

DEPARTMENT OF HEALTH AND HUMAN SERVICES

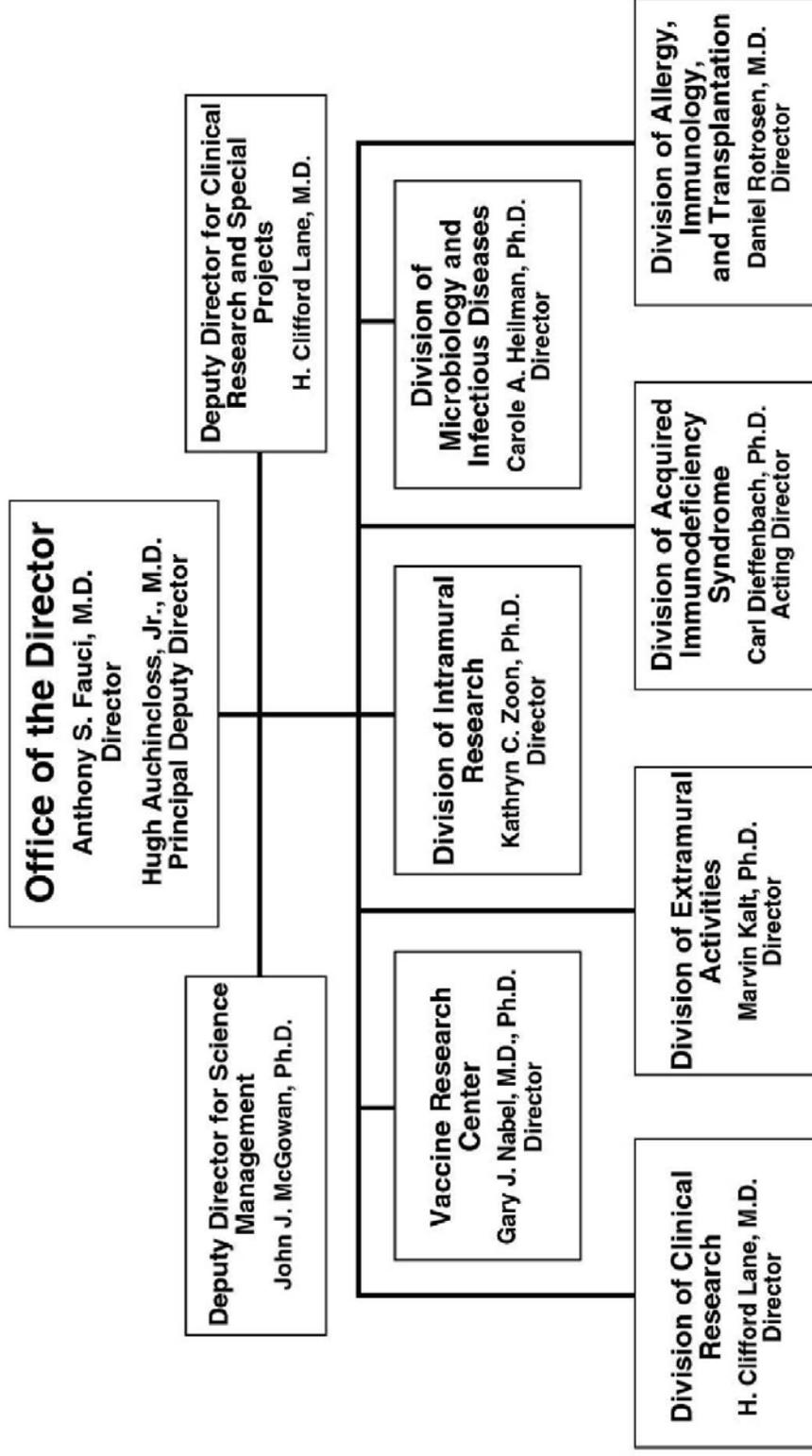
NATIONAL INSTITUTES OF HEALTH

National Institute of Allergy and Infectious Diseases

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# National Institutes of Health National Institute of Allergy and Infectious Diseases Organizational Structure

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## **FY 2008 Proposed Appropriation Language**

### **NATIONAL INSTITUTES OF HEALTH**

National Institute of Allergy and Infectious Diseases  
(Including Transfer of Funds)

*For carrying out section 301 and title IV of the Public Health Service Act with respect to allergy and infectious diseases, \$4,592,482,000: Provided, That \$300,000,000 may be made available to International Assistance Programs “Global Fund to Fight HIV/AIDS, Malaria, and Tuberculosis”, to remain available until expended: Provided further, That such sums obligated in fiscal years 2003 through 2007 for extramural facilities construction projects are to remain available until expended for disbursement, with prior notification of such projects to the House of Representatives and Senate Committees on Appropriations.*

### **Supplementary Exhibit**

## **Comparison of Proposed FY 2008 Appropriation Language to Most Recently Enacted Full-Year Appropriations**

### **NATIONAL INSTITUTES OF HEALTH**

National Institute of Allergy and Infectious Diseases  
(Including Transfer of Funds)

For carrying out section 301 and title IV of the Public Health Service Act with respect to Allergy and infectious diseases, [~~\$4,459,395,000~~] **\$4,592,482,000**: *Provided*, That [~~\$100,000,000~~] **\$300,000,000** may be made available to International Assistance Programs “Global Fund to Fight HIV/AIDS, Malaria, and Tuberculosis”, to remain available until expended: *Provided further*, That up to ~~\$30,000,000~~ shall be for ~~extramural facilities construction grants to enhance the Nation’s capability to do research on biological and other agents~~: **Provided further, That such sums obligated in fiscal years 2003 through 2007 for extramural facilities construction projects are to remain available until expended for disbursement, with prior notification of such projects to the House of Representatives and Senate Committees on Appropriations.**

NATIONAL INSTITUTES OF HEALTH

National Institute of Allergy and Infectious Diseases

Language Analysis

Language Provision	Explanation
<p><del>: <i>Provided further</i>, That up to \$30,000,000 shall be for extramural facilities construction grants to enhance the Nation's capability to do research on biological and other agents</del></p>	<p>NIAID does not plan to make extramural facilities construction grants in FY 2008.</p>
<p><b>Provided further, That such sums obligated in fiscal years 2003 through 2007 for extramural facilities construction projects are to remain available until expended for disbursement, with prior notification of such projects to the House of Representatives and Senate Committees on Appropriations</b></p>	<p>Due to the size, complexity and nature of extramural construction awards made to provide safe facilities for the conduct of research in support of the Nation=s Biodefense program, additional time is needed to allow the grantees time to complete the design and construction of these complex projects. In particular, it has taken longer than anticipated to comply with the requirements of the National Environmental Protection Act (NEPA). This provision will allow NIH to transfer the obligations to an X-year account, so that grantees may continue to use the obligated funds to complete these high-priority construction projects. The first of these awards are due to expire at the end of Fiscal Year 2008, and thus, this language must be in place before the start of FY 2009.</p>

NOTE: Changes are from the FY 2006 Appropriations language.

