

<b>REQUEST FOR RECORDS DISPOSITION AUTHORITY</b> <i>(See Instructions on reverse)</i>		LEAVE BLANK	
TO <b>GENERAL SERVICES ADMINISTRATION NATIONAL ARCHIVES AND RECORDS SERVICE, WASHINGTON, DC 20408</b>		JOB NO	N1-442-91-4
1 FROM <i>(Agency or establishment)</i> <b>Department of Health and Human Services</b>		DATE RECEIVED	2-1-91
2 MAJOR SUBDIVISION <b>Public Health Service</b>		NOTIFICATION TO AGENCY	
3 MINOR SUBDIVISION <b>Centers for Disease Control</b>		In accordance with the provisions of 44 U.S.C. 3303a the disposal request, including amendments, is approved except for items that may be marked "disposition not approved" or "withdrawn" in column 10. If no records are proposed for disposal, the signature of the Archivist is not required.	
4 NAME OF PERSON WITH WHOM TO CONFER <b>Johanna A. Bonnelycke PHS Records Management Officer</b>	5 TELEPHONE EXT <b>301-443-2055</b>	DATE <b>10/19/92</b>	ARCHIVIST OF THE UNITED STATES <i>[Signature]</i>
6 CERTIFICATE OF AGENCY REPRESENTATIVE			

I hereby certify that I am authorized to act for this agency in matters pertaining to the disposal of the agency's records, that the records proposed for disposal in this Request of 4 page(s) are not now needed for the business of this agency or will not be needed after the retention periods specified, and that written concurrence from the General Accounting Office, if required under the provisions of Title 8 of the GAO Manual for Guidance of Federal Agencies, is attached

A GAO concurrence  is attached, or  is unnecessary

B DATE <b>1/28/91</b>	C SIGNATURE OF AGENCY REPRESENTATIVE <i>[Signature]</i>	D TITLE <b>HHS Records Management Officer</b>
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7 ITEM NO	8 DESCRIPTION OF ITEM <i>(With Inclusive Dates or Retention Periods)</i>	9 GRS OR SUPERSEDED JOB CITATION	10 ACTION TAKEN <i>(NARS USE ONLY)</i>
	Family of HIV Surveys data base.		

*sent to Agency 10/20/92 MW Copied out to NSR, NSX, NCF, NIA 10/28/92*

## HIV/AIDS SURVEILLANCE DATA BASE

### National Center for Infectious Diseases

Plans, directs, and coordinates a national program to improve the identification, investigation, diagnosis, prevention, and control of infectious diseases.

### Division of HIV/AIDS

(1) Conducts national surveillance of infectious diseases and other illnesses associated with human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS); (2) conducts epidemiologic and laboratory investigations, and studies to determine risk factors and transmission patterns of HIV/AIDS; (3) develops recommendations and guidelines on the prevention and control of HIV/AIDS; (4) evaluates prevention and control activities in collaboration with other CDC components; (5) provides epidemic aid, epidemiologic and surveillance consultation, and financial assistance for HIV/AIDS surveillance activities to State and local health departments; (6) provides consultation to other PHS agencies, medical institutions, and private physicians; (7) provides information to the scientific community through publications and presentations; (8) develops and evaluates laboratory methods and procedures for the isolation, characterization, pathogenesis, and serodiagnosis of HIV; (9) provides reference laboratory services and assists in standardizing and providing reference reagents; (10) assists in providing training to national and international public health laboratorian; (11) serves as the World Health Organization (WHO) Collaborating Center on HIV/AIDS for epidemiology, surveillance, and laboratory consultation.

### 1. HIV/AIDS SURVEILLANCE DATA BASE, OMB No. 0920-0009

Contains demographic, exposure group, clinical, and laboratory data on persons with HIV infection, severe HIV disease or diagnosed with AIDS, reported to state and local health departments and shared on a voluntary basis, under an assurance of confidentiality, with the CDC HIV/AIDS surveillance system. The 50 State health departments along with health departments in Washington D.C., Puerto Rico, the U.S. Virgin Islands and selected Pacific island nations participate in the data collection system. The data are used without identifiers for statistical summaries and research by USPHS scientists to help understand and control the spread of HIV/AIDS.

