

involved, its tribal government must also approve that portion of the project applicable to it. The applicant will be responsible for providing assurance in accordance with the appropriate guidelines and form provided in the application kit.

Should human subjects review be required, the proposed workplan should incorporate timelines for such development and review activities.

#### Application Submission and Deadline

The original and two copies of the application PHS Form 5161-1 (Revised 7/92, OMB Number 0937-0189) must be submitted to Sharron P. Orum, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 314, Mail Stop E-18, Atlanta, Georgia 30305, on or before August 2, 1996.

1. **Deadline:** Applications shall be considered as meeting the deadline if they are either:

(a) Received on or before the deadline date; or

(b) Sent on or before the deadline date and received in time for submission to the objective review group. (Applicants must request a legibly dated U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or the U.S. Postal Service. Private metered postmarks shall not be acceptable as proof of timely mailing.)

2. **Late Application:** Applications that do not meet the criteria in 1.(a) or 1.(b) above are considered late applications. Late applications will not be considered in the current competition and will be returned to the applicant.

#### Where To Obtain Additional Information

A complete program description, information on application procedures, application package, and business management technical assistance may be obtained from Albertha Carey, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 314, Mail Stop E-18, Atlanta, Georgia 30305, telephone (404) 842-6508, fax (404) 842-6513, or Internet or CDC WONDER electronic mail at <ayc1@opspgo1.em.cdc.gov>.

Technical assistance may be obtained from Diane Clark, Public Health Nutritionist, Division of Nutrition, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention (CDC), Mail Stop K-25, 4770

Buford Highway, NE., Atlanta, Georgia 30341-3724, telephone (770) 488-4913, fax (770) 488-4728, or Internet or CDC WONDER electronic mail at <ldc2@ccddn1.em.cdc.gov>.

Please refer to Announcement 651 when requesting information and submitting an application.

Potential applicants may obtain a copy of "Healthy People 2000" (Full Report; Stock No. 017-001-00474-0) or "Healthy People 2000" (Summary Report; Stock No. 017-001-00473-1) referenced in the "Introduction" through the Superintendent of Documents, Government Printing Office, Washington, DC 20402-9325, telephone (202) 512-1800.

Dated: June 28, 1996.

Joseph R. Carter,

*Acting Associate Director for Management and Operations, Centers for Disease Control and Prevention (CDC).*

[FR Doc. 96-17098 Filed 7-03-96; 8:45 am]

BILLING CODE 4163-18-P

#### Statement of Organization, Functions, and Delegations of Authority

Part C (Centers of Disease Control and Prevention) of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (45 FR 67772-76, dated October 14, 1980, and corrected at 45 FR 69296, October 20, 1980, as amended most recently at 60 FR 52199, October 5, 1995) is amended to (1) establish the National Center for HIV, STD, and TB Prevention (NCHSTP) within the Centers for Disease Control and Prevention (CDC) to strengthen and enhance the ability to prevent and control the spread of HIV/AIDS in the United States and throughout the world, and (2) abolish the National Center for Prevention Services.

Section C-B, *Organization and Function*, is hereby amended as follows:

After the functional statement for the *Immunization Services Division (CJ4)*, *National Immunization Program (CJ)*, insert the following:

*National Center for HIV, STD, and TB Prevention (CK).* The mission of this organization is to provide leadership in preventing and controlling human immunodeficiency virus infection, other sexually transmitted diseases, and tuberculosis by collaborating with community, state, national, and international partners and applying well integrated, multi-disciplinary programs of research, surveillance, technical assistance, and evaluation. In carrying out this mission, the National Center for HIV, STD, and TB Prevention

(NCHSTP): (1) coordinates the development of CDC short- and long-range plans for preventing the spread of HIV infection in the United States; (2) allocates and tracks CDC resources for HIV prevention programs; (3) conducts national public information and awareness activities; (4) coordinates HIV prevention activities with other Federal agencies and with international organizations, including the World Health Organization in conjunction with the Associate Director for International Health; (5) plans, directs, and coordinates national programs of assistance involving preventive health services to state and local health agencies; (6) assists state and local health agencies in integrating and coordinating preventive services delivered by private and public organizations in the community and in assuring delivery of preventive services to all persons regardless of socioeconomic status; (7) assists states and localities in specifying major health problems in the community and in formulating technical theories on which intervention strategies can be based; (8) serves as the primary focus for assisting states and localities through grants and other mechanisms, in establishing and maintaining prevention and control programs directed toward health problems related to acquired immunodeficiency syndrome, sexually transmitted diseases, and tuberculosis; (9) maintains operational knowledge of the nature, scope, and occurrence of preventable health problems; (10) conducts operational research to improve the assistance programs; (11) assesses program operations and public health practices and provides technical assistance to states in the operation of preventive health service programs; (12) maintains liaison with other U.S. governmental agencies, state and local health agencies, national organizations, and educational institutions; (13) provides technical assistance to other nations; (14) in carrying out the above functions, collaborates, as appropriate, with other Centers, Institute, and Offices (CIOs) of the CDC.

*Office of the Director (CKI).* (1) Provides leadership and guidance on the development of goals and objectives, policies, program planning and development, program management and operations of the activities of the NCHSTP; (2) manages, directs, coordinates, and evaluates the Center's activities; (3) facilitates closer linkages between HIV, STD, and TB surveillance activities and prevention programs at all levels; (4) facilitates collaboration, integration, and multi-disciplinary

approaches to enhance the effectiveness of HIV, STD, and TB prevention programs; (5) facilitates integration of science and prevention programs throughout the NCHSTP; (6) enhances the coordination and integration of HIV, STD, and TB prevention services for individuals and populations at increased risk for more than one of these infections; (7) coordinates the integration of CDC funding of state and local health departments for HIV, STD, and TB prevention; (8) facilitates the assignment of field staff in accordance with CDC and NCHSTP priorities and objectives; (9) reassesses the role of NCHSTP field staff assignees to state and local health jurisdictions and restructures career development plans accordingly; (10) provides and coordinates administrative and program support services; (11) provides technical information services to facilitate dissemination of relevant public health information; (12) facilitates collaboration with national health activities with CDC components, other agencies and organizations, and foreign governments on international health activities; (13) provides oversight for the programmatic coordination of HIV, STD, and TB activities between NCHSTP and other CIOs and, as the lead CIO for these programs, develops recommendations to the CDC Director in concert with other CIOs, for distribution of HIV, STD, and TB fund CDC-wide; (14) advises the Director, CDC, on other policy matters concerning NCHSTP activities.

