitis (CVJH)

The Division of Viral Hepatitis (DVH), in collaboration with domestic and global partners, provides the scientific and programmatic foundation and leadership for the prevention and control of hepatitis virus infections and their manifestations. To achieve its mission, DVH: (1) conducts public health surveillance, epidemiologic, and behavioral studies to identify and monitor modes of hepatitis virus transmission and the burden of diseases attributable to infections with hepatitis viruses; (2) provides reference laboratory services for viral hepatitis; (3) conducts epidemiologic, laboratory, operational, and behavioral studies to identify and characterize agents and host factors associated with acute and chronic hepatitis and associated liver disease, determine risks for transmission of hepatitis viruses, define the pathogenesis and natural history of hepatitis virus infections, characterize disease cofactors, and assess health

impact; (4) conducts evaluations to improve programs and strategies for prevention of viral hepatitis and prevention of the adverse outcomes of chronic viral hepatitis; (5) translates research findings into public health practice and policy; (6) integrates related prevention services that will help persons protect themselves from viral hepatitis infections, HIV infection, STD, and subsequent disease manifestations; (7) engages partners, particularly affected communities, to reduce disparities in access to preventive services such as vaccines among those at risk for and affected by viral hepatitis; (8) disseminates information for training and education through health communication materials, tools, and programs and scientific publications and presentations; (9) leads and participates in the development, implementation, and evaluation of domestic and international policies and guidelines related to viral hepatitis prevention; (10) builds capacity and enhances public health infrastructure for prevention of viral hepatitis domestically and internationally; (11) plans, coordinates, and guides programs and activities with federal agencies and other domestic and international organizations; (12) sustains and strengthens multidisciplinary partnerships in prevention research, policy development, and communications; (13) provides scientific leadership regarding screening, treatment, immunization, food safety, safe injection practices, and other prevention interventions relevant to viral hepatitis; (14) provides technical and programmatic leadership to state and local health departments and other partners for the development, implementation, and evaluation of programs that provide and support immunization, counseling, testing, referral, safe food management, safe injection practices, and other services to prevent infections with hepatitis viruses and diseases caused by these infections; (15) provides technical assistance to state and local health departments, other federal agencies, other CDC components, and national and international health organizations; (16) provides training opportunities in epidemiology, prevention, and laboratory science; (17) provides leadership and coordination to integrate viral hepatitis prevention and control activities into other prevention services supported by CDC and other federal agencies; (18) provides leadership and technical expertise to assist international partners including WHO, other U.S. agencies, and Ministries of Health in developing, implementing, and evaluating immunization, safe injection, and other viral hepatitis prevention and control programs, and in conducting epidemiologic and research studies; (19) serves as a WHO Collaborating Center for Reference and Research on Viral Hepatitis; (20) ensures that programmatic and scientific activities are aligned with, and in support of, the missions, goals, and strategic imperatives of NCHHSTP and CDC; and (21) bases all public health decisions on the highest quality scientific data, openly and objectively derived. (Approved 3/22/2007)

Office of the Director (CVJH1)

(1) Plans, directs, and administers DVH domestic and international programs and activities; (2) leads and advises on public health surveillance, research, policy development, and program planning and evaluation activities related to viral hepatitis; (3) leads and advises on the coordination and integration of viral hepatitis prevention and control activities with appropriate CDC components, HHS, other federal agencies, international organizations, and other groups; (4) ensures that programmatic and scientific activities are aligned with, and in support of, the missions, goals, and strategic imperatives of NCHHSTP and CDC; (5) leads and advises on the development of community and professional partnerships to enhance and support hepatitis and liver disease prevention and control activities; (6) provides division-wide administrative and program support services; (7) provides manuscript review and clearance and coordination and

oversight for human subjects review; and (8) provides support to DVH components in writing, and communication services. (Approved 4/11/2007)

Epidemiology and Surveillance Branch (CVJHB)

(1) Determines rates and risk factors associated with acute and chronic infections with hepatitis viruses and diseases caused by these infections, and monitors trends in incidence and prevalence; (2) evaluates epidemiologic data that reflect the performance and effectiveness of prevention strategies; (3) conducts research and outbreak investigations to determine the epidemiology of known and new hepatitis viruses and their variants and the disease manifestations caused by these infections; (4) estimates the disease burden attributable to infections with hepatitis viruses, the impact of co-factors on disease progression, and the impact of prevention strategies on reducing this burden; (5) evaluates the performance of viral hepatitis vaccines and of diagnostic tests for hepatitis virus infections; (6) provides statistical support and consultation for the division; (7) provides consultation to local, national, and international authorities on the conduct of public health surveillance and epidemiologic studies, including investigation of disease outbreaks, and other activities related to the prevention and control of viral hepatitis; (8) disseminates information through scientific publications and presentations; and (9) provides training opportunities for public health professionals enrolled in CDC-sponsored programs. (Approved 4/11/2007)

Prevention Branch (CVJHC)

(1) Develops, administers, implements, and evaluates domestic and international programs to prevent viral hepatitis based on findings from public health surveillance and epidemiologic, behavioral, clinical, and laboratory studies; (2) leads efforts to integrate viral hepatitis prevention and control activities into settings that provide services for persons at risk for viral hepatitis, in collaboration with appropriate CDC components, HHS, other federal agencies, international organizations, and other groups; (3) conducts research and evaluation to ascertain educational and training needs, the most appropriate and effective communication methods to meet these needs, and the effectiveness of educational programs for health professionals, persons at risk for infection with hepatitis viruses, and the public; (4) develops and disseminates accurate, timely, and effective educational and training materials, tools, and programs for prevention of infections with hepatitis viruses and diseases caused by these infections; (5) develops and conducts research and evaluation, including economic and behavioral studies, to assess the effectiveness of interventions and programs to prevent viral hepatitis and to identify successful strategies to overcome barriers to implementing prevention services; (6) develops, disseminates, and evaluates health services models for prevention of infections with hepatitis viruses and diseases caused by these infections; (7) provides leadership for and coordinates the development of CDC recommendations and other national standards and performance objectives for the prevention of viral hepatitis infections and liver disease, and works with agencies and partners to adopt these standards; (8) develops indicators and measures by which to evaluate the performance and effectiveness of viral hepatitis prevention programs; (9) disseminates information through scientific publications and presentations; and (10) provides training opportunities for students and public health professionals participating in CDC-sponsored programs and continuing education for public health professionals and clinicians. (Approved 4/11/2007)

Laboratory Branch (CVJHD)

(1) Conducts research and applies state-of-the-art laboratory methods in support of studies related to the epidemiology, molecular epidemiology, and natural history of acute and chronic infections with hepatitis viruses; (2) conducts research to develop and validate diagnostic approaches to identify infections with hepatitis viruses; (3) evaluates methods, including vaccines, to prevent acute and chronic infections with hepatitis viruses and diseases caused by these infections; (4) determines the viral, immunologic, and other host responses to infection with hepatitis viruses, including responses related to co-infection with HIV, in humans and animal models; (5) identifies and characterizes agents that cause hepatitis; (6) provides reference diagnostic testing for markers of infection with hepatitis viruses for state and local public health laboratories; (7) provides leadership and collaboration to ensure the transfer of state-of-the-art methods and approaches for identification and diagnosis of infections with hepatitis viruses to public health laboratories, both nationally and internationally; (8) develops and maintains archives of clinical specimens from clinical trials and epidemiologic and laboratory studies; (9) disseminates information through scientific publications and presentations; and (10) provides training opportunities for students and laboratorians participating in CDC-sponsored programs. (Approved 4/11/2007)