Objectives of the system are (1) to provide Federal, State and local officials with information on the number of individuals diagnosed with HIV infection, severe HIV disease, and AIDS; (2) to describe the demographic, exposure group, clinical and laboratory characteristics of those individuals; (3) to identify patterns of HIV/AIDS in different populations and geographic regions; (4) to describe trends in the epidemic; (5) to provide a basis for projecting the future course of the HIV/AIDS epidemic and the need for health services; (6) to provide a framework for development and evaluation of HIV/AIDS prevention strategies; (7) to assist in the allocation for resources; and (8) to educate health professionals and the public.

Information in the surveillance system that would permit identification of any individual on whom a record is maintained, is collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated in the reporting forms, and will not be otherwise disclosed or released without the consent of the individual in accordance with Sections 306 and 308 (d) of the Public Health Service Act (42 USC 242K and 252m(d)). Access to the CDC HIV surveillance data base is limited to members of the Division of HIV/AIDS performing activities or analysis supporting public health activities. In particular, no CDC HIV/AIDS Surveillance information that could be used to identify any individual on whom a record is maintained, will be disclosed to the public, parties involved in civil, criminal, or administrative litigation, or nonhealth agencies of the Federal, State, or local governments.

a. INPUT FORMS

- (1) Initial group of input forms returned to CDC, 1981 only. These forms will be retained as documentation of CDC's initial HIV/AIDS surveillance activities.

Disposition: PERMANENT--Transfer immediately to the Atlanta Federal Records Center. Transfer to the National Archives when thirty (30) year old. (Supersedes accession number 442-90-0125, box number 1 of 97 boxes, Atlanta Federal Records Center.)

Rate of Accumulation: Closed series.

Volume on Hand: Less than one cubic foot.

- (2) Hard copy forms, circa 1981-89, exclusive of those identified below. (Supersedes accession number 442-90-0125, box number 2 through 97 of 97 boxes, Atlanta Federal Records Center.)

Disposition: Transfer immediately to the Atlanta Federal Records Center. Destroy when twenty (20) years old.

- (3) Selective sample of hard copy input forms, 1981-present. A sample of blank forms used to collect case report information will be retained to document the evolution of the HIV/AIDS surveillance data collection system.

Disposition: PERMANENT--Transfer to the National Archives in blocks of ten (10) years when the most recent record in the block is twenty years old (i.e., transfer 1981-1991 in 2001).

Rate of Accumulation: Negligible.

Volume on Hand: Less than one cubic foot.

- (4) Input data on HIV/AIDS, transferred to CDC in electronic form (on floppy disk via electronic transfer).

Disposition: Erase data after it has been entered electronically and verified or when no longer needed for administrative purposes whichever is sooner.

b. DATA CONTAINED ON HIV SURVEILLANCE DATA BASE (FULL UNEDITED MICRO LEVEL DATA).

Disposition: PERMANENT--Transfer a "snapshot" copy of the HIV Surveillance master file to the National Archives at five (5) year intervals, when the newest record is five (5) years old. The first transfer will occur in 1992. (NOTE: the data will be transferred to the Archives on tapes formatted in accordance with regulations noted in 36 CFR 1228.188, Transfer of Machine-readable Records to the National Archives.) The data on these tapes are not releasable to the public under the Freedom of Information Act, as amended, 1986, 5 USC 552(b) (6) which prohibits release of personal and medical files and similar files, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy. Release to the general public is also prohibited under an assurance of confidentiality, which specifies that any

information in the surveillance system that would permit identification of any individual on whom a record is maintained, must be held in strict confidence, used only for purposes stated in the reporting forms, and not be otherwise disclosed or released without the consent of the individual in accordance with Sections 306 and 308 (d) of the Public Health Service Act (42 USC 252K and 252m(d)).

Rate of Accumulation: Negligible.

Volume on Hand: Less than one cubic foot

c. DOCUMENTATION OF MASTER FILE

Includes such material as code books, records layouts, and other documentation used to read and interpret the data maintained on the master file.

Disposition: PERMANENT--Transfer in conjunction with the transfer of electronic records under b. above.

