

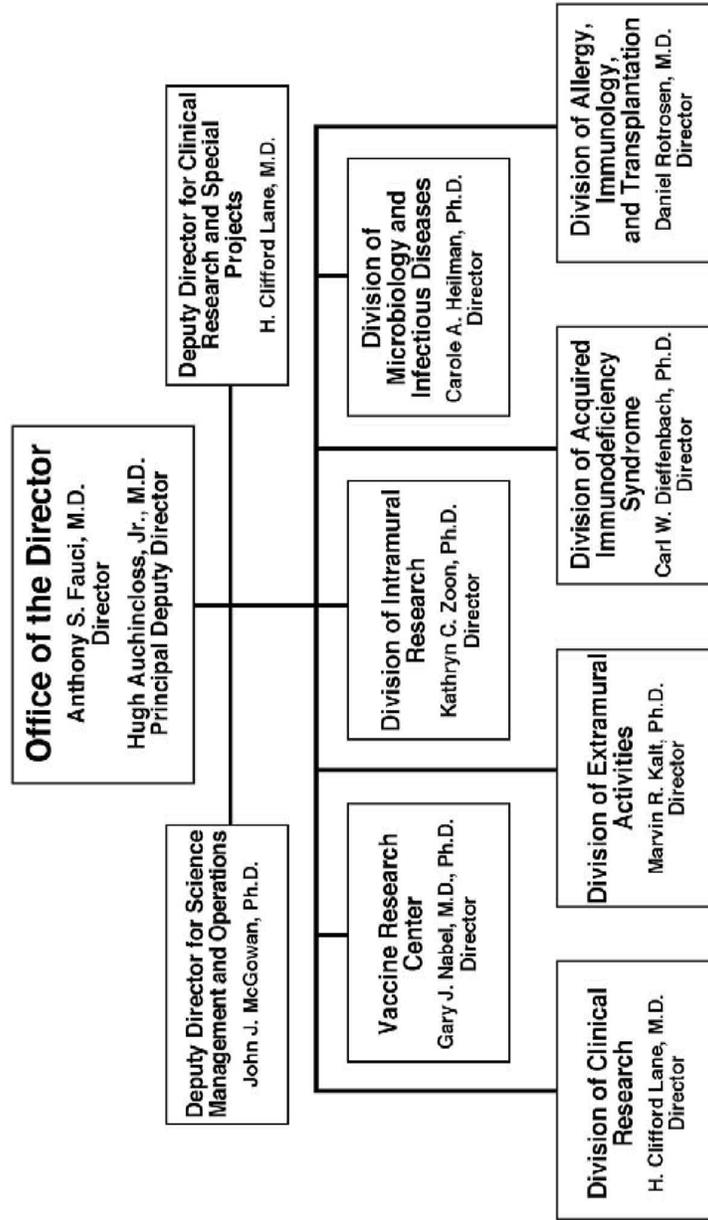
DEPARTMENT OF HEALTH AND HUMAN SERVICES

NATIONAL INSTITUTES OF HEALTH

National Institute of Allergy and Infectious Diseases (NIAID)

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



FY 2011 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, [\$4,818,275,000 of which \$304,000,000 shall be derived by transfer from funds appropriated under the heading “Biodefense Countermeasures’ in the Department of Homeland Security Appropriations Act, 2004:] *\$4,977,070,000 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 (Public Law 111-117, Consolidated Appropriations Act, 2010)*

NATIONAL INSTITUTES OF HEALTH

National Institute of Allergy and Infectious Diseases

General Provisions

Language Analysis

Language Provision	Explanation
<p>For carrying out section 301 and title IV of the Public Health Service Act with respect to allergy and infectious diseases, [\$4,818,275,000, of which \$304,000,000 shall be derived by transfer from funds appropriated under the heading "Biodefense Countermeasures" in the Department of Homeland Security Appropriations Act, 2004:] \$4,977,070,000 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.</p>	<p>No transfer action is requested in FY 2011.</p>

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

Amounts Available for Obligation 1/

Source of Funding	FY 2009 Actual	FY 2010 Estimate	FY 2011 PB
Appropriation	\$4,702,572,000	\$4,816,726,000	\$4,977,070,000
Rescission	0	0	0
Supplemental	0	0	0
Subtotal, adjusted appropriation	4,702,572,000	4,816,726,000	4,977,070,000
Real transfer under Director's one-percent transfer authority (GEI)	-2,174,000	0	0
Real transfer to the Global Fund to fight HIV/AIDS, Malaria and Tuberculosis	-300,000,000	0	0
NCBI comparative transfer	-742,000	0	0
Public Access comparative transfer	-374,000	0	0
Comparative transfer under Director's one-percent transfer authority (GEI)	2,174,000	0	0
Comparative transfer to the Global Fund to fight HIV/AIDS, Malaria and Tuberculosis	300,000,000	0	0
Subtotal, adjusted budget authority	4,701,456,000	4,816,726,000	4,977,070,000
Unobligated balance, start of year	0	0	0
Unobligated balance, end of year	0	0	0
Subtotal, adjusted budget authority	4,701,456,000	4,816,726,000	4,977,070,000
Unobligated balance lapsing	0	0	0
Total obligations	4,701,456,000	4,816,726,000	4,977,070,000

1/ Excludes the following amounts for reimbursable activities carried out by this account:

FY 2009 - \$33,326,000 FY 2010 - \$34,500,000 FY 2011 - \$35,973,000

Excludes \$13,400,348 Actual in FY 2009; Estimate \$14,800,444 in FY 2010 and Estimate \$13,531,453 in FY11 for royalties.

NATIONAL INSTITUTES OF HEALTH
National Institute of Allergy and Infectious Diseases
(Dollars in Thousands)
Budget Mechanism - Total