*Resource Management Office (CK12).*

(1) Plans, coordinates, and provides administrative and management advice and guidance for NCHSTP; (2) provides and coordinates Center-wide administrative, management, and support services in the areas of fiscal management, personnel, travel, procurement, facility management, and other administrative services; (3) coordinates NCHSTP requirements relating to small purchase procurements, VISA procurements, material management, and intra-agency agreement/reimbursable agreements; (4) provides lead fiscal management for contracts and supportive fiscal management for grants and cooperative agreements; (5) serves as a liaison for external inquiries of current fiscal year funding expenditures; (6) coordinates facility management issues, problems and changes, physical security issues, and policies regarding telecommunications, office furniture and equipment; (7) provides oversight and management of NCHSTP conference rooms, support and setup of Envision services and assistance with audio-

visual equipment; (8) provides meeting planning assistance and services, serves as Project Officer and liaison for any meeting planning contractors, negotiates with vendors for providing conference location, rental of equipment; (9) maintains liaison with CIOs, Staff Offices, Staff Service Offices, and NCHSTP staff.

*Communications Office (CK13).*

(1) Provides technical assistance to Divisions on issues management, public affairs, and health communications strategies; (2) collaborates with external organizations and the news, public service, and entertainment and other media to ensure that effective findings and their implications for public health reach the public; (3) collaborates closely with Divisions to produce materials designed for use by the news media, including press releases, letters to the editor, public service announcements, television programming, video news releases, and other electronic and printed materials; (4) secures appropriate clearance of these materials within NCHSTP and CDC; (5) coordinates the development and maintenance of Center-wide information systems through an Internet Home Page; (6) develops strategies and operational systems for the proactive dissemination of effective findings and their implications for prevention partners and the public; (7) apart from the clearing houses, hotlines, or other contractual mechanisms, responds to public inquiries and distributes information materials; (8) provides editorial, graphics, and publishing services for NCHSTP staff; (9) operates a Center-wide Information Center; (10) maintains liaison with CDC public affairs and communications staff offices.

*Prevention Informatics Office (CK14).*

(1) Designs, develops, and maintains a Center-wide network to facilitate the dissemination and availability of information; (2) designs, develops, and supports Center-wide consolidated application file servers, remote access servers, and administrative database servers; (3) collaborates with Divisions to coordinate, plan, and advocate for training to ensure that all staff have and fully utilize their IRM environment; (4) provides a focus for joint planning within NCHSTP both long-term and short-term; (5) conducts cost-benefit, cost effectiveness, and economic analyses, evaluation, and other special studies related to the impact of advanced information processing technology on NCHSTP programs; (6) provides a centralized research and development function and, in consultation with Division IRM staff, undertakes research and development

projects; (7) develops unified Center-wide administrative systems and advocates and supports the commitment of resources to application development; (8) establishes the Center's Internet file servers and supports organizational components to disseminate or access information on the Internet; (9) maintains liaison with the Office of Program Support and CIO IRM offices.

*Planning and Evaluation Office (CK15).*

(1) Reviews, prepares, and coordinates congressional testimony and briefing documents, and analyzes the implications of legislation and legislative proposals; (2) maintains liaison with the CDC Office of Program Planning and Evaluation and the Financial Management Office; (3) plans and coordinates the annual program planning process; (4) establishes procedures and proposes approaches for the development of future year annual budget initiatives; (5) maintains liaison with CIOs in determining and interpreting operating policy and in ensuring their respective management input for specific program activity plans; (6) interprets general policy directives and proposed legislation relation to NCHSTP program goals and objectives; (7) coordinates the development and review of congressional reports; (8) serves as the coordination point for Inspector General and General Accounting Office audits and reviews; (9) coordinates and manages external groups such as advisory committees; (10) serves as central point for Office of Management and Budget clearances, controlled correspondence, Freedom of Information Act requests, and Privacy Act inquiries; (11) advises on activities that might affect other CIOs.

*Prevention Support Office (CK16).*

(1) Serves as an initial point of contact between partners and NCHSTP programs; (2) provides guidance and coordination to Divisions on cross-divisional negotiated agreements; (3) facilitates NCHSTP shifts to the administration of non-categorical, cross-cutting grants/cooperative agreements; (4) facilitates state and local cross-divisional issues identification and solutions; (5) advocates for consistent and judicious interpretation and application of established Center-level policy related to cross-divisional issues and field staff management; (6) strengthens communications among Divisions, field staff, and partners; (7) facilitates Center-wide public health advisor/associate recruitment for field assignments; (8) provides focal point for cross-divisional issues related to field staff deployment; (9) facilitates the

development of a Center-wide field staff career development plan; (10) assures consistency in Center-wide procedures for field staff selection, assignment, and transfer processes; (11) facilitates and provides consultation on field staff human resource management issues; (12) advocates the use of information technology to strengthen the communications among the divisions, field staff, and partners; (13) advocates for the disease-specific needs of Divisions and grantees; (14) develops, reviews, and implements policies, methods, and procedures for NCHSTP extramural assistance programs; (15) provides financial tracking for Center-wide extramural grants and cooperative agreements; (16) provides consultation and technical assistance to NCHSTP program officials in the planning, implementation, and administration of assistance programs; (17) participates in evaluation of project resources and the resolution of audit exceptions; (18) assures the appropriate projection of needs and executes shifts in project funds between geographic areas to accommodate personnel in lieu of cash; (19) develops and implements objective review processes, including use of special emphasis panels, for competitive application cycles; (20) assures Center-wide consistency in providing review of continuation assistance applications; (21) interprets general policy directives, proposed legislation, and appropriations language for implications on extramural programs; and (22) provides liaison with OPS and OD staff offices.