*Provided further: in accordance with Section 1557 of Title 31, United States Code, funds obligated and awarded by the National Institute of Allergy and Infectious Diseases in the extramural construction grant program between fiscal years 2003 and 2007 shall be exempt from Chapter 15, Subchapter IV of such title and the obligated unexpended dollars shall remain available to the grantee for expenditure without fiscal year limitation to fulfill the purpose of the award.*

**National Institutes of Health  
National Institute of Allergy and Infectious Diseases**

**Amounts Available for Obligation 1/**

Source of Funding	FY 2006 Actual	FY 2007 Continuing Resolution	FY 2008 Estimate
Appropriation	4,459,395,000	4,414,801,000	4,592,482,000
Enacted Rescissions	-44,594,000	0	0
Subtotal, Adjusted Appropriation	4,414,801,000	4,414,801,000	4,592,482,000
Real Transfer under Roadmap Authority	-38,567,000		0
Real Transfer under Secretary's One-percent transfer authority	-3,033,000	0	0
Real Transfer to the Global Fund to fight HIV/AIDS, Malaria, and Tuberculosis	-99,000,000	-99,000,000	0
Comparative transfer from OD for NIH Roadmap	38,567,000		0
Comparative Transfer to NIBIB	-207,000	-211,000	0
Comparative transfer to OD	-92,000	-96,000	0
Comparative Transfer to NCRR	-761,000	-947,000	0
Comparative Transfers to the Office of the Assistant Secretary for Admin. And Mgmt. and to the Office of the Assistant Secretary for Public Affairs	-9,000	-9,000	0
Comparative Transfer to the Office of Public Health Emergency Preparedness	-49,500,000	-49,500,000	0
Comparative Transfer from the PHSSEF	18,000,000	18,000,000	0
Comparative Transfer from the Global Fund to fight HIV/AIDS, Malaria, and Tuberculosis	99,000,000	99,000,000	0
Subtotal, adjusted budget authority	4,379,199,000	4,382,038,000	4,592,482,000
Unobligated Balance, start of year	0	0	0
Revenue from Breast Cancer Stamp <u>2/</u>	0	0	0
Unobligated Balance, end of year	0	0	0
Subtotal, adjusted budget authority	4,379,199,000	4,382,038,000	4,592,482,000
Unobligated balance lapsing	0	0	0
Total obligations	4,379,199,000	4,382,038,000	4,592,482,000

1/ Excludes the following amounts for reimbursable activities carried out by this account:  
FY 2006 - \$5,817,000    FY 2007 - \$6,695,000    FY 2008 - \$7,710,000  
Excludes \$12,431,756 in FY 2007 and \$12,043,317 in FY 2008 for royalties.

**NATIONAL INSTITUTES OF HEALTH**  
**National Institute of Allergy and Infectious Diseases**  
(Dollars in Thousands)

Budget Mechanism - Total

MECHANISM	FY 2006		FY 2007		FY 2008		Change	
	No.	Amount	No.	Amount	No.	Amount	No.	Amount
Research Grants:								
<u>Research Projects:</u>								
Noncompeting	3,065	1,468,333	3,057	1,626,006	2,999	1,700,931	-58	74,925
Administrative supplements	148	110,007	52	11,278	52	11,278	0	0
Competing:								
Renewal	275	108,942	375	222,100	354	135,700	-21	-86,400
New	774	491,256	728	341,326	887	386,462	159	45,136
Supplements	1	1,532	1	1,498	1	888	0	-610
Subtotal, competing	1,050	601,730	1,104	564,924	1,242	523,050	138	-41,874
Subtotal, RPGs	4,115	2,180,070	4,161	2,202,208	4,241	2,235,259	80	33,051
SBIR/STTR	209	99,364	209	99,036	209	99,036	0	0
Subtotal, RPGs	4,324	2,279,434	4,370	2,301,244	4,450	2,334,295	80	33,051
<u>Research Centers:</u>								
Specialized/comprehensive	32	129,954	34	130,517	34	129,993	0	-524
Clinical research	0	0	0	0	0	0	0	0
Biotechnology	0	0	0	0	0	0	0	0
Comparative medicine	0	739	0	735	0	735	0	0
Research Centers in Minority Institutions	0	1,586	0	1,578	0	1,578	0	0
Subtotal, Centers	32	132,279	34	132,830	34	132,306	0	-524
<u>Other Research:</u>								
Research careers	319	38,709	322	38,866	328	39,406	6	540
Cancer education	0	0	0	0	0	0	0	0
Cooperative clinical research	0	0	0	0	0	0	0	0
Biomedical research support	0	0	0	0	0	0	0	0
Minority biomedical research support	0	1,040	0	1,035	0	1,035	0	0
Other	94	9,269	94	9,224	94	9,224	0	0
Subtotal, Other Research	413	49,018	416	49,125	422	49,665	6	540
<b>Total Research Grants</b>	<b>4,769</b>	<b>2,460,731</b>	<b>4,820</b>	<b>2,483,199</b>	<b>4,906</b>	<b>2,516,266</b>	<b>86</b>	<b>33,067</b>
<u>Research Training:</u>	<u>FTEs</u>		<u>FTEs</u>		<u>FTEs</u>			
Individual awards	180	7,998	179	7,958	179	7,958	0	0
Institutional awards	1,079	48,128	1,072	47,887	1,072	47,887	0	0
<b>Total, Training</b>	<b>1,259</b>	<b>56,126</b>	<b>1,251</b>	<b>55,845</b>	<b>1,251</b>	<b>55,845</b>	<b>0</b>	
Research & development contracts (SBIR/STTR)	257	1,041,393	251	1,011,823	257	1,211,068	6	199,245
	2	221	2	221	2	221	0	0
	<u>FTEs</u>		<u>FTEs</u>		<u>FTEs</u>		<u>FTEs</u>	
Intramural research	793	539,897	809	538,343	826	534,575	17	-3,768
Research management and support	796	212,785	808	215,976	813	218,135	5	2,159
Cancer prevention & control	0	0	0	0	0	0	0	0
Construction		29,700		25,000		0		-25,000
Buildings and Facilities		0		0		0		0
NIH Roadmap for Medical Research		38,567		51,852		56,593		4,741
<b>Total, NIAID</b>	<b>1,589</b>	<b>4,379,199</b>	<b>1,617</b>	<b>4,382,038</b>	<b>1,639</b>	<b>4,592,482</b>	<b>22</b>	<b>210,444</b>

Includes FTEs which are reimbursed from the NIH Roadmap for Medical Research

NATIONAL INSTITUTES OF HEALTH  
National Institute of Allergy and Infectious Diseases  
BA by Program  
(Dollars in thousands)

<u>Extramural Research</u> <u>Detail:</u>	FY 2004		FY 2005		FY 2006		FY 2006		FY 2007		FY 2008		Change FTEs Amount	
	FTEs	Amount	FTEs	Amount	FTEs	Amount	Actual	Comparable	Continuing Resolution	Estimate	FTEs	Amount		
HIV/AIDS		1,151,419	1,225,495	1,247,837	1,247,620	1,244,020		1,250,023				6,003		
Biodefense and Emerging Infectious Diseases		1,343,199	1,332,046	1,299,204	1,249,704	1,244,615		1,237,728				-6,887		
Infectious and Immunologic Diseases		970,034	992,111	1,073,170	1,090,626	1,087,232		1,295,428				208,196		
<b>Subtotal, Extramural</b>		<b>3,464,652</b>	<b>3,549,652</b>	<b>3,620,211</b>	<b>3,587,950</b>	<b>3,575,867</b>		<b>3,783,179</b>				<b>207,312</b>		
Intramural research	763	489,288	780	527,708	793	540,118	793	539,897	809	538,343	826	534,575	17	-3,768
Res. management & support	680	187,829	769	199,073	796	212,872	796	212,785	808	215,976	813	218,135	5	2,159
NIH Roadmap for Medical Research		14,272	27,208	38,567				38,567		51,852		56,593		4,741
<b>TOTAL</b>	<b>1,443</b>	<b>4,156,041</b>	<b>1,549</b>	<b>4,303,641</b>	<b>1,589</b>	<b>4,411,768</b>	<b>1,589</b>	<b>4,379,199</b>	<b>1,617</b>	<b>4,382,038</b>	<b>1,639</b>	<b>4,592,482</b>	<b>22</b>	<b>210,444</b>

Includes FTEs which are reimbursed from the NIH Roadmap for Medical Research

## Major Changes in the Fiscal Year 2008 Budget Request

Major changes by budget mechanism and/or budget activity detail are briefly described below. Note that there may be overlap between budget mechanism and activity detail and these highlights will not sum to the total change for the FY 2008 budget request for NIAID, which is \$210.444 million greater than the FY 2007 Estimate, for a total of \$4,592.482 million.