MECHANISM	FY 2009 Actual		FY 2009 Recovery Act Actual		FY 2010 Recovery Act Estimate		FY 2010 Enacted		FY 2011 PB		Change	
	No.	Amount	No.	Amount	No.	Amount	No.	Amount	No.	Amount	No.	Amount
Research Grants:												
Research Projects:												
Noncompeting	2,952	\$1,792,097	\$0	\$0	\$688	\$250,243	2,668	\$1,810,647	2,684	\$1,917,922	16	\$107,275
Administrative supplements	(102)	23,501	(415)	174,124	(487)	142,998	(104)	24,000	(104)	24,000	0	0
Competing:												
Renewal	230	140,427	137	73,698	26	14,835	254	189,286	251	190,545	(3)	1,259
New	657	387,326	657	220,097	125	44,304	721	402,232	711	404,906	(10)	2,674
Supplements	0	0	0	0	0	0	0	0	0	0	0	0
Subtotal, competing	887	527,753	794	293,795	151	59,139	975	591,518	962	595,451	(13)	3,933
Subtotal, RPGs	3,839	2,343,351	794	467,919	847	459,718	3,643	2,426,165	3,646	2,537,373	3	111,208
SBIR/STTR	248	104,843	8	8,219	8	7,338	246	104,000	258	109,000	12	5,000
Subtotal, RPGs	4,087	2,448,194	802	476,138	847	459,718	3,889	2,530,165	3,904	2,646,373	15	116,208
Research Centers:												
Specialized/comprehensive	35	118,854	1	21,128	1	1,221	35	120,637	35	124,256	0	3,619
Clinical research	0	0	0	0	0	0	0	0	0	0	0	0
Biotechnology	0	0	0	0	0	0	0	0	0	0	0	0
Comparative medicine	0	1,116	0	0	0	0	0	1,133	0	1,167	0	34
Research Centers in Minority Institutions	0	433	0	0	0	0	0	439	0	452	0	13
Subtotal, Centers	35	120,403	1	21,128	1	1,221	35	122,209	35	125,875	0	3,666
Other Research:												
Research careers	308	39,587	0	2,307	0	50	308	40,339	308	41,549	0	1,210
Cancer education	0	0	0	0	0	0	0	0	0	0	0	0
Cooperative clinical research	0	0	0	0	0	0	0	0	0	0	0	0
Biomedical research support	0	0	0	0	0	0	0	0	0	0	0	0
Minority biomedical research support	4	1,365	0	0	0	0	4	1,385	4	1,427	0	42
Other	91	9,896	0	4,757	0	0	91	9,897	91	10,194	0	297
Subtotal, Other Research	403	50,848	0	7,064	0	50	403	51,621	403	53,170	0	1,549
Total Research Grants	4,525	2,619,445	803	504,330	848	460,989	4,327	2,703,995	4,342	2,825,418	15	121,423
Research Training:												
Individual awards	149	6,674	133	5,922	118	5,335	149	6,807	149	7,207	0	400
Institutional awards	1,061	49,857	0	0	0	0	1,061	50,855	1,061	53,844	0	2,989
Total, Training	1,210	56,531	133	5,922	118	5,335	1,210	57,662	1,210	61,051	0	3,389
Research & development contracts (SBIR/STTR)	232	1,253,844	1	36,261	2	44,000	235	1,271,282	235	1,277,509	0	6,227
	(2)	(172)	(0)	(0)			(2)	(172)	(2)	(172)	(0)	(0)
Intramural research	831	540,985	0	2,590	0	44,400	819	549,100	855	566,671	36	17,571
Research management and support	898	230,651	0	1,382	0	8,079	884	234,687	925	246,421	41	11,734
Construction		0		0		0		0		0		0
Buildings and Facilities		0		0		0		0		0		0
Total, NIAID	1,729	4,701,456		550,485		562,803	1,703	4,816,726	1,780	4,977,070	77	160,344

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>FY 2007</u> <u>Actual</u> <u>FTEs</u>	<u>FY 2007</u> <u>Actual</u> <u>Amount</u>	<u>FY 2008</u> <u>Actual</u> <u>FTEs</u>	<u>FY 2008</u> <u>Actual</u> <u>Amount</u>	<u>FY 2009</u> <u>Actual</u> <u>FTEs</u>	<u>FY 2009</u> <u>Actual</u> <u>Amount</u>	<u>FY 2009</u> <u>Comparable</u> <u>FTEs</u>	<u>FY 2009</u> <u>Comparable</u> <u>Amount</u>	<u>FY 2010</u> <u>Enacted</u> <u>FTEs</u>	<u>FY 2010</u> <u>Enacted</u> <u>Amount</u>	<u>FY 2011</u> <u>PB</u> <u>FTEs</u>	<u>FY 2011</u> <u>PB</u> <u>Amount</u>	<u>Change</u> <u>FTEs</u>	<u>Change</u> <u>Amount</u>
Extramural Research														
<u>Detail:</u>														
HIV/AIDS		\$1,261,889		\$1,270,693		\$1,308,380		\$1,308,380		\$1,341,200		\$1,385,318		44,118
Biodefense and Emerging Infectious Diseases		1,258,220		1,267,563		1,295,273		1,295,273		1,328,527		1,370,692		42,165
Infectious & Immunologic Diseases		1,083,005		994,167		1,025,109		1,326,167		1,363,212		1,407,968		44,756
Subtotal, Extramural		3,603,114		3,532,423		3,628,762		3,929,820		4,032,939		4,163,978		131,039
Intramural research	789	542,403	785	528,920	831	540,985	831	540,985	819	549,100	855	566,671	36	17,571
Res. management & support	818	217,517	845	225,067	898	230,651	898	230,651	884	234,687	925	246,421	41	11,734
TOTAL	1,607	4,363,034	1,630	4,286,410	1,729	4,400,398	1,729	4,701,456	1,703	4,816,726	1,780	4,977,070	77	160,344

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

Major Changes in the Fiscal Year 2011 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 2011 budget request for NIAID, which is \$160.344 million greater than the FY 2010 Estimate, for a total of \$4,977,070,000.

Research Project Grants (+\$116.208 million, total \$2.646 billion): NIAID will support a total of 3,904 Research Project Grant (RPG) awards in FY 2011. Noncompeting RPGs funding will increase by \$107.275 million. Competing RPGs funding will increase by \$3.933 million. The NIH funding policy for FY 2011 RPGs includes 2% inflationary increases for noncompeting awards and a 2% increase in the average cost of competing awards.

Biodefense and Emerging Infectious Diseases (+\$42.165 million; total \$1.371 billion): NIAID will increase funds to advance development of new vaccines, therapeutics, and diagnostics on emerging and re-emerging infectious diseases as well as development of new and improved medical countermeasures against threats caused by biological agents.

Infectious and Immunologic Diseases (+\$44.756 million; total \$1.408 billion): NIAID will increase funds for its Infectious and Immunologic Diseases research portfolio to support critical clinical research on malaria, vaccine development and for selected pathogens which are responsible for significant morbidity and mortality, result in major health care costs and can be difficult to treat due to resistance against multiple antibiotics. The request includes \$300.000 million for NIH's contribution to the Global Fund to Fight AIDS, Tuberculosis and Malaria.

HIV/AIDS Research (+\$44.118 million; total \$1.385 billion): NIAID will increase funding to support a broad range of HIV/AIDS research, from basic discovery through clinical trials on vaccine and effective non-vaccine prevention strategies.

Intramural Research (+\$17.571 million; total \$0.567 billion): The FY 2011 Intramural Research plan supports critical long-range research priorities of NIAID, with funds carefully aligned to support key research activities. These include the continued support for all aspects of research on infectious diseases such as AIDS, malaria, and influenza, including the causative agent, vectors and the human host.