Rate of Accumulation: Negligible

Volume on Hand: Less than one cubic foot.

d. OUTPUTS

- (1) AIDS Public Information Data Set (PIDS) is created by the CDC and consists of microcomputer diskettes and documentation. The PIDS diskettes are updated semiannually, in January and July and contains a single data file of 38 variables extracted from the National HIV/AIDS Surveillance Data Base (item b. above). A set of frequency tables and cross tabulations of 8 variables are also included. There is one set of tables for the entire United States and one set for each Metropolitan Statistical Area (MSA) with 500,000 or more population. (Note: HIV/AIDS statistics for metropolitan areas of less than 500,000 are not released to the public in accordance with the assurance of confidentiality.)

Disposition: PERMANENT--Transfer one copy of the PIDS to the National Archives on an annual basis (the first transfer will include all previously released data sets).

Rate of Accumulation: Negligible.

Volume on Hand: Less than one cubic foot.

- (2) System Documentation HIV/AIDS Public Information Data Set--Includes pertinent information regarding data set specifications, variable names and column layouts for each file, and hard copy version of relevant code book.

Disposition: PERMANENT--Transfer in conjunction with the transfer of electronic records under item d(1) above.

Rate of Accumulation: Negligible.

Volume on Hand: Less than one cubic foot.

- (3) HIV/AIDS Surveillance Publications of data maintained in the HIV/AIDS Surveillance Data Base, including the HIV/AIDS Surveillance Report and other relevant special publications, etc.

(a) Record Copy of Publications

Disposition: PERMANENT--Transfer to the Atlanta Federal Records Center in five (5) year blocks when five (5) years old. Transfer to the National Archives in five (5) year blocks when ten (10) years old (i.e., offer 1991-1995 in 2005).

Rate of Accumulation: Negligible.

Volume on Hand: Less than one cubic foot.

(b) Publication Background Material

Consist of routine, nonrecord material such as rough drafts, notes, and reference material which do not contain substantive documentation/data or contain duplicate documentation/data which has been incorporated into the publication.

Disposition: Destroy 90 days after publication (Note: Substantive background records such as questionnaires received from other sources; tabular summaries not duplicated in the publication; and documents which contain research procedures, policies, techniques, and formulae are not covered by this item. For the disposition of these records refer to the CDC Records Control Schedule, B-321, item 78, Research Working Papers).

Center for Infectious Diseases

Plans, directs, and coordinates a national program to improve the identification, investigation, diagnosis, prevention, and control of infectious diseases.

Division of HIV/AIDS

(1) Conducts national surveillance of infectious diseases and other illnesses associated with human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS), and sentinel surveillance of HIV infection; (2) conducts national and international surveillance, epidemiologic and laboratory investigations, and studies to determine risk factors and transmission patterns of HIV/AIDS; (3) develops recommendations and guidelines on the prevention and control of HIV/AIDS; (4) evaluates prevention and control activities in collaboration with other CDC components; (5) provides epidemic aid, epidemiologic and surveillance consultation, and financial assistance for HIV/AIDS surveillance activities to State and local health departments; (6) provides consultation to other PHS agencies, medical institutions, and private physicians; (7) provides information to the scientific community through publications and presentations; (8) conducts laboratory investigations and studies of the syndrome and the retrovirus associated with its cause; (9) develops and evaluates laboratory methods and procedures for the isolation, characterization, pathogenesis, and serodiagnosis of HIV; (10) provides reference laboratory services and assists in standardizing and providing reference reagents; (11) assists in providing training to national and international public health laboratorians; (12) serves as the World Health Organization (WHO) Collaborating Center on HIV/AIDS for epidemiology, surveillance, and laboratory consultation.

*Superseded*

1. FAMILY OF HIV SURVEYS (Proposed Schedule)

Data are collected and managed on HIV prevalence through the CDC national HIV seroprevalence surveys as part of a system to monitor the epidemic of human immunodeficiency virus in the US and target and evaluate prevention activities. This is done in collaboration with State and local health departments, other Federal agencies, and medical research institutions. The objectives are (1) to provide State and local health officials with information on the levels and trends of HIV infections in various local population groups at potential risk; (2) to indicate on a regional and national level changes over time in the prevalence and incidence of infection in the various behavioral, demographic, and geographic subgroups of the population; and (3) to indicate the magnitude and extent of HIV infection by demographic and behavioral subgroup and by geographic area to assist in projecting the number of children and adults who will develop HIV-associated morbidity/mortality and who will require medical care. Surveys are conducted in various geographic areas in selected clinical settings:

- Sexually Transmitted Disease Clinics
- Drug Treatment Centers
- Women's Health Clinics
- Tuberculosis Clinics
- University Health Centers (conducted in collaboration with the American College Health Association)
- Childbearing Women (conducted in collaboration with the National Institute of Child Health and Human Development)
- Civilian Applicants for Military Service
- Blood Donors (conducted in collaboration with the American Red Cross and other major blood collection agencies)
- Job Corps Entrants (program administered by the US Department of Labor)
- Sentinel Hospital Patients
- National Clinical Laboratory Survey
- Alaskan Natives and American Indians
- Homeless Populations
- Prison Populations

*Supplied*

a. INPUT DATA

Data are received in both electronic (floppy diskettes) and hard copy form.

Disposition: Destroy upon verification of data in data base or when no longer needed for administrative purposes, whichever is sooner.

b. FAMILY OF HIV SURVEYS (MASTER FILE) (FULL UNEDITED MICROLEVEL DATA)

Each subsystem currently resides in its own data base, to comply with Center for Electronic Records, National Archives and Records Administration (NARA), specifications, a master tape, formatted in accordance with regulations noted in 36 CFR 1228.188, Transfer of machine-readable records to the National Archives, will be prepared for transfer containing all data sets.

Disposition: PERMANENT--Transfer a copy of data tape to the Center for Electronic Records every five (5) years. The first transfer will include all previous data sets. Information in the system that would permit identification of any individual or establishment is collected with a guarantee that it will be held in confidence, will be used only for purposes stated in reporting forms, and will not be otherwise disclosed or released without the consent of the individual or the establishment in accordance with Sections 306 and 308(d) of the Public Health Service Act (42 USC 242K and 252m, (d)). Access to the data set is limited to members of the Division of HIV/AIDS performing activities or analysis supporting public health activities. Appeal is to the Director, Division of HIV/AIDS, CID, or Director, CDC. No information will be disclosed to the public, parties involved in civil, criminal, or administrative litigation, or non-public-health agencies of the Federal, State, or local government.



Rate of Accumulation: Negligible.

Volume on Hand: Less than one cubic foot.

c. DOCUMENTATION OF MASTER FILE

Disposition: PERMANENT--Transfer in conjunction with the transfer of electronic records under b. above.

Rate of Accumulation: Negligible.

Volume on Hand: Less than one cubic foot.

d. OUTPUTS

Annual report (National HIV Seroprevalence Surveys--Summary of Results) and manuscripts for peer-reviewed scientific journals.

Disposition:

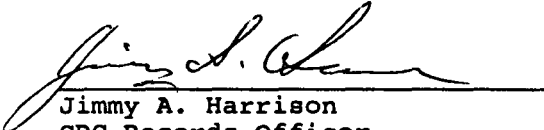
- (1) Record copy: PERMANENT--Transfer to the Federal Records Center when five (5) years old and offer to the National Archives when twenty (20) years old (disposition authority approved under CDC Records Control Schedule B-321, item 64).

Rate of Accumulation: Negligible.

Volume on Hand: Less than one cubic foot.

- (2) Other copies: Destroy when no longer needed for reference purposes.

Concurrence:

  
Jimmy A. Harrison  
CDC Records Officer

04/15/91  
Date

*Superseded*

Rate of Accumulation: Negligible.

Volume on Hand: Less than one cubic foot.

c. OUTPUTS

Annual report (National HIV Seroprevalence Surveys--Summary of Results) and manuscripts for peer-reviewed scientific journals.

Disposition:

- (1) Record copy: PERMANENT--Transfer to the Federal Records Center when five (5) years old and offer to the National Archives when twenty (20) years old (disposition authority approved under CDC Records Control Schedule B-321, item 64).

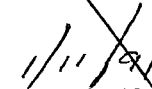
Rate of Accumulation: Negligible.

Volume on Hand: Less than one cubic foot.

- (2) Other copies: Destroy when no longer needed for reference purposes.

Concurrence:

  
\_\_\_\_\_  
Jimmy A. Harrison  
CDC Records Officer

  
\_\_\_\_\_  
Date

*SUPER SEDES*