Research Project Grants (33.0 million, total 2.2 billion): NIAID will support a total of 4,241 Research Project Grant (RPG) awards in FY 2008. Noncompeting RPGs will decrease by 58 awards and increase by 74.9 million. Competing RPGs will increase by 138 awards and decrease by 41.9 million.

Research Careers (+\$0.5 million; total \$39.406 million): NIAID will support the Pathway to Independence program by funding an additional 6 awards in FY 2008. Total support for the Pathway program in FY 2008 is 12 awards for 1.1 million.

NIH Roadmap for Biomedical Research (+\$4.7 million; total \$56.593 million): NIAID will continue its support of the NIH Roadmap, an incubator for new ideas and initiatives that will accelerate the pace of discovery, in FY 2008.

Global Fund to Fight HIV/AIDS, Malaria, and Tuberculosis (+\$201.0 million; total \$300.000 million): NIAID will increase its contribution to the International Assistance Program “Global Fund to Fight HIV/AIDS, Malaria, and Tuberculosis” in FY 2008.

HIV/AIDS (+\$6.0M; total \$1,250.023 million): NIAID’s increase will help maintain a steady level of unsolicited research project grants including support for first-time investigators.

Biodefense Change (-\$6.9 million; total \$1,237.328 million): NIAID will decrease support for extramural biosafety laboratory construction by \$25 million, which has been judged to be sufficient to meet projected needs. This decrease will be offset by an increase of \$18 million for RPGs. This increase will help maintain a steady level of unsolicited RPGs including support for first-time investigators.

**NATIONAL INSTITUTES OF HEALTH**  
**National Institute of Allergy and Infectious Diseases**  
**Summary of Changes**

FY 2007 Estimate		4,382,038,000	
FY 2008 Estimated Budget Authority		4,592,482,000	
Net change		210,444,000	
CHANGES	FY 2007		
	Continuing Resolution	Change from Base	
	Budget		Budget
	FTEs	Authority	FTEs
Authority		Authority	
A. Built-in:			
1. Intramural research:			
a. Annualization of January			
		95,680,000	642,000
		95,680,000	1,870,000
b. Within grades			
		95,680,000	2,409,000
c. January 2008 pay increase			
		95,680,000	654,000
d. Two extra days of pay			
		76,479,000	765,000
e. Payment for centrally furnished services			
			0
f. Increased cost of laboratory supplies, materials, and other expenses			
		366,184,000	9,083,000
Subtotal		15,423,000	
2. Research Management and Support:			
a. Annualization of January			
		74,604,000	501,000
		74,604,000	1,469,000
b. Within grades			
		74,604,000	1,892,000
c. January 2008 pay increase			
		74,604,000	513,000
d. Two extra days of pay			
		29,746,000	298,000
e. Payment for centrally furnished services			
			0
f. Increased cost of laboratory supplies, materials, and other expenses			
		111,626,000	2,821,000
Subtotal		7,494,000	
Subtotal, Built-in		22,917,000	

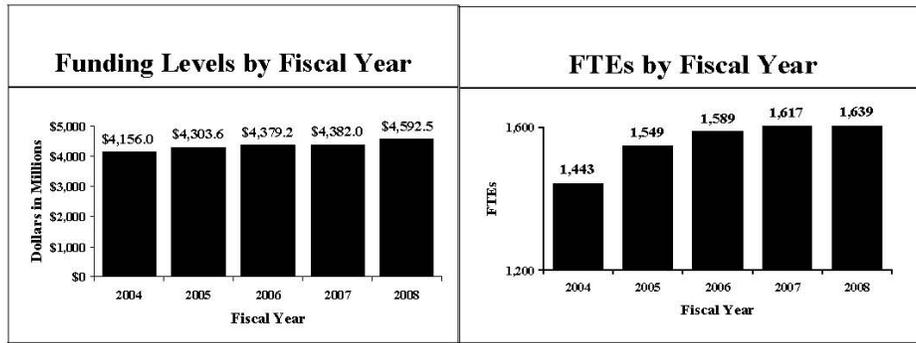
**NATIONAL INSTITUTES OF HEALTH**  
**National Institute of Allergy and Infectious Diseases**

**Summary of Changes--continued**

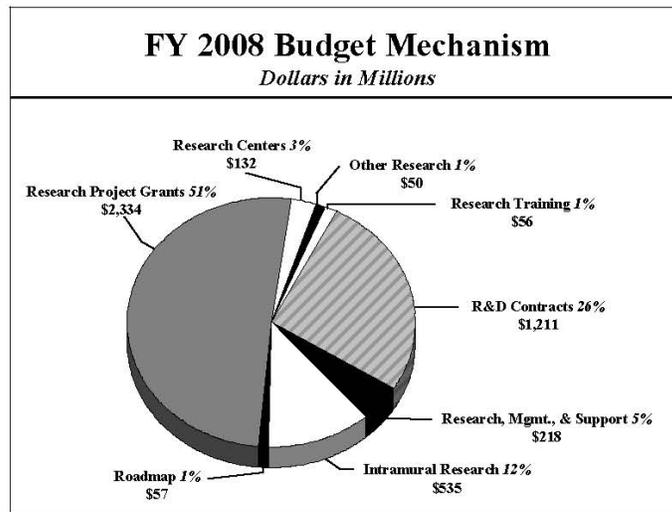
CHANGES	2007 Current			
	Continuing Resolution		Change from Base	
	No.	Amount	No.	Amount
<b>B. Program:</b>				
1. Research project grants:				
a. Noncompeting	3,057	1,637,284,000	-58	74,925,000
b. Competing	1,104	564,924,000	138	-41,874,000
c. SBIR/STTR	209	99,036,000	0	0
Total	4,370	2,301,244,000	80	33,051,000
2. Research centers	34	132,830,000	0	-524,000
3. Other research	416	49,125,000	6	540,000
4. Research training	1,251	55,845,000	0	0
5. Research and development contracts	251	1,011,823,000	6	199,245,000
Subtotal, extramural				232,312,000
6. Intramural research	<u>FTEs</u> 809	538,343,000	<u>FTEs</u> 17	-19,191,000
7. Research management and support	808	215,976,000	5	-5,335,000
8. Cancer control and prevention	0	0	0	0
9. Construction		25,000,000		-25,000,000
10. Buildings and Facilities		0		0
11. NIH Roadmap for Medical Research	0	51,852,000	0	4,741,000
Subtotal, program		4,382,038,000		187,527,000
Total changes	1,617		22	210,444,000

## Fiscal Year 2008 Budget Graphs

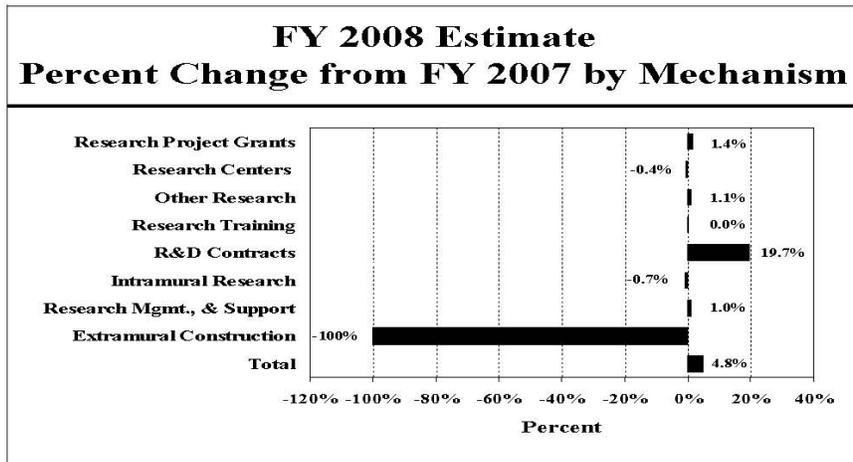
### History of Budget Authority and FTEs:



### Distribution by Mechanism:



### Change by Selected Mechanisms:



## Justification

### National Institute of Allergy and Infectious Diseases

Authorizing Legislation: Section 301 and title IV of the Public Health Service Act, as amended.