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

FY 2010 estimate		\$4,816,726,000	
FY 2011 estimated budget authority		4,977,070,000	
Net change		160,344,000	
CHANGES	2010 Current Estimate Base		Change from Base
	FTEs	Budget Authority	FTEs Budget Authority
A. Built-in:			
1. Intramural research:			
a. Annualization of January 2010 pay increase			
		\$141,511,000	\$856,000
b. January FY 2011 pay increase			
		141,511,000	1,486,000
c. Zero less days of pay (n/a for 2011)			
		141,511,000	0
d. Payment for centrally furnished services			
		70,124,000	1,402,000
e. Increased cost of laboratory supplies, materials, and other expenses			
		337,465,000	5,466,000
Subtotal			9,210,000
2. Research management and support:			
a. Annualization of January 2010 pay increase			
		\$118,832,000	\$719,000
b. January FY 2011 pay increase			
		118,832,000	1,248,000
c. Zero less days of pay (n/a for 2011)			
		118,832,000	0
d. Payment for centrally furnished services			
		36,908,000	738,000
e. Increased cost of laboratory supplies, materials, and other expenses			
		78,947,000	1,284,000
Subtotal			3,989,000
Subtotal, Built-in			13,199,000

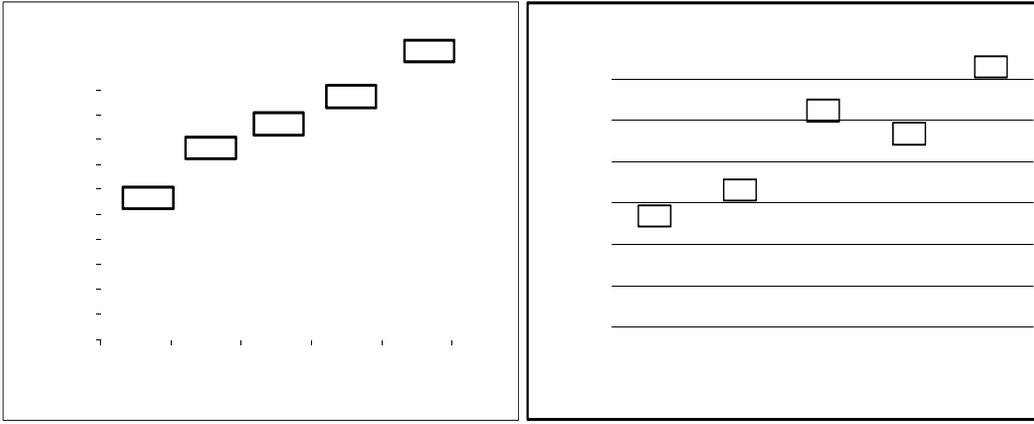
NATIONAL INSTITUTES OF HEALTH
National Institute of Allergy and Infectious Diseases

Summary of Changes--continued

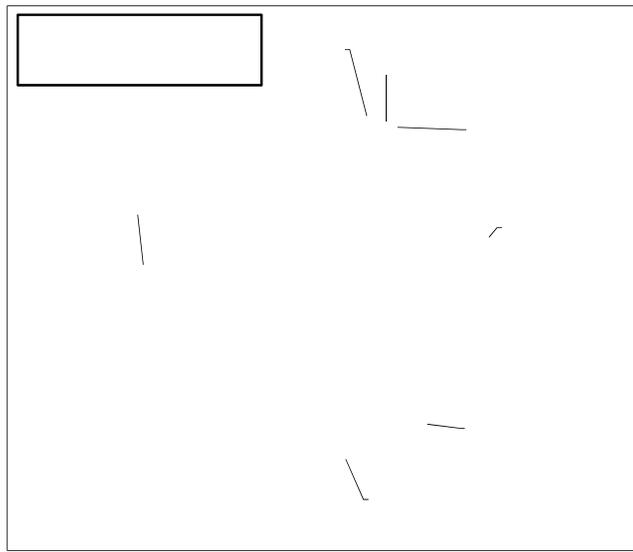
CHANGES	2010 Current Estimate Base		Change from Base	
	No.	Amount	No.	Amount
B. Program:				
1. Research project grants:				
a. Noncompeting	2,668	\$1,834,647,000	16	\$107,275,000
b. Competing	975	591,518,000	(13)	3,933,000
c. SBIR/STTR	246	104,000,000	12	5,000,000
Total	3,889	2,530,165,000	15	116,208,000
2. Research centers	35	122,209,000	0	3,666,000
3. Other research	403	51,621,000	0	1,549,000
4. Research training	1,210	57,662,000	0	3,389,000
5. Research and development contracts	235	1,271,282,000	0	6,227,000
Subtotal, extramural				131,039,000
6. Intramural research	<u>FTEs</u> 819	549,100,000	<u>FTEs</u> 36	8,361,000
7. Research management and support	884	234,687,000	41	7,745,000
Subtotal, program		4,816,726,000		147,145,000
Total changes	1,703		77	160,344,000

Fiscal Year 2011 Budget Graphs

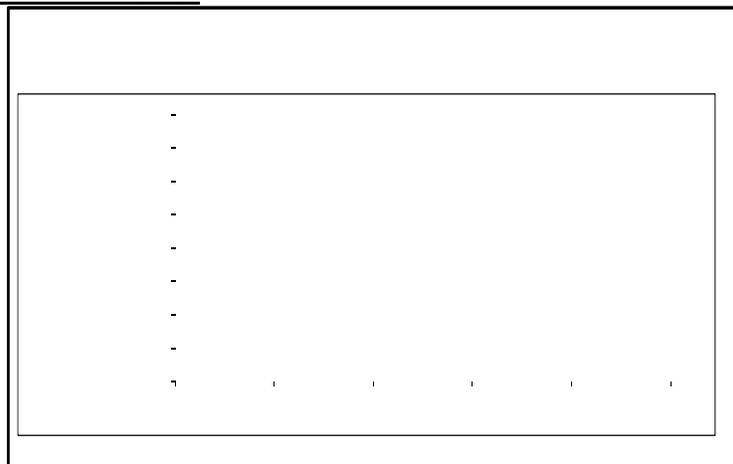
History of Budget Authority and FTEs:



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 2009 Appropriation	FY 2010 Appropriation	FY 2011 President's Budget	FY 2011 +/- 2010
BA	\$4,701,456,000	\$4,816,726,000	\$4,977,070,000	\$160,344,000
FTE	1,729	1,703	1,780	+77

This document provides justification for the Fiscal Year (FY) 2011 activities of the National Institute of Allergy and Infectious Diseases, including HIV/AIDS activities. Details of the FY 2011 HIV/AIDS activities are in the "Office of AIDS Research (OAR)" Section of the Overview. Details on the Common Fund are located in the Overview, Volume One. Program funds are allocated as follows: Competitive Grants/Cooperative Agreements; Contracts; Direct Federal/Intramural and Other.

DIRECTOR'S OVERVIEW

The National Institute of Allergy and Infectious Diseases (NIAID) conducts and supports research to better understand, diagnose, prevent, treat, and ultimately cure infectious, immunologic, and allergic diseases. Infectious diseases include global killers such as human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS), tuberculosis (TB), and malaria; emerging or re-emerging threats such as influenza, extensively drug-resistant tuberculosis (XDR TB), and methicillin-resistant *Staphylococcus aureus* (MRSA); and "deliberately emerging" threats from potential agents of bioterrorism. Immune-related disorders include autoimmune diseases such as lupus and type 1 diabetes, asthma, allergies, and problems associated with transplantation. As economies and societies around the world have become increasingly interdependent, responding to emerging infectious diseases, such as the 2009 H1N1 influenza virus, as well as to long-established health challenges such as neglected tropical diseases, has taken on new urgency.

HIV/AIDS

First described in 1981, AIDS is one of the deadliest pandemics in history. The World Health Organization estimates that more than 25 million people worldwide have died of AIDS. In 2007, an estimated [33 million people](#) globally were living with HIV infection, 2.7 million were newly infected, and 2.0 million died of AIDS¹. Clearly, we must use our strongest efforts to halt this disease.