*Division of HIV/AIDS Prevention (CK2).* (1) In cooperation with other CDC components, administers operational programs for the prevention of human immunodeficiency virus (HIV) infection and acquired immunodeficiency syndrome (AIDS); (2) provides consultation, training, statistical, promotional, educational, 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, behavioral, etiologic, communications, 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, as well as surveillance of risk behaviors associated

with HIV transmission; (6) conducts national and international HIV transmission; (6) conducts national and international HIV/AIDS surveillance, epidemiologic investigations, and studies to determine risk factors and transmission patterns of HIV/AIDS; (7) evaluates prevention and control activities in collaboration with other CDC components; (8) provides assistance and consultation on issues related to epidemiology, surveillance, programmatic support, research, evaluation methodologies, and fiscal and grants management to state and local health departments, nongovernmental organizations, national organizations, and other research institutions; (9) promotes linkages between health department HIV/AIDS programs and other governmental and nongovernmental partners who are vital to effective HIV/AIDS prevention efforts; (10) provides consultation to other PHS Agencies, medical institutions, private physicians, and international organizations or agencies; (11) provides information to the scientific community and the general public through publications and presentations; (12) works closely with The National Center for Infectious Diseases (NCID) 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) implements national HIV/AIDS prevention communications programs and develops strategic communications activities and services at the national level to inform and educate the American public about HIV/AIDS, especially individuals whose behavior places them at risk for HIV infection; (14) provides technical support to CDC assignees to state and local health departments who are working on HIV/AIDS surveillance and prevention activities.

*Office of the Director (CK21).* (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 epidemiologic, communications, and behavioral aspects of HIV/AIDS prevention, and in coordinating activities between the Division and others involved in HIV/AIDS investigations, research, and prevention, including other CIOs and national-level prevention partners who influence HIV/

AIDS prevention programs; (4) provides oversight for human subjects review of protocols and coordinates human subjects review training; (5) maintains lead responsibility for HIV/AIDS strategic communications and coordinates communications on major issues related to prevention, surveillance, or policy; (6) coordinates the response to the national media on HIV/AIDS issues within the Division and between the Division and the Office of Public Affairs; (7) ensures multidisciplinary collaboration in HIV/AIDS prevention activities; (8) provides leadership and guidance for program management and operations, as well as the development of data management systems and 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, and other print and electronic materials and programs and ensures appropriate clearance of these materials; (11) ensures that Deputy Directors and subject area specialists are prepared for interaction with the media as needed; (12) oversees the preparation of speeches and Congressional testimony on HIV/AIDS for the Division Director, the NCHSTP Director, the CDC Director, and other public health officials; (13) coordinates international HIV/AIDS activities of the Division and ensures coordination within CDC, as appropriate; (14) provides program management and administrative and technical support services for intramural, extramural, domestic, and international HIV/AIDS activities; (15) collaborates, as appropriate, with nongovernmental organizations to achieve the mission of the division; (16) in carrying out these activities, collaborates, as appropriate, with other divisions and offices of NCHSTP, and with other CIOs throughout CDC.

*International Activity (CK211).* (1) Designs and executes epidemiologic and interventional studies of HIV infection and its associated illnesses in nations; (2) develops and conducts epidemiologic studies of risk factors for AIDS and HIV transmission; (3) assists in the design, implementation, and evaluation of AIDS prevention and control activities; (4) manages international field sites and staff assigned to those sites; (5) in collaboration with NCID, conducts international surveillance and studies of HIV genotypic variants and their epidemiologic and diagnostic

implications; (6) provides technical assistance to other nations to develop AIDS case surveillance systems; (7) assists foreign governments in carrying out seroprevalence studies and surveys; (8) collaborates with other Branches in assisting developing countries in the design, implementation, and evaluation of strategies to protect their blood supplies; (9) coordinates with other CIOs in CDC that have similar international responsibilities; (10) provides consultation to WHO, USAID, and other organizations whose mission is to prevent and control HIV infection and related outcomes; (11) collaborates with national and international organizations to strengthen public health infrastructures at the country level, leading to technical and managerial sustainability of national HIV prevention and control programs; (12) assists national and international organizations in identifying, developing, and promoting HIV interventions and technologies that are feasible, effective, and culturally appropriate for use in developing countries.

*Technical Information Activity (CK212).* (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, including electronic publications, bibliographies, and current awareness information; (4) develops and maintains HIV/AIDS information and training materials for dissemination via the Internet and other electronic means; (5) maintains a specialized collection of HIV/AIDS resources, the HIV/AIDS Resource Center, that includes reprints, *Morbidity and Mortality Weekly Report (MMWR)* articles, and journals; (6) prepares HIV-related publications, including articles and guidelines published in the *MMWR* and other medical and scientific journals; (7) reviews HIV/AIDS materials from outside organizations and other agencies for technical and scientific accuracy; (8) provides lead scientific/technical support for the CDC National AIDS Hotline and the CDC National AIDS Clearinghouse; (9) prepares, edits, and monitors clearance of manuscripts for publication in scientific and technical journals and publications; (10) tracks and coordinates controlled and general correspondence; (11) prepares responses and coordinates

the provision of materials requested by Congress; (12) prepares reports, speeches, and Congressional testimony on HIV/AIDS for the Division Director, the NCHSTP Director, the CDC Director, and other public health officials; (13) coordinates preparation of documents for annual program review with the Directors of NCHSTP and CDC; (14) prepares HIV/AIDS briefing reports for Director, CDC; (15) serves as the Division liaison with the Management Analysis and Services Office (MASO) to ensure appropriate management and disposition of Federal records; (16) coordinates responses and maintains records for Freedom of Information Act requests; (17) designs, develops, and produces visual information for widespread dissemination using computer graphics, desktop publishing, and video production services to support scientific presentations, publications, and training for HIV/AIDS.