Budget Authority:

FY 2006		FY 2007		FY 2008		Increase or Decrease	
Actual		Continuing Resolution		Estimate			
<u>FTE</u>	<u>BA</u>	<u>FTE</u>	<u>BA</u>	<u>FTE</u>	<u>BA</u>	<u>FTE</u>	<u>BA</u>
1,589	\$4,379,199,000	1,617	4,382,038,000	1,639	4,592,482,000	+22	210,444,000

The following narrative provides justification for the Fiscal Year 2008 research activities of NIAID. It is organized into three major categories: HIV/AIDS, Biodefense, and Infectious and Immunologic Diseases. A more detailed description of NIH-wide Fiscal Year 2008 HIV/AIDS activities can be found in the Office of AIDS Research (OAR) section of the Overview Volume One. Details on the Roadmap/Common Fund are located in the Overview, Volume One.

#### **NIAID FY 2008 Congressional Justification Director’s Statement**

The mission of the National Institute of Allergy and Infectious Diseases (NIAID) is to conduct and support research to understand, treat, and prevent infectious and immune-related diseases. Infectious diseases include well-known killers such as HIV/AIDS, tuberculosis and malaria, emerging or re-emerging threats such as influenza and extensively drug-resistant tuberculosis (XDR-TB), and “deliberately emerging” threats from potential agents of bioterrorism. Immune-related disorders include autoimmune diseases such as rheumatoid arthritis, as well as asthma, allergies, and problems associated with transplantation.

To accomplish that mission, NIAID not only conducts a comprehensive research program on infectious and immune-mediated diseases, it also must respond quickly to new infectious disease threats as they arise. Recent growth in the NIAID research portfolio has been in part driven by unprecedented scientific opportunities in microbiology, immunology, and infectious diseases, and in part by the growing realization that research is a key to meeting challenges such as HIV/AIDS, the threat of emerging diseases and bioterrorism, and other infectious and immunologic diseases, such as the increased prevalence of asthma among children. NIAID has undertaken a comprehensive effort to renew its strategic plan, originally published in 2000 under the title *NIAID: Planning for the 21<sup>st</sup> Century*. The new plan will include biodefense as well as HIV/AIDS and other infectious and immunologic diseases research.

## **HIV/AIDS**

In the 25 years since publication of the first scientific reports of on Acquired Immune Deficiency Syndrome (AIDS), the disease has become the deadliest pandemic of our generation and one of the worst in history. In the year 2006 alone, approximately 4.3 million people worldwide, half of them women, became infected with Human Immunodeficiency Virus (HIV), and about 2.9 million people with HIV/AIDS died. Although more than 95 percent of these infections and deaths occurred in developing countries, in the U.S. approximately 1 million people are living with HIV infection, and 40,000 new infections occur each year.<sup>1</sup>

The return on the continuing investment Congress has made in AIDS research since the mid-1980s has been extraordinary. The initial identification of HIV as the cause of AIDS was quickly followed by development of a test to identify infected individuals and screen the blood supply. Scientists rapidly uncovered the structure and genetic organization of HIV and began to understand its disease-causing mechanisms. These advances facilitated the rapid development of an array of potent anti-HIV drugs that have saved at least 3 million years of life in the U.S. alone,<sup>2</sup> and prevented a large number of cases of mother-to-child transmission worldwide.

To defeat the AIDS pandemic, however, we must develop vaccines or other highly effective means of preventing virus transmission. Many vaccine candidates have either already begun or will soon enter human clinical testing, as will candidate topical microbicides intended to prevent sexual transmission of the virus. To conduct the complex human trials needed to test candidate vaccines and microbicides more efficiently, NIAID recently reorganized its HIV/AIDS Clinical Trial Networks. Because many countries most affected by the HIV pandemic have little public health or medical care delivery infrastructure, NIAID has also expanded its partnership with researchers in countries that bear the brunt of the AIDS pandemic.

## **Biodefense and Emerging Infectious Diseases**

In the aftermath of the terrorist attacks of 2001, NIAID developed a Strategic Plan for Biodefense Research that outlines three essential pillars of the NIAID biodefense research program: infrastructure for research on dangerous pathogens; basic research on microbes and host immune defenses; and milestone-driven development of vaccines, therapeutics and diagnostics that we would need to combat a bioterror attack or the emergence of a new disease.

Implementation of this plan has already enhanced our preparedness for deliberately caused bioterror incidents and naturally occurring emerging infectious diseases alike. Many new medical countermeasures against specific biological threats such as H5N1 influenza viruses have been developed, clinically tested, and in some cases added to the national pharmaceutical stockpile. Several bio-safety level 3 and 4 laboratories, which safely contain pathogens used in research, are now completed or under construction. Considerable progress has been made in understanding the interactions between biodefense pathogens and their human hosts; however, this continues to be a priority

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<sup>1</sup> UNAIDS/WHO AIDS Epidemic Update: December 2006. Accessed 12/11/06 at [http://www.unaids.org/en/HIV\\_data/epi2006/default.asp](http://www.unaids.org/en/HIV_data/epi2006/default.asp).

<sup>2</sup> RP Walensky et al. The survival benefits of AIDS treatment in the US, *J Infect Dis.*194:1, 2006.

research area. For example, NIAID has conducted numerous successful clinical tests in healthy children, adults, and seniors of H5N1 vaccines based on the viruses currently infecting humans; although these “pre-pandemic” vaccines will be reformulated should a pandemic H5N1 virus emerge, the results indicate that effective vaccines are possible. Moreover, basic scientific advances now allow us to go beyond developing countermeasures against individual threats and work toward development of technologies to counter multiple threats. These include vaccines created by inserting genes from various pathogens into a well-characterized vaccine platform and interventions based on stimulating non-specific, “innate” immune defenses that combat a wide array of viruses and bacteria.

### **Infectious and Immunologic Diseases**

The diverse array of infectious and immunologic diseases has been the domain of NIAID research since the institute was established in 1955. NIAID’s efforts to create the vaccines, drugs, and diagnostic tools that are the ultimate objective depend on a firm foundation of basic research into the fundamental biological properties of pathogens and the intricate mechanisms the human immune system uses to defeat them.

Despite advances in medicine and public health such as antibiotics, vaccines, and improved sanitation, infectious diseases still account for 26 percent of all deaths worldwide, including approximately two thirds of all deaths among children under five years of age<sup>3</sup>. Just two diseases alone, malaria and tuberculosis, kill millions every year<sup>3</sup>; the emergence of XDR TB, which is resistant to almost every available antibiotic, threatens to make matters even worse. Although scientists have made enormous strides in recent years in understanding the often deadly interactions between pathogens and people, there is much more to learn that would greatly enhance our ability to create new, better countermeasures.