1

2008 Report on the Global AIDS Epidemic. http://www.unaids.org/en/KnowledgeCentre/HIVData/GlobalReport/2008/2008_Global_report.asp

Prevention of HIV/AIDS is a priority. A safe and effective HIV vaccine would be the most powerful prevention tool, and developing a vaccine remains one of NIAID's highest priorities and greatest challenges. NIAID conducts and funds research to broaden understanding of the virus and the disease, and basic research to develop new vaccine strategies. Recently, a joint U.S. Army and NIAID study conducted in Thailand showed that an investigational vaccine regimen was well-tolerated and had a modest effect in preventing HIV infection. These findings are the first indication from a clinical trial that it may be possible to develop a safe and effective HIV vaccine.

NIAID-supported investigators have made great strides toward effective non-vaccine prevention strategies. They have shown, for instance, that antiretroviral medications can prevent mother-to-child transmission of HIV, and can help breastfeeding babies of HIV-infected mothers remain HIV-negative and live longer. NIAID-supported international trials also demonstrated the long-term efficacy of circumcision as a prevention tool, and that the microbicide gel PRO 2000 is safe and offers promise in preventing male-to-female sexual transmission of HIV. Three new NIAID approaches to preventing HIV infection – pre-exposure prophylaxis (PrEP) for HIV infection, universal testing and treatment for HIV infection, and eliminating hidden “reservoirs” of virus from an infected person’s body -- could be powerful strategies if found to be effective. (See the Program Portrait on this three-part prevention approach.)

Biodefense and Emerging Infectious Diseases

Biodefense, the ability to respond effectively to deliberate and naturally-occurring infectious disease threats, is a key component of national security. NIAID's mandate in biodefense includes research to advance development of new vaccines, therapeutics, and diagnostics on emerging and re-emerging infectious diseases as well as development of new and improved medical countermeasures against chemical and nuclear/radiological threats. NIAID's research agenda in biodefense and emerging infectious diseases guides basic research on numerous pathogens and their interactions with human hosts. NIAID has tested numerous candidate interventions for public health threats such as smallpox, anthrax, botulinum toxin, and pandemic influenza. Promising countermeasures in development include ST-246, a smallpox drug candidate that has protected animals from an otherwise lethal exposure to live poxvirus. Basic scientific advances could lead to novel biodefense technologies with broad-spectrum potential. These include DNA-based vaccines and interventions based on stimulating non-specific, “innate” immune defenses that combat a wide array of pathogens. NIAID has developed a physical and intellectual research infrastructure that has been critical to our ability to respond to new and re-emerging infectious diseases.

TB and pandemic influenza are classic examples of emerging and re-emerging infectious diseases that pose serious threats to public health here and abroad. The emergence of drug-resistant forms of TB presents major challenges to controlling this disease. TB often co-occurs with other infectious diseases – such as HIV/AIDS – and people co-infected with HIV and TB appear to have a more rapid and deadly disease course. NIAID-supported clinical trials recently showed remarkable reductions in mortality among TB patients co-infected with HIV when antiretroviral (ARV) therapy is provided at the same time as TB therapy. Significant progress in the NIAID influenza research program enabled the Institute to respond rapidly as the 2009 H1N1 influenza virus emerged. (See the Program Portrait on NIAID's research on 2009 H1N1.)

Infectious and Immunologic Diseases

NIAID efforts to develop vaccines, drugs, and diagnostic tools build on basic research into the biological properties of pathogens and immune system responses. Infectious diseases still account for approximately [26 percent](#) of all deaths worldwide, including approximately two-thirds of all deaths among children younger than 5 years of age. Malaria, an ancient disease, still claims nearly a million lives every year, mostly those of children. In a recent study, NIAID-supported scientists sequenced the genome for *Plasmodium vivax* – the leading cause of relapsing malaria in humans. This genomic analysis will allow in-depth analysis of the mechanisms involved in malaria pathogenesis, relapse, drug resistance, and can offer insights for vaccine development.

Many immune-related disorders arise when the immune system targets cells or tissues inappropriately. The development of new interventions for these disorders requires better understanding of how the immune system functions normally and in disease processes. NIAID-supported investigators recently found that biopsies from patients undergoing acute rejection of transplanted kidneys showed that the expression patterns of microRNA (miRNA) – small pieces of nucleic acids that regulate gene expression – differed from the miRNA patterns seen in patients with normal functioning transplants. These findings may enhance ability to diagnose rejection, predict how well a transplant is functioning, and tailor medications to the needs of individual patients.

Overall Budget Policy: Within the President’s Budget request, NIAID is providing a 2.0 percent inflationary increase for non-competing and competing grants. NIAID support for research grants will help to sustain the scientific momentum of investigator-initiated research while pursuing new research opportunities, including awards to new investigators, and early stage investigators. In FY2011, NIAID will support new investigators on R01 equivalent awards at success rates equivalent to those of established investigators submitting new R01 equivalent applications. Additionally, NIAID will continue to support basic and applied research to prevent, diagnose, and treat infectious and immune-mediated illnesses, including illness from emerging infectious diseases, agents with bioterrorism potential, human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS), tuberculosis, malaria, autoimmune disorders, asthma, and allergies.

Funding increases for the NIAID’s Intramural Research and Research Management and Support programs will support the critical long-range research priorities of NIAID, with funds carefully aligned to support key research activities as well as strategic planning, coordination, and evaluation of the Institute’s programs. Funds are included in RPGs and R&D contracts to support several trans-NIH initiatives, such as the Therapies for Rare and Neglected Diseases program (TRND), the Basic Behavioral and Social Sciences Opportunity Network (OppNet), and support for a new synchrotron at the Brookhaven National Laboratory, as well as increased support for other HHS agencies through the program evaluation set-aside.

FY 2011 JUSTIFICATION BY PROGRAM

Program Descriptions and Accomplishments

HIV/AIDS

NIAID has a mandate to support basic and applied HIV/AIDS research to develop effective tools to prevent HIV infection and improve treatment strategies for AIDS and its co-infections. Toward that end, NIAID maintains a comprehensive research portfolio, ranging from basic research to understand the pathogenesis of HIV disease through the clinical evaluation of treatment and/or prevention strategies in humans. NIAID currently is pursuing a three-part research strategy that has the potential to dramatically curtail the HIV pandemic:

- testing whether antiretroviral drugs can prevent HIV infection in uninfected people at high risk for becoming infected (pre-exposure prophylaxis)
- examining the feasibility of a universally available annual HIV testing with immediate antiretroviral therapy for people who test positive for HIV infection (a “test and treat” approach)
- identifying and understanding how HIV establishes and maintains latent pockets of infection.

In addition, NIAID remains committed to the development of safe and effective HIV vaccines. Achievement of this goal will require important advances in basic vaccine discovery research to expand our understanding of the virus and the disease and provide the knowledge to identify a viable HIV vaccine candidate. NIAID is increasing the emphasis on innovative discovery research for HIV vaccines.