*Behavioral Intervention Research Branch (CK22).* (1) Applies current theory, practice, and empirical findings in designing and conducting research on state-of-the-art interventions to prevent HIV infection; (2) summarizes and synthesizes the interventions to prevent HIV infection; (3) collaborates with HIV prevention partners within and outside CDC in identifying research priorities, designing intervention research, and translating and diffusing research findings to HIV prevention programs; (4) contributes to the intervention research literature by publishing regularly in peer-reviewed journals and CDC-sponsored publications.

*Community Assistance, Planning, and National Partnerships Branch (CK23).* (1) In collaboration with state and local public health and nongovernmental national, regional, and local partners (including the national business, labor, media, religious, and voluntary sectors) and other branches, CIOs, and 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) develops, implements, and manages strategies and resources for HIV Prevention Community Planning, Minority and other Community-based Organizations Initiative, National/Regional Minority Organizations Initiative, National Partnerships Program, Business Responds to AIDS/Labor Responds to AIDS, CDC religious initiatives, and other nongovernmental organization, initiatives, including cooperative agreements with the American Red Cross, United States

Conference of Mayors, the Association of State and Territorial Health Officials, the National Alliance of State and Territorial AIDS Directors, and the National Conference of State Legislators, that build a comprehensive public health-private sector partnership to prevent HIV infection/AIDS; (3) in collaboration with other Division components, provides technical consultation and assistance to state and local health departments and nongovernmental 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) conducts continuing analysis of support utilization and career development of field personnel and analysis of other resource allocations and utilization in relation to HIV prevention; (8) provides supervision for HIV field staff; (9) assists in the development of new operational programs and program solicitations for HIV prevention; (10) coordinates program development and implementation with state/local/regional community planning processes; (11) facilitates linkages with STD and other HIV prevention programs at all levels to ensure coordination of harm reduction and intervention strategies for populations with common prevention needs; (12) develops and monitors systems and coordinates and provides consultation and technical assistance for health departments, community planning groups, and nongovernmental HIV prevention programs; (13) works with national partners to foster HIV prevention capabilities and activities in affected communities; (14) funds and monitors the progress of minority and other community-based organizations undertaking HIV prevention programs and activities.

*Epidemiology Branch (CK24).* (1) Designs and conducts epidemiologic and behavioral studies in the United States to determine risk factors, cofactors, and modes of transmission for HIV infection; (2) conducts studies of the natural history of HIV infection, including manifestations of HIV disease in adults, adolescents, and children; (3) designs and conducts research on the psychosocial and cultural determinates of disease progression and quality of life of infected persons; (4) 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); (5) conducts applied research, including effectiveness trials, to assist in evaluation of strategies, major activities, and policies; (6) conducts epidemic aid investigations of HIV infection and associated infectious diseases, as well as other illnesses related to HIV/AIDS; (7) develops policy related to both primary prevention of HIV infection and secondary prevention of its severe manifestations based on scientific investigations and clinical trials; (8) provides epidemiologic consultation to state and local health departments, other PHS Agencies, universities, and other groups and individuals investigating HIV/AIDS; (9) responds to inquiries from physicians and other health providers for information on the medical and epidemiologic aspects of HIV/AIDS; (10) collaborates internationally with HIV/AIDS researchers and the International Activity to conduct epidemiologic studies; (11) works closely with NCID to determine virologic and immunologic factors related to transmission and natural history of HIV infection.

*HIV/AIDS Surveillance Branch (CK25).* (1) Conducts surveillance of HIV infection and AIDS in coordination with state 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) monitors HIV-related morbidity and mortality and the use of PHS recommendations for prevention and treatment of HIV infection and AIDS; (4) promotes uses of surveillance data for prevention and evaluation; (5) conducts surveillance of special populations of epidemiologic importance, e.g., HIV-2, occupationally-related HIV transmission, and persons reported with unrecognized modes of transmission; (6) conducts population-based surveillance of HIV-related risk behaviors in coordination with state and local health departments; (7) assesses socioeconomic, educational, and other factors of use to target and evaluate prevention and care programs; (8) evaluates surveillance systems for HIV infection and AIDS and modifies surveillance methodologies as needed to meet changing needs of HIV/AIDS programs; (9) manages extramural funding of surveillance activities and provides consultations and technical assistance on surveillance activities and methodologies to state and local health

departments, national, and international organizations and agencies.

*HIV Seroepidemiology Branch (CK26).* (1) Plans, develops, and coordinates national studies of prevalence and incidence of HIV and related infections in selected geographic areas; (2) provides data and serves as the focus for information about the extent of HIV prevalence and incidence in the United States; (3) collaborates and provides technical assistance to public and private organizations regarding HIV seroprevalence and seroincidence; (4) works closely with other CDC organizations in applying prevalence and incidence data to target and evaluate HIV prevention programs; (5) works with the Surveillance Branch and the Statistics and Data Management Branch to evaluate HIV/AIDS trends in incidence and prevalence projections; (6) collects and analyzes HIV prevalence and incidence data from publicly funded HIV counseling and testing sites; (7) conducts domestic surveillance for HIV genotypic variations; (8) collaborates with NCID laboratories to develop a repository of stored sera and cells for studies of HIV and related infections; (9) serves as a focus for national and international activities related to transfusion-related HIV transmission; and (10) assists NCID with the evaluation of new HIV-related tests.