NIAID supports many research activities intended to foster new treatments for immunologic and infectious diseases; much of this work is done collaboratively with industrial and non-governmental partners to leverage resources and speed product development, such as NIAID’s role in the first clinical trial of a malaria vaccine in decades. Many immune-mediated problems, including autoimmune disorders and transplant rejection, are the result of the immune system targeting cells or tissues inappropriately. In an ongoing effort to target these diseases, NIAID in FY 2007 will re-competite the Immune Tolerance Network (ITN), a consortium of investigators in the U.S., Canada, Western Europe, and Australia dedicated to the clinical evaluation of therapies that cause autoimmune patients’ immune systems to tolerate the tissues that are being inappropriately attacked. Tolerance-inducing therapies could also be useful in preventing transplant rejection and in alleviating allergic diseases.

The contributions of multilateral institutions and international organizations to combating HIV/AIDS provide a vital opportunity for a comprehensive response to the disease. The diverse drivers and consequences of HIV/AIDS, as well as its complex interactions with a variety of other social, political, and economic circumstances demand leadership from diverse international partners with varied expertise. As part of the President’s Emergency Plan for AIDS Relief (PEPFAR), the Administration requests a total of

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<sup>3</sup> WHO World Health Report, 2005; accessed 12/11/06 at <http://www.who.int/whr/en/>  
NIAID-14

\$300 million within the HHS National Institutes of Health (NIH) budget for a contribution to the Global Fund to fight HIV/AIDS, Malaria, and Tuberculosis.

## **NIAID FY 2008 Congressional Justification Narrative**

**Overall Budget Policy.** NIAID supports basic and applied research to prevent, diagnose, and treat infectious and immune-mediated illnesses, including illness from agents with bioterrorism potential, human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS), tuberculosis, malaria, autoimmune disorders, asthma, and allergies. Investigator-initiated basic research has long been the mainstay of NIAID's research program, and provides the scientific foundation on which new medical interventions are built. In addition to scientific discovery, however, NIAID must respond to infectious disease threats as they emerge with targeted development of new vaccines, therapies, and diagnostic technologies. The challenge is to balance these two aspects of the NIAID role in protecting the Nation's health, fully supporting the basic scientific discoveries on which future advances will depend while catalyzing countermeasure development. In the process, NIAID maintains the highest standards of peer review of grant applications and works to ensure that the next generation of scientists receives needed training and support.

### **HIV/AIDS**

The ultimate goal of all NIAID HIV research is the creation of effective means to treat and prevent HIV infection. According to recent UN estimates, about 39.5 million people worldwide are infected with HIV; this number is expected to grow substantially in coming years. NIAID maintains a comprehensive portfolio of basic research to elucidate the pathogenesis, natural history, and transmission of HIV disease, and supports research that promotes progress in HIV diagnosis, treatment, and prevention. NIAID accomplishes this through planning, implementing, managing, and evaluating programs in basic research, as well as discovery and development of therapies for HIV infection and its complications, HIV vaccines, and non-vaccine prevention strategies. The combination of basic HIV research and collaborations with industrial partners to translate these findings into treatments has led to the licensure of therapies that greatly improve the outlook for HIV-infected people. NIAID, however, continues to support the discovery and development of new therapeutic targets that are less toxic and have fewer side effects and are readily accessible, particularly in resource-limited settings. On the prevention side, HIV vaccines represent the best hope of ending the HIV pandemic, and developing safe and effective HIV vaccines remains one of NIAID's highest priorities. Many vaccine candidates are in pre-clinical development, and 19 are currently in clinical testing. Until effective vaccines are available, however, non-vaccine prevention strategies, such as the development of topical microbicides that can prevent infection, will be critical to curbing the continued spread of the virus. Research-based prevention strategies based on behavior modification have already contributed to the maintenance of low infection rates in a number of settings and to declining HIV epidemics in specific populations around the world. NIAID's strong network of sites at which clinical trials and research is conducted, both domestically and overseas, is an essential element of efforts to develop new HIV treatment and prevention strategies. NIAID recently reorganized the HIV Clinical Trials

Network in order to expand its clinical research capacity, improve efficiency and flexibility, and create a more integrated and collaborative structure.

***Budget Policy.*** The NIAID FY 2008 budget proposal for HIV/AIDS research is \$1.250 billion, a increase of 0.5 percent from the FY 2007 estimate of \$1.244 billion. The FY 2008 AIDS research plan was carefully crafted to support long-range strategic priorities for AIDS research. The plan carefully balances support of high-priority research initiatives in AIDS research which support the best investigator-initiated research. A critical focus of the FY 2008 AIDS research plan is the continued support for development of new, high-priority prevention strategies, including the development and testing of new vaccines and topical microbicides. Key activities include: the continuing realignment of the AIDS clinical networks to more effectively support the clinical testing and evaluation of AIDS vaccine and microbicide candidates, particularly in developing countries where the pandemic is most prevalent; expansion of research support to develop new strategies for prevention of HIV infection; and the recompetition of the Women's Interagency HIV Study, a collaborative, multi-site, natural history study of the long-term biological and psychological impact of HIV infection on women, particularly minority women.

## Portrait of a Program: Topical Microbicide Research

FY 2007	\$64 million
FY 2008	<u>\$75 million</u>
Change	\$11 million

Most of the 14,000 HIV infections that occur every day result from sexual contact<sup>1</sup>. Topical microbicides—compounds applied directly to mucosal surfaces to create a chemical barrier to infection—present an alternative to vaccines for HIV prevention. Even in the absence of a vaccine, widespread availability of topical microbicides that prevent HIV transmission could have a major impact on the HIV pandemic. But to find wide acceptance, the ideal product would have to be fast-acting, inexpensive, unnoticeable, convenient, and safe for daily use.

NIAID has long supported topical microbicide research through its Topical Microbicide Program, guided by the 2003 NIAID Topical Microbicide Strategic Plan. NIAID's near-term goal is to help establish proof-of-concept for at least one candidate microbicide against HIV. NIAID's focus will then shift to product optimization in relation to the broad criteria for an ideal product. To achieve these goals, NIAID supports an integrated program consisting of three complementary components: basic biomedical research, preclinical product development, and clinical evaluation, including behavioral research.

Several clinical trials intended to establish that topical microbicides can in principle prevent HIV infection are now underway; some of these are directly supported by NIAID. Meanwhile, NIAID is continuing its program of fundamental research on topics such as the molecular mechanisms of HIV transmission through mucosal surfaces, and is screening compounds to find likely microbicide candidates. Three specific NIAID programs are intended to ensure that researchers will be in a position to capitalize on the results of the current trials once they are known. The Integrated Preclinical/Clinical Program for HIV Topical Microbicides is designed to support preclinical and exploratory Phase 1 clinical trials aimed at advancing a candidate microbicide or strategy to more advanced clinical trials. The Microbicide Innovation Program (MIP) is a milestone-driven, trans-NIH initiative to support microbicide product development and explore creative ideas in microbicide research. The Microbicide Trials Network, a component of the recently revamped HIV/AIDS Clinical Trial Network, carries out clinical trials of microbicides, using criteria similar to those used by the pharmaceutical industry to select products for efficacy testing and, ultimately, regulatory approval. Finally, NIAID maintains extensive collaborative arrangements with other Federal agencies and non-governmental organizations such as the International Partnership for Microbicides and the Alliance for Microbicide Development. The increased funding of \$11 million in FY 2008 will be used to advance microbicide candidates and treatment strategies from preclinical to clinical studies.

<sup>1</sup>UNAIDS/WHO AIDS Epidemic Update: December 2006. Accessed 12/11/06 at [http://www.unaids.org/en/HIV\\_data/epi2006/default.asp](http://www.unaids.org/en/HIV_data/epi2006/default.asp).