Budget Policy. The FY 2011 extramural budget estimate for HIV/AIDS research is \$1.385 billion, an increase of \$44.118 million and 3.3 percent above the FY 2010 budget estimate of \$1.341 billion. The FY 2011 AIDS research plan was carefully crafted to support long-range strategic priorities for AIDS research. The plan balances support of high-priority research initiatives in AIDS research with support for the best investigator-initiated research. A critical focus of the FY 2011 AIDS research plan is a renewed focus on vaccine discovery research and continued support for the research to understand the pathogenesis of HIV disease. FY 2011 funding will continue to support a broad range of research, from basic discovery through clinical trials on vaccine and topical microbicide candidates as well as other prevention strategies. Key research activities include activities to advance vaccine discovery, to identify novel approaches to interrupt HIV transmission and to better understand complex interactions of HIV with the immune system by using a systems biology approach.

BIODEFENSE AND EMERGING INFECTIOUS DISEASES

In 2003, NIAID assumed the principal responsibility within NIH for research and development of medical countermeasures against terrorist threats of infectious disease, chemical weapons, and radiation. Recognizing the potential deliberate use of microorganisms as biological weapons, and the fact that previously controlled microorganisms can re-emerge with new properties (such as drug resistance) or in new settings, NIAID integrated its biodefense research into the Institute’s larger emerging and re-emerging infectious diseases portfolio. NIAID supports research to assess the mechanisms that lead infectious agents to cause diseases and enable the immune system to combat them. NIAID is also developing countermeasures that are effective against a variety of infectious microorganisms and medical countermeasures that are effective against radiological and nuclear threats. To

speed development of new products, NIAID is establishing flexible platforms which have the ability to support research on a variety of infectious microorganisms. Promising candidate countermeasures in development include ST-246, a smallpox drug candidate that has protected both rodents and nonhuman primates from ordinarily lethal exposure to live poxviruses. The Institute also recomputed the Regional Centers of Excellence for Biodefense and Emerging Infectious Diseases, which comprise a network of 11 regional , multi-institutional centers engaged in interdisciplinary research to develop vaccines, therapeutics, adjuvants and diagnostics for biodefense and emerging infectious diseases. NIAID-funded researchers have responded to emerging 2009 H1N1 influenza virus, characterizing the virus and preparing for the development of a vaccine and other measures.

Budget Policy. The FY 2011 extramural budget estimate for biodefense and emerging infectious diseases research is \$1.371 billion, an increase of \$42.165 million and 3.2 percent above the FY 2010 budget estimate of \$1.329 billion. The FY 2011 budget increase reflects a commitment 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. NIAID will continue to focus on basic research, such as systematic evaluations of microbe-host interactions, and its application to product development such as vaccines for pandemic influenza, and viral hemorrhagic fevers; candidate therapeutics for high priority viral pathogens such as smallpox and viral hemorrhagic fevers; new drugs and diagnostics to counter drug-resistant pathogens including MDR/XDR TB; and the development of platform technologies to support the development of a broad range of therapeutic agents. NIAID will fund a new initiative “Development of Therapeutic Products for Biodefense” which will advance promising candidate therapeutics for select high priority biothreat pathogens and toxins, with a special emphasis on therapeutics with broad spectrum activity or that address antimicrobial resistance. The FY 2011 NIH total request for biodefense and emerging infectious diseases research is estimated \$1.855 billion with NIAID comprising \$1.735 billion of the NIH total.

INFECTIOUS AND IMMUNOLOGIC DISEASES (IID)

Despite advances in medicine and public health interventions, infectious diseases still account for one-quarter of all deaths worldwide. NIAID research focuses on nearly 300 infectious microorganisms, including bacteria, viruses, parasites, fungi, and prions. NIAID also supports research on mechanisms of normal immune function and dysfunction resulting in autoimmunity, immunodeficiency, allergy, and transplant rejection. This research provides the scientific understanding and research platform for translational and clinical research aimed at developing and testing diagnostics, preventive measures, and therapeutics for infectious diseases and immune-mediated diseases (allergy, asthma and autoimmune diseases) affecting people throughout the world. Because induction of immune tolerance holds promise for as a strategy for preventing and treating immune-mediated diseases, NIAID has established a comprehensive immune tolerance research program. NIAID supports the Immune Tolerance Network, an international consortium of more than 80 investigators that is dedicated to the clinical evaluation of novel, tolerance-inducing therapies for diseases of the immune system.

Budget Policy. The FY 2011 extramural budget estimate for infectious and immunologic diseases research is \$1.408 billion, an increase of \$44.756 million and 3.3 percent above the FY 2010 budget estimate of \$1.363 billion. The proposal includes no change in the \$300 million contribution to the Global Fund to Fight AIDS, Tuberculosis and Malaria from FY 2010. The FY 2011 IID research plan supports critical long-range research priorities of NIAID with funds carefully aligned to support key research activities which include the Partnerships for the Development of Vaccines for Selected Pathogens which will focus on developing vaccines for several pathogens including *Staph aureus* and *C. difficile*, which are responsible for significant morbidity and mortality in the U.S., result in major health care costs and can be difficult to treat due to resistance against multiple antibiotics. Funding will also continue to support research priorities on allergy/asthma and organ transplantation through initiatives such as the Asthma and Allergic Diseases Cooperative Research Center.

INTRAMURAL RESEARCH

NIAID maintains a multi-faceted intramural program to make scientific discoveries that advance development of new vaccines, therapeutics and diagnostics to treat infectious and immune-related diseases and improve human health. 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, such as the 2009 H1N1 influenza. The three arms of the intramural program are: laboratories in Maryland and Montana in which NIAID employees conduct basic and clinical research related to infectious diseases, immunology and allergies; a Vaccine Research Center to facilitate the development of effective vaccines for human disease, notably AIDS, Ebola/Marburg, and influenza; and the Division of Clinical Research which facilitates the efficient and effective performance of NIAID clinical research programs in both domestic and international sites.

Budget Policy. The FY 2011 budget estimate for Intramural Research is \$566.671 million, an increase of \$17.571 million and 3.2 percent above the FY 2010 budget estimate of \$549.100 million. The FY 2011 Intramural Research plan supports critical long-range research priorities of NIAID, with funds carefully aligned to support key research activities. These include the continued support for all aspects of research on infectious diseases such as AIDS, malaria, and influenza, including the causative agent, vectors and the human host. In addition, we are 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

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 activities include strategic planning, coordination, and evaluation of the Institute's programs, as well as regulatory compliance, international coordination, and liaison with other Federal agencies, Congress, and the public.

Budget Policy. The FY 2011 budget estimate is \$246.421 million, an increase of \$11.734 million and 5 percent above the FY 2010 budget estimate of \$234.687 million. The total number of NIAID FTEs is slated to increase from 1,703 in FY 2010 to 1,780 in FY 2011. The 1,780 FTE request for FY 2011 includes 925 FTE for RMS with the remainder in Intramural Research.