*Prevention Communications Branch (CK27).* (1) Develops national communications strategies for HIV/AIDS prevention; (2) works closely with behavioral scientists to create communications messages that effectively promote adoption or maintenance of safe behaviors; (3) promotes and facilitates the application of social marketing principles to HIV prevention at the state and local levels; (4) collaborates with external organizations and the news, public service, and entertainment, and other media to ensure that these effective messages reach the public; (5) in collaboration with the Community Assistance, Planning, and National Partnerships Branch, maintains a network of prevention collaborative partners to ensure consistent HIV prevention messages at national, state, and local levels; (6) works closely with the Training and Technical Support Systems Branch to provide technical assistance on communications and prevention marketing, and to coordinate release of new scientific and surveillance data; (7) in collaboration with the Training and Technical Support Systems Branch, creates and disseminates materials that incorporate prevention marketing principles for use at national, state, and local levels; (8)

plans and implements the Prevention Marketing Initiative; (9) manages the CDC National AIDS Clearinghouse; (10) works closely with the Behavioral Intervention Research Branch to disseminate research through the Clearinghouse; (11) works closely with the Training and Technical Support Systems Branch to disseminate technical assistance materials through the Clearinghouse; (12) works closely with all Division branches to disseminate surveillance reports and other scientific publications through the Clearinghouse; (13) works closely with other relevant offices or groups to produce materials designed for use by the news media, including press releases, letters to the editor, public service announcements, television programming, video news releases, and other electronic and print materials, and, in cooperation with the Associate Director for Management and Operations, secures appropriate clearance of these materials both within and outside of the Division; (14) develops and produces brochures and other written materials for the public; (15) manages the CDC National AIDS Hotline.

*Program Evaluation Branch (CK28).* (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 that include studies to evaluate the effectiveness and impact of prevention strategies and programs, major prevention activities, and policies; economic evaluations of HIV prevention, including assessments of alternative prevention strategies to encourage the best use of prevention resources; and development of both process and outcome measures that HIV prevention programs can use to assess their ongoing performance; (4) seeks to advance the methodology of HIV prevention evaluation through evaluation research activities; (5) applies evaluation methods to improving HIV prevention programs, including serving as a resource to other branches/activities, grantees, and prevention partners regarding evaluation of both domestic and international 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 (including self-assessment) and continuous improvement of HIV prevention programs.

*Statistics and Data Management Branch (CK29).* (1) Manages, directs, and coordinates the statistics and data management activities and services for the Division; (2) provides leadership in the development of statistical and data management planning, policy, implementation, and evaluation; (3) provides Division LAN/user support services; (4) provides data management and statistical support for HIV/AIDS surveillance, HIV serosurveys, and epidemiologic studies; (5) creates mathematical models to project the incidence of AIDS and HIV infection; (6) develops, monitors, and evaluates projects to construct mathematical models of the spread of AIDS and HIV infection; (7) provides statistical models of epidemiologic parameters to describe the efficiency of HIV transmission and the incubation time for AIDS; (8) responds to inquiries from medical professionals, health departments, the media, and the public about AIDS epidemic statistical issues, including projections of the number of AIDS cases and estimates of persons infected with HIV; (9) coordinates Division work performed under CDC-wide Information Resource Management Office contracts for programming services, local area network support, and computer hardware support.

*Training and Technical Support Systems Branch (CK2A).* (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 (such as large-scale, on-site or distance-based, multi-access, science-based, rapid-response training mechanisms) to assist HIV prevention providers in applying sound technologies; (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.

*Division of Sexually Transmitted Disease Prevention (CK3).* (1) In cooperation with other CDC components, administers operational programs for the prevention of sexually transmitted diseases (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 STDs 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 NCHSTP components, research and prevention activities that focus on STD and HIV interaction; (6) promotes linkages between health department STD programs and other governmental and non-governmental partners who are vital to effective STD prevention efforts; (7) provides technical supervision for Division state and local assignees.

*Office of the Director (CK31).* (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 and evaluation; development of training, educational, health communications and data management systems; and program management systems; (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 evaluation of STD prevention and control programs; (7) coordinates international STD activity of the Division; (8) collaborates, as appropriate, with other divisions and offices in NCHSTP, and with other CIOs throughout CDC; (9) collaborates as appropriate with non-governmental organizations to achieve the mission of the Division; (10) establishes linkages

with other CIOs and national level prevention partners that impact on STD prevention and control programs.

*Behavioral Interventions and Research Branch (CK32).* (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) 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; (3) in collaboration with other components of the Division, NCHSTP, 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; (4) in collaboration with other components of the Division, NCHSTP, 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; (5) in collaboration with internal and external colleagues, translates behavioral research findings into programmatic interventions; (6) provides state and local health departments and other prevention partners with technical assistance in the development, implementation, and evaluation of behavioral intervention strategies to reduce STD morbidity; (7) participates in STD prevention and control reviews and guideline development.

*Epidemiology and Surveillance Branch (CK33).* (1) Provides national and international leadership in the design and analysis of epidemiologic studies and surveillance data for STD to guide STD and HIV prevention programs; (2) plans epidemiology and surveillance direction-setting, in coordination with Branch staff and leadership in Division and outside CDC; (3) plans and develops new research opportunities and relationships; (4) plans and conducts scientific oversight for focus, impact, and quality of scientific work.

*Epidemiologic Studies Section (CK332).* (1) Collaborates with a wide network of leading researchers in academia, other government agencies, and international organizations in

developing a research agenda for critical epidemiologic and biomedical research issues related to STD prevention and to STD/HIV interactions; (2) plans, implements, and publishes findings from planned intramural and collaborative intramural-extramural studies; (3) studies and evaluates various schedules of STD therapy to assure continued efficacy of current and proposed regimens and conducts drug toxicity studies, where appropriate, to determine long-term effects of recommended therapies; (4) studies and evaluates diagnostic tests for STD detection; (5) collaborates with divisions, other centers, and academic or research institutions in conducting laboratory-based research on STDs; (6) provides technical assistance to state and local agencies in conducting epidemiological or clinical studies of STDs; (7) participates in the development of guidelines to translate research findings into program practice; (8) regularly updates STD Treatment Guidelines to incorporate recommendations based on new scientific information; (9) supports and contributes actively to the Division's Initiative-based teams (e.g., HIV/STD Interactions, Infertility Prevention, Adverse Outcomes of Pregnancy); (10) collaborates with other branches in the Division and with the Division of HIV/AIDS Prevention in joint HIV/STD program reviews; (11) provides management and operations expertise to on-going National STD prevention initiatives, such as Infertility and Syphilis in the South; (12) in collaboration with other Division components, develops and evaluates mathematical models of STD transmission dynamics and intervention effectiveness.