## **BIODEFENSE AND EMERGING INFECTIOUS DISEASES**

Biodefense is a critical component of the Nation's comprehensive homeland security strategy. The ability to counter both bioterror attacks and naturally occurring emerging infections depends in large measure on biomedical research on disease-causing microorganisms and immune responses to them. In 2002, NIAID adopted a strategic plan that sets research priorities and goals for microorganisms that might be used as an agent of bioterrorism, with particular emphasis on "Category A" agents—the most dangerous bioterror threats. The Strategic Plan outlines three distinct priority areas for the biodefense research program: development of infrastructure needed to safely conduct research on dangerous pathogens; basic research on microbes and host immune defenses; and targeted, milestone-driven medical countermeasure development to create the vaccines, therapeutics, and diagnostics that we will need in the event of a bioterror attack. NIAID also developed two detailed biodefense research agendas that describe short-term, intermediate, and long-term goals for research on the wide variety of agents that could be used to conduct such an attack. To implement the Strategic Plan, NIAID supports a mixture of basic biodefense research and targeted development of new and improved products designed to prevent, diagnose, and treat infectious disease threats. Working in close collaboration with industry and academia, NIAID plays an expanded role in moving promising strategies for biodefense countermeasures toward advanced product development, especially in situations where market incentives are weak. In this way, powerful mechanisms have been established that provide both a “push”—basic research—and a “pull”—targeted development—toward needed medical countermeasures.

***Budget Policy.*** The NIH FY 2008 budget proposal for biodefense and emerging infectious diseases research is \$1.238 billion, a decrease of 0.6 percent from the FY 2007 budget estimate of \$1.245 billion. The focus of the FY 2008 portion of the strategic plan and budget is to continue to strengthen the high-priority activities that are critical to the long-term success of the plan, and to address research questions and concerns with the highest priorities. These include vaccines for pandemic influenza, candidate therapeutics for high priority viral pathogens such as smallpox and viral hemorrhagic fevers, clinical evaluation of candidate tularemia and viral hemorrhagic fever vaccines, improvement in the stability, delivery and efficacy of vaccines for Category A or B agents, and systematic evaluation of microbe-host interactions. The proposed budget would increase support by over \$16 million for competing Research Project Grants (RPGs) to support critical research by new investigators and individuals while decreasing support for extramural biosafety laboratory construction by \$25 million. Existing biosafety laboratory space and laboratory space under construction is sufficient to meet current needs.

## Portrait of a Program: Influenza Research

FY 2007	\$211.7 million
FY 2008	<u>\$223.2 million</u>
Change	\$ 11.5 million

Seasonal epidemics result in an average of 36,000 influenza-related deaths and about 200,000 hospitalizations in the U.S. each year<sup>1</sup>. But when an influenza virus that can evade prior immunity and easily pass from person to person arises, a global pandemic can result, with potentially catastrophic consequences. The HHS Pandemic Influenza Preparedness and Response Plan assigns primary responsibility for the conduct of scientific research and clinical trials needed to develop influenza vaccines, antiviral drugs, and diagnostic tools to NIH, and to NIAID in particular. The global spread of H5N1 avian influenza viruses, which have killed more than 150 people in Asia, Africa, and Europe, lends new urgency to NIAID's influenza research efforts.

NIAID has recently expanded its influenza program. Support for basic studies of flu pathogenesis, structure, and immunology has been substantially increased. NIAID clinical trials of candidate inactivated vaccines against H5N1 influenza viruses have shown them to be safe and immunogenic; several million doses of these "pre-pandemic" vaccines have been placed in the strategic national stockpile, and more will soon be added. Other kinds of vaccine candidates, such as live-attenuated influenza viruses, are also under development, and NIAID collaborates extensively with industry to foster development of vaccines and vaccine manufacturing methods that will substantially reduce the lead time required to create an adequate vaccine supply after a true pandemic virus emerges. Several diagnostic technologies are under development, such as an inexpensive gene-chip based device that could be used in doctors' offices to rapidly and very specifically detect H5N1 viruses in patient samples; several promising anti-influenza treatments are in the pipeline as well.

Given influenza's sizeable annual toll and pandemic potential, we expect to continue to devote significant resources to influenza research and countermeasure development. FY 2008 will be the first full year of operation for the new Centers of Excellence for Influenza Research and Surveillance initiative. These Centers will conduct multidisciplinary efforts to characterize influenza viruses around the world, to investigate the emergence of influenza viruses with pandemic potential, and to provide viruses suitable for use in vaccine development and other research. NIAID has just completed an extensive review and planning process for influenza research, which will guide our influenza research program in future years.

<sup>1</sup> Thompson WW, Shay DK, Weintraub E, et al. Mortality associated with influenza and respiratory syncytial virus in the U.S. JAMA **289**:179-86. 2003.

## **INFECTIOUS AND IMMUNOLOGIC DISEASES (IID)**

In addition to HIV and Biodefense research, NIAID conducts research on a large number of infectious and immunologic diseases. Infectious diseases include malaria and tuberculosis (TB)—major international killers that together account for more than three million deaths each year—parasitic diseases, respiratory infections, and vector-borne pathogens. Although the immune system is essential for survival in the face of pathogens, it can cause disease in some circumstances. These include severe combined immune deficiency; asthma and allergic diseases such as hay fever, food allergies, and contact dermatitis; autoimmune diseases such as insulin-dependent diabetes mellitus and systemic lupus erythematosus; acute and chronic inflammatory disorders such as Crohn's Disease; and rejection of transplanted organs, tissues, and cells. Success against these diseases depends on fundamental scientific research, including the basic biology of pathogens, how the immune system and pathogens interact, how the immune system develops and is regulated, and the pathologic mechanisms by which the immune system causes damage when it goes awry. Tremendous progress has been made in all of these areas, which has in turn led to development of new tools such as a potent vaccine against *Haemophilus influenzae* bacteria. However, much remains to be discovered. NIAID therefore remains committed to maintaining a solid base of scientist-initiated basic research, largely funded through grants to academic institutions and the intramural program. At the same time, NIAID uses a variety of grant, contract, and cooperative agreements to partner with pharmaceutical companies and non-governmental organizations to ensure that the pipeline of vaccines and treatments for infectious and immunologic disorders remains strong. Because much of the burden of infectious diseases occurs overseas, NIAID seeks to form long-term partnerships with, and build research capacity within, developing countries; not only is a strong international presence essential in the fight against global infectious diseases, it also enhances the U.S. capacity to quickly detect and respond to newly emerging disease threats.

***Budget Policy.*** The NIAID FY 2008 budget proposal for infectious and immunologic diseases research is \$1.295 billion. The proposal includes a \$300 million contribution to the Global Fund to Fight AIDS, Tuberculosis and Malaria, a \$201 million increase over the FY 2007 contribution. The FY 2008 IID research plan supports critical long-range research priorities of NIAID, with funds carefully aligned to support key research activities, such as the continued support for the Autoimmunity Centers of Excellence, Asthma and Allergic Centers of Excellence, and the NIAID Inner City Asthma Consortium, which studies approaches to reducing asthma severity in the inner cities of the U.S., particularly for minority children. Key infectious diseases research activities will focus on sustaining the clinical trial infrastructure needed to test and evaluate new vaccine and drug candidates, as well as the Non-Biodefense Emerging Infectious Diseases Research Opportunities initiative, which will expand our understanding of the pathogenesis and evolution of emerging infectious diseases not covered by the biodefense research program.

**Portrait of a Program: Autoimmunity Centers of Excellence**

FY 2007	\$11 million
FY 2008	<u>\$10 million</u>
Change	\$ -1 million

The Autoimmunity Centers of Excellence (ACE) initiative is a very successful cooperative network of research centers that closely integrate basic, pre-clinical and clinical research in order to rapidly translate new knowledge into effective treatments.