PORTRAIT of a Program: H1N1—Responding to Pandemic Influenza

FY 2010 Level	\$103.5 million
FY 2011 Level	<u>\$106.9 million</u>
Change	\$ +3.4 million

In April 2009, a new strain of the influenza virus emerged in Mexico and quickly spread around the globe. Because of its unique mandate to respond rapidly to emerging disease threats, NIAID was poised to quickly mount a major research effort to learn about this new virus strain and to help develop approaches to reduce its impact on public health. The virus is now known as 2009 H1N1 influenza A. Building on a strong foundation of basic research on influenza viruses, NIAID was fully engaged in the government-wide effort to understand the biology of the 2009 H1N1 influenza virus and its interaction with humans, and to rapidly develop effective vaccines and therapies. Studies were conducted in NIAID-supported research networks such as the Centers of Excellence in Influenza Research and Surveillance, the Regional Centers of Excellence for Biodefense and Emerging Infectious Diseases, the NIAID Antiviral Testing Program, and NIAID's preclinical services programs, as well as by industry partners and individual NIH grantees. NIAID used its longstanding vaccine clinical trials infrastructure—the network of Vaccine and Treatment Evaluation Units—to quickly evaluate pilot lots of vaccine candidates to determine their safety, ability to induce protective immune responses, and the appropriate dose and number of doses. NIAID-supported trials included studies of specific populations, such as pregnant women, children, HIV-infected individuals, and people with asthma. This information was crucial in informing the establishment of public health guidelines for H1N1 vaccines. By conducting essential research, and by establishing effective partnerships with international agencies, other Federal agencies, and private industry, NIAID was instrumental in preparing a 2009 H1N1 influenza vaccine in time for the fall 2009 Northern Hemisphere flu season.

Other critical aspects of H1N1-related research continue. NIAID is assessing the ability of experimental antiviral drugs to block infection with H1N1. Researchers are also working to develop or refine antiviral drugs and diagnostic tools for both seasonal and pandemic influenza (H1N1) strains. Three drugs in clinical testing include a long-acting neuraminidase inhibitor, an inhibitor of the enzyme that replicates viral genes, and a drug that prevents the virus from entering human lung cells. These drugs showed activity in cell cultures against the new strain and are currently being tested in humans to assess clinical safety, tolerability, and efficacy. NIAID is testing combinations of antiviral drugs *in vitro* and in animal studies in an effort to improve efficacy in seriously ill hospitalized patients and combat antiviral resistance. NIAID is also developing diagnostic platforms that can rapidly identify a wide variety of pathogens in clinical samples, including specific subtypes of influenza. Some of these diagnostics are already being used in clinical settings to help meet the increasing demand for rapid and accurate diagnosis of H1N1. In addition, NIAID is continuing to support a diverse portfolio of basic influenza research with the ultimate goal of developing universal influenza vaccines that can protect against multiple strains of the virus.

PORTRAIT of a Program: Three-pronged Strategy to Control the HIV/AIDS Pandemic

FY 2010 Level \$38.0 million

FY 2011 Level \$39.2 million

Change \$+1.2 million

Although progress has been made in the global fight against HIV/AIDS, the epidemic continues to devastate the United States and the international community. More than 56,000 people in the United States become infected with HIV each year – a level that has not declined over the past decade – and an estimated 33 million people throughout the world are living with HIV. Historically, vaccines have been our best weapon against infectious diseases, but the unique characteristics of HIV have greatly challenged the search for a safe and effective HIV vaccine. In the absence of a vaccine, NIAID continues to pursue non-vaccine prevention strategies, such as topical microbicides to prevent infection, and adult male circumcision. Moreover, NIAID is exploring a bold, innovative new three-pronged approach for controlling the HIV/AIDS pandemic. The components of this innovative approach – pre-exposure prophylaxis (PrEP); universally available testing and treatment (“test and treat”); and elimination of persistent HIV reservoirs – are still in the conceptual and testing phases, but they could have a dramatic effect on the pandemic if they are effective and applied together.

PrEP involves testing whether giving a daily dose of antiretroviral therapy to people who are not infected with HIV, but are at high-risk of becoming infected, can prevent HIV infection. This strategy is based on the concept that blocking HIV's replication immediately after exposure to the virus may prevent infection. This approach is currently being tested in several, different clinical trials, including the Pre-Exposure Prophylaxis Initiative (iPrEX) Study, a Phase III trial with 3,000 participants enrolled at domestic and international sites.

The second component of this effort involves voluntary HIV testing that is available to everyone regardless of risk status and immediate treatment for those who test positive, a strategy referred to as “test and treat.” In the June 10, 2009, issue of the *Journal of the American Medical Association*, NIAID leadership outlined a research path to address the question of whether a global program of universal, voluntary, annual HIV testing and treatment for those who test positive would effectively extinguish the HIV pandemic. New modeling suggests that this approach could potentially reduce the rate of new infections from 20 to less than one person per 1,000 people per year. Before this approach can be implemented, however, research needs to address the strategy's feasibility, efficacy, cost-effectiveness, and benefits to individual patients and society. Two ongoing clinical studies will help to determine whether we can identify and enroll high-risk individuals into clinical trials.

The third component involves research to understand how HIV establishes and maintains latent pockets of virus; findings will inform our efforts to control and eliminate these reservoirs of latent virus, potentially curing people of HIV. In April 2009, NIAID released a new Program Announcement soliciting applications for studies aimed at fully understanding the latent HIV reservoirs that are not affected by antiretroviral therapy. This PA focuses on developing models and assays that can be used to design and evaluate methods to eradicate reservoirs of HIV.

PROGRAM PORTRAIT of a Program: Strategies to Manage and Prevent Food Allergies

FY 2010 Level \$16.0 million

FY 2011 Level \$16.5 million

Change \$ +0.5 million

In the United States, food allergies affect approximately five percent of children under 5 years of age, and about four percent of adults. Each year, food allergies cause an estimated 30,000 episodes of anaphylaxis, a rapid onset, severe, and potentially life-threatening allergic reaction, and are the most common cause of anaphylaxis-related emergency room visits. The prevalence of food allergies, especially peanut allergy, is increasing: the number of young people diagnosed with food allergy increased by 18 percent in the last decade. Through support for basic, translational, and clinical research, NIAID, the Nation's principal sponsor of food allergy research, is working to identify ways to prevent, diagnose, and manage food allergy. Because food allergy is thought to result from a loss of the immune system's tolerance to food, several NIAID research programs are aimed at understanding the mechanisms underlying food allergy. In addition, NIAID-supported clinical trials in food allergic individuals are designed to reset the body's immune response so that it no longer triggers allergic reactions to foods including egg, milk, and peanuts. One NIAID trial is testing whether early and regular consumption of a peanut snack by infants and very young children at risk of developing peanut allergy will prevent its development. Other studies are evaluating the natural history of food allergy development in infants at high-risk of developing food allergy and in children with asthma who live in the inner city because children with food allergy are 2-4 times more likely to have asthma than children without food allergy. Likewise, children in the inner-city are disproportionately affected by asthma. Additional studies are testing the relationship of atopic dermatitis and food allergy.

Food allergy is studied by a small cadre of investigators. To encourage investigators to enter the field, the initiative known as Exploratory Investigations in Food Allergy Research funds awards to support innovative pilot studies on food allergy. A stated aim of the initiative is to encourage researchers new to food allergy research to apply. All of the awards were made to investigators new to the field. In FY 2011, NIAID will fund awards made under the FY 2010 recompetition of the initiative. In FY 2010, NIAID will renew a program that supports genetic and natural history studies and clinical trials to evaluate new therapeutic strategies for food allergy, food allergy-associated eosinophilic gastrointestinal diseases, and food allergy-associated anaphylaxis. NIAID is working with more than 30 professional organizations, Federal agencies, and advocacy groups to develop clinical guidelines for the diagnosis and management of food allergy. Draft guidelines will be available for public comment in early 2010, and final guidelines are anticipated in spring 2010.