**Surveillance and Special Studies Section (CK333).** (1) Provides leadership in the design and analysis of surveillance data for STD, and in the use of surveillance data to guide STD and HIV prevention programs; (2) in collaboration with other Division components, analyzes surveillance data and develops innovative surveillance strategies for use at the local level in estimating STD prevalence, incidence, sequelae, and health impact; (3) takes lead responsibility for coordinating EPI-AIDS; (4) conducts surveillance studies to develop more precise methods to identify persons infected with STD/HIV; (5) provides technical assistance to state and local agencies in conducting surveillance of STD; (6) participates in collaborations with other Division staff in STD/HIV epidemiologic and surveillance investigations and outbreak

control investigations; (7) participates in the development of guidelines and training to assist in translating surveillance research findings into operational-programmatic practice; (8) participates in STD/HIV prevention program reviews; (9) supports and contributes actively to initiative-based teams (e.g., HIV/STD Interactions, Infertility Prevention, Adverse Outcomes of Pregnancy); (10) provides management and surveillance operations expertise to on-going National STD prevention initiatives, such as Infertility and Syphilis in the South; (11) publishes findings from planned intramural and collaborative intramural-extramural surveillance studies.

**Program Development and Support Branch (CK34).** (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; 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 prevention programs at all levels to assure coordination of harm reduction and intervention strategies for STD and HIV.

**Program Evaluation and Preventive Health Services Research Branch (CK35).** (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, NCHSTP, 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) in conjunction with other branches, establishes guidelines and standards for operational program development and evaluation; (8) provides technical assistance to state and local health departments and other prevention partners in building program evaluation and preventive health services research capacity.

**Statistics and Data Management Branch (CK36).** (1) Provides leadership in the development of statistical and data management planning, policy, implementation, and evaluation; (2) collaborates with Division researchers in the design, implementation and analysis of studies; (3) coordinates the collection, compilation, analysis and dissemination of national STD surveillance data, including STD-related behavioral and health services data and STD morbidity data, and other large databases related to STD prevention and control efforts; (4) supports local/state health departments in the timely reporting, data processing and analysis of STD data, including electronic transmission of STD surveillance (morbidity) data; (5) develops, implements, and supports data systems for information management in local, state, and national STD prevention programs; (6) provides data management and statistical support for STD surveillance and epidemiologic studies; (7) assists state/local STD prevention programs in identifying STD outbreaks, and participates in such outbreak investigations by providing data analysis; (8) in collaboration with other components of the Division, NCHSTP, and CDC, develops and participates in studies/surveys of the prevalence of:



sexual and drug using behaviors which increase the risk of STD infection, factors associated with risk behaviors, and health care seeking, utilization and provider behaviors; (9) provides advice and consultation regarding data management and statistical issues to other Division components; (10) in collaboration with other Division components develops and evaluates mathematical models of STD transmission dynamics and intervention effectiveness.

**Training and Health Communication Branch (CK37).** (1) Provides leadership in development, implementation, and evaluation of training programs for providers of interventions to prevent and control STDs; (2) maintains and evaluates the performance of the national network of STD/HIV Prevention Training Centers, STD Public Health and Epidemiology Fellowships, and other professional training programs; (3) establishes communication networks with national organizations involved with STD-related training of medical and paramedical personnel; (4) identifies training needs, designs programmatic training and career development initiatives, and plans, implements, and evaluates training programs for STD program staff; (5) provides technical assistance to state and local STD prevention programs in developing, implementing, marketing, and evaluating their STD prevention training and community education activities; (6) performs technical reviews of intervention initiatives and proposals and advises other Division units on the need for and the form of training and health communications components; (7) either directly or in cooperation with other CDC components, provides STD information and education to private and public organizations at the national level and provides technical assistance to other Federal agencies, non-governmental organizations, and national organizations to improve and coordinate STD-related community educational activities; (8) assists other CDC components in planning, conducting, coordinating, and evaluating national programs for STD communication education; (9) assists in the development and dissemination of educational materials for national STD prevention programs; (10) participates in the development of guidelines and program-specific instructional materials to be used in STD intervention, supervision, and management; (11) promotes the appropriate use of new technologies in distance learning and rapid communication with prevention partners; and (12) manages the CDC

National STD Hotline and provides technical assistance to the CDC National AIDS Hotline.

**Division of Tuberculosis Elimination (CK4).** (1) In cooperation with other CDC components, administers and promotes a national program for the prevention, control, and elimination of tuberculosis (TB) which includes the formulation of national policies and guidelines; (2) supports a nationwide framework for surveillance of tuberculosis and evaluation of national TB prevention and control program performance; (3) provides consultation, training, statistical, promotional, educational, epidemiological, and other technical services to assist state and local health departments, international health care providers, and other partners, in the planning, implementation, evaluation, and overall improvement of TB control programs; (4) detects and investigates outbreaks of TB; (5) conducts operational and behavioral research; (6) provides support for the Federal Tuberculosis Task Force; (7) supports and collaborates with the National Tuberculosis Controllers Association to promote effective national communications and coordinated feedback on urgent policy and program performance issues; (8) provides technical supervision and training to Federal assignees working in state and local tuberculosis control programs; (9) participates in the development of policies and guidelines for human immunodeficiency virus (HIV) prevention and control activities within TB populations at high risk; (10) provides policy leadership for, and guides implementation and evaluation of tuberculosis prevention and control activities in HIV prevention and control programs; (11) works to prevent the importation of TB from other countries; (12) oversees the development and operation of Tuberculosis Model Centers.

**Office of the Director (CK41).** (1) Plans, provides leadership and guidance in program planning and management, policy formulation, and development of training, surveillance, and research programs; (2) directs and evaluates the operations of the Division; (3) establishes contact with, and promotes tuberculosis activities of, other national organizations which have an important role to play in achieving tuberculosis elimination; (4) provides administrative support services for the Division; (5) collaborates and coordinates Division activities with other components of NCHSTP and CDC; (6) provides administrative and technical support to the statutorily mandated Advisory Committee for the Elimination of

Tuberculosis (ACET); provides administrative and technical support for the National Coalition for the Elimination of Tuberculosis (NCET).