Autoimmune diseases such as systemic lupus erythematosus, multiple sclerosis, Type 1 diabetes, and rheumatoid arthritis result from inappropriate immune system attack on the body's own tissues. In FY 1999, NIAID established four Autoimmunity Centers of Excellence, with the goal of easing collaborations among the rheumatologists, neurologists, gastroenterologists, and other medical specialists who treat different autoimmune diseases, and of increasing these specialists' contact with basic scientists; in FY 2003 the number of Centers expanded to nine. The Centers carry out multidisciplinary, interactive research projects focused on understanding the basic mechanisms of autoimmunity. These basic research projects are closely integrated with clinical components that pilot new immune-based therapies for autoimmune diseases. Core laboratory facilities at each center conduct the complex immunologic tests required for both basic and clinical studies. Programs that study more than one autoimmune disease at a time are encouraged.

This approach has proved to be very effective. By promoting better coordination and communication, and enabling limited resources to be pooled, the Centers have become one of NIAID's primary vehicles for both expanding basic knowledge and improving prevention and treatment of autoimmune diseases. The Centers incorporate key recommendations of the NIH Autoimmune Diseases Research Plan and help ensure progress in identifying new and highly effective therapies for autoimmune diseases. Since the program's inception, the Centers have gained many insights into the mechanisms of autoimmunity and organized 10 clinical trials of autoimmune disease interventions.

**INTRAMURAL RESEARCH**

In addition to funding extramural research and development through grants and contracts to non-government institutions, NIAID maintains intramural laboratories in which NIAID employees conduct laboratory and clinical research related to infectious diseases, immunology and allergy. The purpose of the intramural program is to make scientific discoveries that promote the development of new vaccines, therapeutics and diagnostics to treat infectious and immune-related diseases and improve human health. To that end, intramural scientists work to expand knowledge of normal immune system components and functions; define mechanisms responsible for abnormal immune function (immunodeficiency, allergy and autoimmunity); understand the biology of infectious agents (viruses, bacteria, fungi, parasites) and the host response to infection; and develop strategies to prevent and treat immunologic, allergic and infectious diseases. Examples of past and present intramural research include the development and testing of vaccines

for a wide range of diseases including Ebola, HIV, malaria and pandemic influenza. Most intramural laboratories are located on the NIH campus in Bethesda and in nearby Rockville, Maryland; NIAID also operates intramural facilities in Frederick, Maryland, and Hamilton, Montana. Because a strong clinical research component is integral to the rapid translation of new findings into methods to prevent, diagnose, or treat disease, the NIAID intramural program has a strong clinical research component, both on the NIH campus and in collaboration with national and international partners.

***Budget Policy.*** The NIAID FY 2008 budget proposal for Intramural Research is \$535 million, a decrease of 0.7% from the FY 2007 estimated budget of \$538 million. The FY 2008 Intramural Research plan supports critical long-range research priorities of NIAID, with funds carefully aligned to support key research activities, such as the continued support for all aspects of infectious diseases such as AIDS, malaria, and influenza, including the causative agent, vectors and the human host, and developing countermeasures against bioterrorism through basic research and our strong clinical research component allowing key lab discoveries to be rapidly translated into methods to prevent, diagnose, or treat disease.

#### **RESEARCH MANAGEMENT SUPPORT (RMS)**

NIAID RMS activities provide administrative, budgetary, logistical, and scientific support in the review, award, and monitoring of research grants, training awards and research and development contracts. RMS functions also encompass strategic planning, coordination, and evaluation of the Institute's programs, regulatory compliance, international coordination, and liaison with other Federal agencies, Congress, and the public. The Institute will oversee an estimated 4906 research grants in FY 2008, as well as 257 research and support contracts.

***Budget Policy.*** The FY 2008 estimate for RMS is \$218 million, an increase of 1.0 percent from the FY 2007 estimate of \$216 million; the total number of NIAID FTEs is slated to increase from 1,617 in FY 2007 to 1,639 in FY 2008; of the FY 2008 FTEs, 813 will be in RMS and the remainder in the Division of Intramural Research. Efforts to increase efficiency in RMS functions will continue in FY 2008.

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**Budget Authority by Object**

	FY 2007 Continuing Resolution	FY 2008 Estimate	Increase or Decrease
Total compensable workyears:			
Full-time employment	1,617	1,639	22
Full-time equivalent of overtime & holiday hours	6	6	0
Average ES salary	139,838	145,432	5,594
Average GM/GS grade	12	12	0
Average GM/GS salary	83,593	86,101	2,508
Average salary, grade established by act of July 1, 1944 (42 U.S.C. 207)	84,066	86,588	2,522
Average salary of ungraded positions	120,509	124,125	3,616
<b>OBJECT CLASSES</b>	<b>FY 2006 Appropriation</b>	<b>FY 2007 Estimate</b>	<b>Increase or Decrease</b>
Personnel Compensation:			
11.1 Full-Time Permanent	111,015,000	117,271,000	6,256,000
11.3 Other than Full-Time Permanent	30,967,000	32,712,000	1,745,000
12 Other Personnel Compensation	4,660,000	4,923,000	263,000
12 Military Personnel	4,256,000	4,496,000	240,000
11.8 Special Personnel Services Payments	19,386,000	20,478,000	1,092,000
<b>Total, Personnel Compensation</b>	<b>170,284,000</b>	<b>179,880,000</b>	<b>9,596,000</b>
12 Personnel Benefits	40,659,000	42,950,000	2,291,000
12 Military Personnel Benefits	2,850,000	3,010,000	160,000
13.0 Benefits for Former Personnel	0	0	0
<b>Subtotal, Pay Costs</b>	<b>213,793,000</b>	<b>225,840,000</b>	<b>12,047,000</b>
21.0 Travel & Transportation of Persons	8,970,000	8,301,000	-669,000
22.0 Transportation of Things	653,000	517,000	-136,000
23.1 Rental Payments to GSA	39,000	40,000	1,000
23.2 Rental Payments to Others	15,000	16,000	1,000
23.3 Communications, Utilities & Miscellaneous Charges	4,112,000	4,235,000	123,000
24.0 Printing & Reproduction	628,000	553,000	-75,000
25.1 Consulting Services	12,471,000	12,408,000	-63,000
25.2 Other Services	146,515,000	142,733,000	-3,782,000
25.3 Purchase of Goods & Services from Government Accounts	440,228,000	450,784,000	10,556,000
25.4 Operation & Maintenance of Facilities	18,987,000	19,557,000	570,000
25.5 Research & Development Contracts	858,139,000	1,062,860,000	204,721,000
25.6 Medical Care	2,513,000	2,589,000	76,000
25.7 Operation & Maintenance of Equipment	7,855,000	7,815,000	-40,000
25.8 Subsistence & Support of Persons	0	0	0
<b>25.0 Subtotal, Other Contractual Services</b>	<b>1,486,708,000</b>	<b>1,698,746,000</b>	<b>212,038,000</b>
26.0 Supplies & Materials	34,854,000	29,247,000	-5,607,000
31.0 Equipment	16,350,000	16,268,000	-82,000
32.0 Land and Structures	0	0	0
33.0 Investments & Loans	0	0	0
41.0 Grants, Subsidies & Contributions	2,564,044,000	2,552,111,000	-11,933,000
42.0 Insurance Claims & Indemnities	0	0	0
43.0 Interest & Dividends	20,000	15,000	-5,000
44.0 Refunds	0	0	0
<b>Subtotal, Non-Pay Costs</b>	<b>4,116,393,000</b>	<b>4,310,049,000</b>	<b>193,656,000</b>
<b>NIH Roadmap for Medical Research</b>	<b>51,852,000</b>	<b>56,593,000</b>	<b>4,741,000</b>
<b>Total Budget Authority by Object</b>	<b>4,382,038,000</b>	<b>4,592,482,000</b>	<b>210,444,000</b>