Recovery Act Implementation

Recovery Act Funding: \$1.113 million

In FY 2009, NIAID received \$1.113 million under the Recovery Act. Of this amount, \$550.5 million was obligated in FY 2009 and \$562.8 million will be obligated in FY 2010. These funds are helping to advance research in multiple scientific areas, including HIV/AIDS, biodefense, emerging infectious diseases, and immunology and immune-mediated diseases. A portion of this funding has been instrumental in launching or advancing four “Signature Projects”: *Stopping the HIV Pandemic, Biodefense and Emerging Infectious Diseases: New People and New Projects for the Regional Centers of Excellence (RCEs)*, *Biodefense and Emerging Infectious Diseases: Developing Partnerships to Translate Research into New Products*, and *Protection of Human Health by Immunology and Vaccines*. As part of the *Stopping the HIV Pandemic* project, NIAID issued a new program announcement – Basic Research on HIV Infection – to encourage research aimed at curing HIV infection by eliminating persistent reservoirs of the virus not affected by antiretroviral therapy.

Two Signature Projects in biodefense and emerging infectious diseases are using ongoing innovative programs to accelerate research opportunities in this area of study. The “*New People and New Projects for the Regional Centers of Excellence (RCEs)*” project is using the innovative structure of the RCEs – which currently has 11 sites located strategically around the Nation – to bring new investigators into this area of research. Through the “*Developing Partnerships to Translate Research into New Products*” project, NIAID is funding collaborative projects with academia and industry to advance promising products against bioterrorist threats and emerging infectious diseases, including vaccines, therapeutics, and medical diagnostics. The “*Protection of Human Health by Immunology and Vaccines*” project is using recovery act funding to start a new program in 2010 that was originally slated to begin in 2011. Through a new RFA, NIAID is soliciting projects to characterize the nature of the protective immune response in humans using modern tools – such as genomics and proteomics – and other modern technologies – including systems biology approaches.

In addition, NIAID is using a large portion of stimulus funds to award high-quality peer-reviewed grants that would otherwise not have been funded because of budget constraints and to provide additional supplemental funding to existing projects. These funds have enabled investigators at universities and other research institutions to hire or retain staff, purchase needed equipment, and start or continue vital research. ARRA funding is supporting projects to identify and develop malaria vaccine candidates and preventative drugs/compounds; projects focused on advancing treatments, diagnostics and vaccine research in tuberculosis; research in autoimmune diseases such as type I diabetes, multiple sclerosis, rheumatoid arthritis and inflammatory bowel disease; and several projects in basic HIV vaccine discovery and development. ARRA-supported projects not only focus on causes, treatments and therapeutics for specific diseases but also involve research on understanding the basic mechanisms and components of the immune system and immune response.

NATIONAL INSTITUTES OF HEALTH
National Institute of Allergy and Infectious Diseases

Budget Authority by Object

	FY 2010 Estimate	FY 2011 PB	Increase or Decrease	Percent Change
Total compensable workyears:				
Full-time employment	1,703	1,780	77	4.5
Full-time equivalent of overtime and holiday hours	5	5	0	0.0
Average ES salary	\$172,172	\$174,583	\$2,411	1.4
Average GM/GS grade	12.2	12.2	0.0	0.0
Average GM/GS salary	\$97,789	\$99,158	\$1,369	1.4
Average salary, grade established by act of July 1, 1944 (42 U.S.C. 207)	\$91,587	\$92,870	\$1,283	1.4
Average salary of ungraded positions	133,954	135,829	1,875	1.4
OBJECT CLASSES	FY 2010 Estimate	FY 2011 Estimate	Increase or Decrease	Percent Change
Personnel Compensation:				
11.1 Full-time permanent	\$117,821,000	\$125,133,000	\$7,312,000	6.2
11.3 Other than full-time permanent	56,370,000	59,813,000	3,443,000	6.1
11.5 Other personnel compensation	6,165,000	6,545,000	380,000	6.2
11.7 Military personnel	4,375,000	4,644,000	269,000	6.1
11.8 Special personnel services payments	22,882,000	24,267,000	1,385,000	6.1
Total, Personnel Compensation	207,613,000	220,402,000	12,789,000	6.2
12.0 Personnel benefits	49,889,000	52,964,000	3,075,000	6.2
12.2 Military personnel benefits	2,841,000	3,016,000	175,000	6.2
13.0 Benefits for former personnel	0	0	0	0.0
Subtotal, Pay Costs	260,343,000	276,382,000	16,039,000	6.2
21.0 Travel and transportation of persons	8,919,000	9,380,000	461,000	5.2
22.0 Transportation of things	915,000	943,000	28,000	3.1
23.1 Rental payments to GSA	43,000	44,000	1,000	2.3
23.2 Rental payments to others	19,000	21,000	2,000	10.5
23.3 Communications, utilities and miscellaneous charges	3,395,000	3,640,000	245,000	7.2
24.0 Printing and reproduction	245,000	261,000	16,000	6.5
25.1 Consulting services	24,052,000	25,001,000	949,000	3.9
25.2 Other services	161,592,000	163,068,000	1,476,000	0.9
25.3 Purchase of goods and services from government accounts	491,882,000	512,398,000	20,516,000	4.2
25.4 Operation and maintenance of facilities	6,026,000	6,171,000	145,000	2.4
25.5 Research and development contracts	1,130,356,000	1,123,559,000	(6,797,000)	-0.6
25.6 Medical care	3,120,000	3,206,000	86,000	2.8
25.7 Operation and maintenance of equipment	7,377,000	7,633,000	256,000	3.5
25.8 Subsistence and support of persons	0	0	0	0.0
25.0 Subtotal, Other Contractual Services	1,824,405,000	1,841,036,000	16,631,000	0.9
26.0 Supplies and materials	46,284,000	47,414,000	1,130,000	2.4
31.0 Equipment	22,152,000	23,141,000	989,000	4.5
32.0 Land and structures	0	0	0	0.0
33.0 Investments and loans	0	0	0	0.0
41.0 Grants, subsidies and contributions	2,650,002,000	2,774,804,000	124,802,000	4.7
42.0 Insurance claims and indemnities	0	0	0	0.0
43.0 Interest and dividends	4,000	4,000	0	0.0
44.0 Refunds	0	0	0	0.0
Subtotal, Non-Pay Costs	4,556,383,000	4,700,688,000	144,305,000	3.2
Total Budget Authority by Object	4,816,726,000	4,977,070,000	160,344,000	3.3

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

NATIONAL INSTITUTES OF HEALTH
National Institute of Allergy and Infectious Diseases