**International Activity (CK412).** (1) Coordinates Division and NCHSTP international TV activities; (2) coordinates the assessment of immigration and its impact on TB patterns in the United States and 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, in collaboration with Division of Quarantine, NCID; (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 the nation of Botswana, the World Health Organization (WHO), the World Bank, the International Union Against Tuberculosis and Lung Diseases (IUATLD), and the United States Agency for International Development (USAID), and others, to conduct investigations into the diagnosis, management and prevention of tuberculosis in persons with and without HIV infection.

**Communications and Education Branch (CK42).** (1) Provides coordination and oversight for Division responses and relations with the media and public and serves as the first point of contact for telephonic and written requests for information from the media and public; (2) presents communication and education issues to the Advisory Committee for the Elimination of Tuberculosis and to Division management staff; (3) develops, produces, disseminates, and evaluates educational pamphlets and other materials providing tuberculosis information to the scientific community as well as the general population; (4) provides writer/editor support to the Division and coordinates and tracks materials for purposes of editing, clearance and approval for publications and presentations; (5) periodically conducts training and education needs assessments and identifies resources available for health department TB control officers and senior managers, TB nurse consultants, TB training/education directors and for senior staff carrying out TB activities in other programs or facilities serving persons at high risk for TB; (6) develops, conducts, and coordinates formal training courses on tuberculosis for State and big city TB



program managers and nurse consultants; (7) based on needs assessments, develops and conducts or coordinates train-the-trainer courses for staff who train and/or supervise frontline TB program staff; (8) assists in planning and coordinating agendas necessary to conduct tuberculosis conferences and workshops sponsored by the Division; (9) provides coordination and oversight for duty officer functions; (10) provides technical assistance to health departments and other health care providers in assessing and meeting their training needs and in assessing the impact of their training and education activities; (11) provides graphic support to the Division and senior field staff; (12) organizes and maintains a library of scientific and non-scientific information related to TB; (13) provides consultation and assistance in coordinating training and education activities carried out by other CDC programs, Model TB Centers, and NCET members; (14) develops and provides support for, or coordinates a TB Voice and FAX Information System; (15) assists in developing or coordinating a clearing house of TB training and education resources; (16) maintains inventory of training opportunities and coordinates with employees and supervisors training necessary for staff to carry out their duties.

*Computer and Statistics Branch (CK43).* (1) Provides computer programming, systems analysis, information management, and statistical services to the Division; (2) consults and assists in the development and implementation of appropriate data collection and management methods; (3) collaborates in the analysis of data and in the preparation of materials for publication; (4) maintains expertise in information science and technology to effect the best use of the division's resources; (5) provides technical assistance in the selection and use of equipment, systems, and services to process information; (6) manages security for the Division's information systems; (7) maintains computer hardware; (8) provides training and consultation to headquarters and field staff in the use of computer hardware software; (9) develops, distributes, provides training for and supports the TB Information Management System (TIMS) to facilitate the collection and analyses of data, both patient and program, to improve the effectiveness of prevention and control activities.

*Field Services Branch(CK44).* (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 and provides technical assistance to states and localities for improving program operations; (6) develops funding guidelines, coordinates reviews, makes funding recommendations, and monitors performance of programmatic portion of Tuberculosis Cooperative Agreements with state and local health departments; (7) provides supervision to medical staff assigned to state and local health departments; (8) analyses data to assess progress toward achieving national TB objectives and prepares program management and evaluation reports for publication; (9) supports program consultants in providing technical assistance and recommendations to health departments; (10) encourages and facilitates the transfer of new technology and guidelines into clinical and public health practice.

*Field Operations Section I (CK442).* (1) 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; (2) conducts a continuing analysis of the effectiveness of field personnel and utilization of other resources in relation to the tuberculosis problems; (3) provides consultation and assists state and local health departments in the methodology and application of tuberculosis control techniques recommended by CDC; (4) acts as advocate for state and local health departments during needs assessments and requests for resources; (5) provides technical supervision and support for the CDC field staff; (6) 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; (7) provides input into the development of branch and division policy, priorities and operational procedures; (8) coordinates technical reviews of cooperative agreement applications and makes appropriate funding recommendations; and (9) 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.

*Field Operations Section II (CK443).* (1) 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; (2) conducts a continuing analysis of the effectiveness of field personnel and utilization of other resources in relation to the tuberculosis problems; (3) provides consultation and assists state and local health departments in the methodology and application of tuberculosis control techniques recommended by CDC; (4) acts as advocate for state and local health departments during needs assessments and requests for resources; (5) provides technical supervision and support for the CDC field staff; (6) 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; (7) provides input into the development of branch and division policy, priorities and operational procedures; (8) coordinates technical reviews of cooperative agreement applications and makes appropriate funding recommendations; (9) 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.

*Research and Evaluation Branch (CK45).* (1) Identifies and evaluates new public health strategies for the prevention, diagnosis, and treatment of tuberculosis and infections with M. tuberculosis, in collaboration with others; (2) identifies and investigates behavioral and operational factors affecting health-care seeking and treatment outcomes; (3) identifies and investigates new drugs, drug delivery systems, and immunologic agents for the treatment and prevention of tuberculosis; (4) evaluates the economic and public health impact of existing and alternative prevention, diagnostic, and treatment strategies; (5) based on findings from research studies, recommends prevention, diagnostic, and treatment methods for national tuberculosis elimination strategies; (6) provides consultation to national and international organizations on prevention, diagnosis, and treatment strategies and research needs.