Includes FTEs which are reimbursed from the NIH Roadmap for Medical Research

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**Salaries and Expenses**

OBJECT CLASSES	FY 2007 Continuing Resolution	FY 2008 Estimate	Increase or Decrease
<b>Personnel Compensation:</b>			
Full-Time Permanent (11.1)	111,015,000	117,271,000	6,256,000
Other Than Full-Time Permanent (11.3)	30,967,000	32,712,000	1,745,000
Other Personnel Compensation (11.5)	4,660,000	4,923,000	263,000
Military Personnel (11.7)	4,256,000	4,496,000	240,000
Special Personnel Services Payments (11.8)	19,386,000	20,478,000	1,092,000
<b>Total Personnel Compensation (11.9)</b>	<b>170,284,000</b>	<b>179,880,000</b>	<b>9,596,000</b>
Civilian Personnel Benefits (12.1)	40,659,000	42,950,000	2,291,000
Military Personnel Benefits (12.2)	2,850,000	3,010,000	
Benefits to Former Personnel (13.0)	0	0	0
<b>Subtotal, Pay Costs</b>	<b>213,793,000</b>	<b>225,840,000</b>	<b>12,047,000</b>
Travel (21.0)	8,970,000	8,301,000	-669,000
Transportation of Things (22.0)	653,000	517,000	-136,000
Rental Payments to Others (23.2)	15,000	16,000	1,000
Communications, Utilities and Miscellaneous Charges (23.3)	4,112,000	4,235,000	123,000
Printing and Reproduction (24.0)	628,000	553,000	-75,000
<b>Other Contractual Services:</b>			
Advisory and Assistance Services (25.1)	11,655,000	11,597,000	-58,000
Other Services (25.2)	146,515,000	142,733,000	-3,782,000
Purchases from Govt. Accounts (25.3)	246,214,000	248,677,000	2,463,000
Operation & Maintenance of Facilities (25.4)	18,987,000	19,557,000	570,000
Operation & Maintenance of Equipment (25.7)	7,855,000	7,815,000	-40,000
Subsistence & Support of Persons (25.8)	0	0	0
<b>Subtotal Other Contractual Services</b>	<b>431,226,000</b>	<b>430,379,000</b>	<b>-847,000</b>
Supplies and Materials (26.0)	34,854,000	29,247,000	-5,607,000
<b>Subtotal, Non-Pay Costs</b>	<b>480,458,000</b>	<b>473,248,000</b>	<b>-7,210,000</b>
<b>Total, Administrative Costs</b>	<b>694,251,000</b>	<b>699,088,000</b>	<b>4,837,000</b>

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**Authorizing Legislation**

	PHS Act/ Other Citation	U.S. Code Citation	2007 Amount Authorized	FY 2007 Estimate	2008 Amount Authorized	FY 2008 Budget Estimate
Research and Investigation	Section 301	42§241	Indefinite	4,382,038,000	Indefinite	4,592,482,000
National Institute of Allergy and Infectious Diseases	Section 402(a)	P.L.-109-482	Indefinite		Indefinite	
<b>Total, Budget Authority</b>				<b>4,382,038,000</b>		<b>4,592,482,000</b>

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**Appropriations History**

Fiscal Year	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation <u>1/</u>
1,999	703,723,000 <u>2/ 3/</u>	1,470,460,000	1,540,102,000	1,570,102,000
Rescission	0	0	0	-1,039,000
2,000	789,156,000 <u>2/</u>	1,714,705,000	1,786,718,000	1,803,063,000
Rescission				-5,025,000
2,001	935,166,000 <u>2/</u>	2,062,126,000	2,066,526,000	2,069,388,000
Rescission				-1,084,000
2,002	2,355,325,000	2,337,204,000	2,375,836,000	2,535,778,000
Rescission				-1,239,000
2,003	3,983,693,000	2,674,213,000	3,727,473,000	3,730,973,000
Rescission				-24,251,000
2,004	4,335,255,000	4,335,255,000	4,335,255,000	4,335,155,000
Rescission				-30,593,000
2,005	4,440,007,000	4,440,007,000	4,456,300,000	4,440,007,000
Rescission				-37,166,000
2,006	4,459,395,000	4,459,395,000	4,547,136,000	4,427,895,000
Rescission				-44,594,000
2,007	4,395,496,000	4,270,496,000	4,395,496,000	4,414,801,000 <u>4/</u>
2,008	4,592,482,000			

1/ Reflects enacted supplementals, rescissions, and reappropriations.

2/ Excludes funds for HIV/AIDS research activities consolidated in the NIH Office of AIDS Research

3/ Reflects a decrease of \$1,683,000 for the budget amendment for Bioterrorism

4/ Annualized current rate

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**Details of Full-Time Equivalent Employment (FTEs)**

OFFICE/DIVISION	FY 2006 Actual	FY 2007 Continuing Resolution	FY 2008 Estimate
Office of the Director	250	255	256
Division of Allergy, Immunology, and Transplantation	76	77	77
Division of Microbiology and Infectious Diseases	146	148	150
Division of Extramural Activities	192	194	196
Division of Acquired Immunodeficiency	132	134	134
Division of Intramural Research	793	809	826
<b>Total</b>	<b>1,589</b>	<b>1,617</b>	<b>1,639</b>
Includes FTEs which are reimbursed from the NIH Roadmap for Medical Research			
FTEs supported by funds from Cooperative Research and Development Agreements	20	20	20
FISCAL YEAR	Average GM/GS Grade		
2,004	11		
2,005	11		
2,006	12		
2,007	12		
2,008	12		

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**Detail of Positions**

GRADE	FY 2006 Actual	FY 2007 Continuing Resolution	FY 2008 Estimate
Total, ES Positions	0	0	0
Total, ES Salary	0	2	2
GM/GS-15	90	91	92
GM/GS-14	252	253	254
GM/GS-13	231	233	234
GS-12	185	187	189
GS-11	182	184	185
GS-10	1	1	1
GS-9	76	81	86
GS-8	39	39	39
GS-7	57	57	57
GS-6	19	19	19
GS-5	5	5	5
GS-4	2	2	2
GS-3	1	1	1
GS-2	1	1	1
GS-1	3	3	3
Subtotal	1,144	1,157	1,168
Grades established by Act of July 1, 1944 (42 U.S.C. 207):			
Assistant Surgeon General	1	1	1
Director Grade	22	22	22
Senior Grade	14	14	14
Full Grade	3	3	3
Senior Assistant Grade	3	3	3
Assistant Grade	0	0	0
Co-Step	2	2	2
Subtotal	45	45	45
Ungraded	462	475	486
Total permanent positions	1,450	1,478	1,500
Total positions, end of year	1,651	1,679	1,701
Total full-time equivalent (FTE) employment, end of year	1,589	1,617	1,639
Average ES salary	0	139,838	145,432
Average GM/GS grade	12	12	12
Average GM/GS salary	81,443	83,593	86,101

Includes FTEs which are reimbursed from the NIH Roadmap for Medical Research.

**NATIONAL INSTITUTES OF HEALTH**  
**National Institute of Allergy and Infectious Diseases**

**New Positions Requested**

	FY 2008		
	Grade	Number	Annual Salary
ADMINISTRATIVE ASSISTANT	GS-9	1	46,041
BIOLOGIST	GS-11	1	55,706
BIOLOGIST	AD	4	88,738
MEDICAL OFFICER	GS-14	1	121,307
MEDICAL OFFICER	GS-15	1	133,389
MEDICAL OFFICER	AD	4	137,221
MICROBIOLOGIST	GS-12	1	66,767
MICROBIOLOGIST	AD	3	93,402
NURSE CONSULTANT	GS-12	1	71,317
PROGRAM ANALYST	GS-9	2	46,041
PUBLIC HEALTH ANALYST	GS-9	2	46,041
STAFF CLINICIAN	GS-13	1	79,397
<b>Total Requested</b>		<b>22</b>	