Salaries and Expenses

OBJECT CLASSES	FY 2010 Estimate	FY 2011 PB	Increase or Decrease	Percent Change
Personnel Compensation:				
Full-time permanent (11.1)	\$117,821,000	\$125,133,000	\$7,312,000	6.2
Other than full-time permanent (11.3)	56,370,000	59,813,000	3,443,000	6.1
Other personnel compensation (11.5)	6,165,000	6,545,000	380,000	6.2
Military personnel (11.7)	4,375,000	4,644,000	269,000	6.1
Special personnel services payments (11.8)	22,882,000	24,267,000	1,385,000	6.1
Total Personnel Compensation (11.9)	207,613,000	220,402,000	12,789,000	6.2
Civilian personnel benefits (12.1)	49,889,000	52,964,000	3,075,000	6.2
Military personnel benefits (12.2)	2,841,000	3,016,000	175,000	6.2
Benefits to former personnel (13.0)	0	0	0	0.0
Subtotal, Pay Costs	260,343,000	276,382,000	16,039,000	6.2
Travel (21.0)	8,919,000	9,380,000	461,000	5.2
Transportation of things (22.0)	915,000	943,000	28,000	3.1
Rental payments to others (23.2)	19,000	21,000	2,000	10.5
Communications, utilities and miscellaneous charges (23.3)	3,395,000	3,640,000	245,000	7.2
Printing and reproduction (24.0)	245,000	261,000	16,000	6.5
Other Contractual Services:				
Advisory and assistance services (25.1)	24,052,000	25,001,000	949,000	3.9
Other services (25.2)	161,592,000	163,068,000	1,476,000	0.9
Purchases from government accounts (25.3)	274,256,000	280,854,000	6,598,000	2.4
Operation and maintenance of facilities (25.4)	6,026,000	6,171,000	145,000	2.4
Operation and maintenance of equipment (25.7)	7,377,000	7,633,000	256,000	3.5
Subsistence and support of persons (25.8)	0	0	0	0.0
Subtotal Other Contractual Services	473,303,000	482,727,000	9,424,000	2.0
Supplies and materials (26.0)	45,789,000	46,885,000	1,096,000	2.4
Subtotal, Non-Pay Costs	532,585,000	543,857,000	11,272,000	2.1
Total, Administrative Costs	792,928,000	820,239,000	27,311,000	3.4

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

Authorizing Legislation

	PHS Act/ Other Citation	U.S. Code Citation	2010 Amount Authorized	FY 2010 Enacted	2011 Amount Authorized	FY 2011 PB
Research and Investigation	Section 301	42§241	Indefinite	\$4,816,726,000	Indefinite	\$4,977,070,000
National Institute of Allergy and Infectious Diseases	Section 402(a)	42§281	Indefinite		Indefinite	
Total, Budget Authority				4,816,726,000		4,977,070,000

NATIONAL INSTITUTES OF HEALTH
National Institute of Allergy and Infectious Diseases

Appropriations History

Fiscal Year	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation 1/
2002	2,355,325,000	2,337,204,000	2,375,836,000	2,535,778,000
Rescission				(1,239,000)
2003	3,983,693,000	2,674,213,000	3,727,473,000	3,730,973,000
Rescission				(24,251,000)
2004	4,335,255,000	4,335,255,000	4,335,255,000	4,335,155,000
Rescission				(30,593,000)
2005	4,440,007,000	4,440,007,000	4,456,300,000	4,440,007,000
Rescission				(37,166,000)
2006	4,459,395,000	4,459,395,000	4,547,136,000	4,427,895,000
Rescission				(44,594,000)
2007	4,395,496,000	4,270,496,000	4,395,496,000	4,414,801,050
Rescission				0
2008	4,592,482,000	4,632,019,000	4,668,472,000	4,641,746,000
Rescission				(81,091,000)
Supplemental				22,689,000
2009	4,568,778,000	4,716,283,000	4,688,828,000	4,702,572,000
Rescission				0
2010	4,760,295,000	4,859,502,000	4,777,457,000	4,816,726,000
Rescission				0
2011	4,977,070,000			

1/ Reflects enacted supplementals, rescissions, and reappropriations.

NATIONAL INSTITUTES OF HEALTH
National Institute of Allergy and Infectious Diseases

Details of Full-Time Equivalent Employment (FTEs)

OFFICE/DIVISION	FY 2009 Actual	FY 2010 Estimate	FY 2011 PB
Office of the Director	322	321	332
Division of Allergy, Immunology, and Transplantation	78	78	83
Division of Microbiology and Infectious Diseases	155	155	163
Division of Acquired Immunodeficiency	143	143	151
Division of Extramural Activities	187	187	196
Division of Intramural Research	670	650	676
Vaccine Research Center	86	84	89
Division of Clinical Research	88	85	90
Total	1,729	1,703	1,780
Includes FTEs which are reimbursed from the NIH Roadmap for Medical Research			
FTEs supported by funds from Cooperative Research and Development Agreements			
	(2)	(2)	(2)
FISCAL YEAR	Average GM/GS Grade		
2007	12.0		
2008	12.0		
2009	12.2		
2010	12.2		
2011	12.2		

NATIONAL INSTITUTES OF HEALTH
National Institute of Allergy and Infectious Diseases

Detail of Positions

GRADE	FY 2009 Actual	FY 2010 Estimate	FY 2011 PB
Total, ES Positions	2	2	2
Total, ES Salary	336,208	344,344	349,165
GM/GS-15	133	130	132
GM/GS-14	355	347	352
GM/GS-13	239	234	249
GS-12	223	219	234
GS-11	170	167	167
GS-10	2	2	2
GS-9	75	74	86
GS-8	33	32	32
GS-7	47	46	46
GS-6	21	21	21
GS-5	3	3	3
GS-4	1	1	1
GS-3	3	3	3
GS-2	3	3	3
GS-1	4	4	4
Subtotal	1,312	1,286	1,335
Grades established by Act of July 1, 1944 (42 U.S.C. 207):			
Assistant Surgeon General	0	0	0
Director Grade	24	24	24
Senior Grade	13	13	13
Full Grade	3	3	3
Senior Assistant Grade	2	2	2
Assistant Grade	0	0	0
Co-Step	4	4	4
Subtotal	46	46	46
Ungraded	465	479	510
Total permanent positions	1,374	1,396	1,404
Total positions, end of year	1,825	1,813	1,893
Total full-time equivalent (FTE) employment, end of year	1,729	1,703	1,780
Average ES salary	168,104	172,172	174,583
Average GM/GS grade	12.2	12.2	12.2
Average GM/GS salary	95,478	97,789	99,158

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 2011		
	Grade	Number	Annual Salary
General Health Science	GS-15	2	\$123,758
General Health Science	GS-14	3	105,211
Medical Officer	GS-14	1	105,211
Nurse	GS-14	1	105,211
Medical Officer	GS-13	1	89,033
Nurse	GS-13	1	89,033
General Health Science	GS-13	8	89,033
Administrative	GS-13	3	89,033
Management/Program Analyst	GS-13	1	89,033
Operations Research	GS-13	1	89,033
General Health Science	GS-12	11	74,872
Public Health Program Spec.	GS-12	2	74,872
Financial Administration	GS-12	1	74,872
Budget Analyst	GS-12	1	74,872
Budget Analyst	GS-9	1	51,630
Administrative	GS-9	1	51,630
Biologist	GS-9	10	51,630
Biologist	AD	19	125,000
Medical Officer	AD	7	150,000
Chemist	AD	2	125,000
Total Requested		77	