*Prevention Effectiveness Section (CK452).* (1) Conducts studies of aspects of health care systems that impact on health-care seeking and treatment outcome for tuberculosis patients, such

as studies of directly observed therapy in various settings and in-patient compared to out-patient management of tuberculosis; (2) develops methodologies for evaluation of tuberculosis treatment and prevention program activities and develops strategies and tools for program self-evaluation; (3) conducts studies of health-care provider tuberculosis control practices and assesses the extent to which recommended practices are implemented; (4) conducts studies to assess the cost-effectiveness and public health impact of recommended practices; (5) conducts studies to evaluate and compare strategies to improve the operation of tuberculosis treatment and prevention programs; (6) develops strategies and tools for TB programs to assess the cost-effectiveness of various TB prevention and control interventions; (7) conducts research on individual and social factors affecting health-care seeking and treatment outcomes related to tuberculosis; (8) in collaboration with the Communications and Education Branch, conducts formative research on approaches to patient and provider education and public communications; (9) provides consultation to national and international organizations on behavioral and operational research needs and study designs; (10) coordinates the writing of studies for publication of manuscripts in scientific journals, *MMWR*, etc; (10) presents findings at national and scientific meetings.

**Therapeutic and Diagnostics Section (CK453).** (1) Conducts studies of new drug regimens used in the prevention and treatment of tuberculosis, including dosage, duration, and toxicity; (2) conducts studies of new drugs, drug delivery systems, immunologic agents and other treatments for tuberculosis and latent infection with *Mycobacterium tuberculosis*; (3) in collaboration with others, conducts studies of new diagnostic tests in clinical and field trials of more specific and rapid tests to diagnose tuberculosis and latent infection with *M. tuberculosis*; (4) conducts studies to evaluate the safety and efficacy of recommended regimens for the treatment and prevention of tuberculosis; (5) provides consultation and assistance to national and international organizations on the design and conduct of clinical trials and research needs; (6) coordinates the writing of studies for publication of manuscripts in scientific journals, *MMWR*, etc; (7) presents findings at national clinical and scientific meetings;

(8) provides support and oversight for the distribution of investigational drugs for the treatment and prevention of tuberculosis by NCID.

**Surveillance and Epidemiology Branch (CK46).** (1) Directs national surveillance of tuberculosis morbidity and mortality; (2) based on the analysis of surveillance data, recommends strategies for national tuberculosis elimination activities; (3) conducts studies of special epidemiologic significance; (4) responds to public and private inquiries about outbreaks; (5) assesses the prevalence and trends of mycobacterial infections in the United States; (6) develops more precise epidemiologic methods to identify persons with mycobacterial infections; (7) assesses the risk, in collaboration with NCID and the National Institute for Occupational Safety and Health, of mycobacterial infections and diseases among different segments of the population, such as health care workers, correctional facility employees and inmates, and homeless persons; (8) provides consultation to other federal agencies, state and local health departments, and national organizations.

**Epidemiology Section (CK462).** (1) Conducts and coordinates investigations of major outbreaks of tuberculosis, including multidrug-resistant tuberculosis; (2) analyzes investigation findings and relates the results and recommendations of the investigations to the involved outside agencies and State health departments; (3) conducts studies to assess the characteristics of persons with *M. tuberculosis* and HIV co-infection in order to develop and implement intervention strategies, in collaboration with others; (4) conducts case control, cohort, and other studies of the epidemiology of TB disease and infection; (5) conducts studies of restriction fragment length polymorphism (RFLP) techniques in the epidemiology of tuberculosis, in collaboration with others; (6) assess the prevalence of, and risk factors for, infection with *M. tuberculosis* in the United States through surveys and special studies; (7) conducts studies of the epidemiology of drug resistance in the United States, in collaboration with others; (8) prepares manuscripts for publication in scientific journals, and the *MMWR*; (9) presents findings at scientific meetings; (10) responds to public and private inquiries about the epidemiology of tuberculosis.

**Surveillance Section (CK463).** (1) Conducts national surveillance for tuberculosis morbidity through the expanded surveillance system; (2) implements and provides technical

support for the computer software used by the state and local health departments to transmit data from the reporting areas to CDC; (3) analyzes data from the surveillance system to determine risk factors for the increases and/or decreases in tuberculosis morbidity and disseminates results through scientific journals, periodic reports and public presentations; (4) monitors the impact of immigration to the trends and projections of TB morbidity in the United States; (8) responds to public and private inquiries about surveillance findings.

Delete in its entirety the title and functional statement for the *National Center for Prevention Services (CM)*.

Dated: June 20, 1996.

David Satcher,

Director, Centers for Disease Control and Prevention (CDC).

[FR Doc. 96-16855 Filed 7-3-96; 8:45 am]

BILLING CODE 4160-18-M

## Food and Drug Administration

[Docket No. 94F-0393]

### Asahi Denka Kogyo K. K.; Withdrawal of Food Additive Petition

**AGENCY:** Food and Drug Administration, HHS.

**ACTION:** Notice.

**SUMMARY:** The Food and Drug Administration (FDA) is announcing the withdrawal, without prejudice to a future filing, of a food additive petition (FAP 4B4434), filed by Asahi Denka Kogyo K. K., proposing that the food additive regulations be amended to provide the expanded safe use of phosphorous acid, cyclic neopentetetrayl bis(2,6-di-*tert*-butyl-4-methylphenyl)ester as an antioxidant and/or stabilizer at a level not to exceed 0.25 percent by weight in olefin copolymers in contact with certain food categories, and at levels not to exceed 0.10 percent by weight in either olefin copolymers or polypropylene in contact with certain other food categories.

**FOR FURTHER INFORMATION CONTACT:** Vir D. Anand, Center for Food Safety and Applied Nutrition (HFS-216), Food and Drug Administration, 200 C St. SW., Washington, DC 20204, 202-418-3081.

**SUPPLEMENTARY INFORMATION:** In a notice published in the Federal Register of November 23, 1994 (59 FR 60363), FDA announced that a food additive petition (FAP 4B4434) had been filed by Asahi Denka Kogyo K. K., 2, Sirahata 5-Chome, Urawa City, Saitama 366, Japan. The petition proposed to amend the food additive regulations in § 178.2010