

NOTICE - SOME ITEMS SUPERSEDED OR OBSOLETE

Schedule Number: N1-442-91-009

Some items in this schedule are either obsolete or have been superseded by new NARA approved records schedules. This information is accurate as of: 7/31/2023

ACTIVE ITEMS

These items, unless subsequently superseded, may be used by the agency to disposition records. It is the responsibility of the user to verify the items are still active.

All items except those listed below are active

SUPERSEDED AND OBSOLETE ITEMS

The remaining items on this schedule may no longer be used to disposition records. They are superseded, obsolete, filing instructions, non-records, or were lined off and not approved at the time of scheduling. References to more recent schedules are provided below as a courtesy. Some items listed here may have been previously annotated on the schedule itself.

Items 5 & 14 are superseded by N1-442-09-001 Bucket 1

Item 13 is superseded by N1-442-09-001 Bucket 2

Item 9 is superseded by N1-442-09-001 Bucket 3

Item 1-4, 6, & 10 are superseded by N1-442-09-001 Bucket 4

NOTICE - SOME ITEMS SUPERSEDED OR OBSOLETE

NATIONAL CENTER FOR PREVENTION SERVICES (NCPS)

Plans, directs, and coordinates national programs of assistance involving preventive health services to state and local health agencies and maintains liaison with other U.S. Governmental agencies, state and local health agencies, national organizations, and educational institutions.

OFFICE OF THE DIRECTOR

Manages, directs, and coordinates the activities of the National Center for Prevention Services (NCPS) and provides leadership and guidance in policy formulation, program planning and development, program management, and operations of the National Center for Prevention Services.

1. Tuskegee Study Billing Tracking System Database (TSBTS), 1989 to the Present

This database contains billing records of Tuskegee Study Health Benefits Recipients and their beneficiaries. Personal data identifiers are used to track recipient payments. The primary purpose of the system is to automate the recording of money paid on claims submitted by beneficiaries of the Tuskegee Health Benefits Program (THBP). Information from invoices submitted by vendors for services and goods provided for beneficiaries is entered into the tracking system and validated against the THBP master file. Information in the system that would permit identification of any individual is collected with a guarantee that it will be held in confidence. The system conforms with the system of records notice for THBP disclosure, Federal Register Notice, Vol. 51, No. 226, (Privacy Act System of Records, 09-20-0096)

a. Input Forms

Hard copy forms. Currently, billing data on beneficiaries are received from a variety of health care and service providers, to include, but not limited to, physicians, pharmacists, skilled nursing services, et al. These invoices are processed and maintained at the CDC headquarters for input into the electronic database.

Disposition: Destroy hard copies when no longer needed for administrative purposes.

b. Data Contained on the Master File. The database contains personal identifier information to include, but not limited to, patient names, social security numbers, patient status, cost accounting number, date of birth, location by state, living arrangement, date of death, invoice number, type of service, etc. The TSBTS master file is menu-driven and consists of two major components: an expense data file component and a beneficiary data file component. The expense data file is validated against the beneficiary data file component from which

reports and beneficiary status information are generated. The system currently contains records that were initially entered into the system on October 1, 1989. Financial summaries from 1972 to present are also contained in the system.

Disposition: Destroy when no longer needed for legal or administrative purposes.

c. Outputs

- (1) Quarterly and annual reports generated from tracking data.

Disposition: PERMANENT--Transfer to the Federal Records Center (FRC) in five year blocks when five years old. Transfer to the National Archives in five year blocks when 10 years (i.e., transfer 1989-1994 in year 2004.)

- (2) Special reports.

Disposition: PERMANENT--Transfer in conjunction with the transfer disposition described inec.(1) above.

DIVISION OF IMMUNIZATION

Administers research and operational programs for the prevention and control of vaccine preventable diseases; provides consultation, training, statistical, promotional, educational, epidemiological, and other technical services to assist and stimulate state and local health departments in the planning, development, implementation, and overall improvement of programs for the prevention, control, and eventual eradication of designated serious diseases for which effective immunizing agents are available; and supports a nationwide framework for effective surveillance of designated diseases for which effective immunizing agents are available.

2. Vaccine Doses Administered Quarterly Report System Database 1980 to Present

This database contains records of the number of doses of vaccine administered by antigen and age in a spreadsheet format. In addition, the system provides data from public providers using public sector vaccines. The primary purpose of the system is to provide a method for vaccine accountability by age and antigen. These data are submitted to CDC headquarters in Atlanta by 63 immunization projects for input into the Vaccine Doses Administered Quarterly Report System Database.

a. Input Forms

Data are collected on CDC Form 10.30-1, Quarterly Report of Doses of Public Sector Vaccine Administered by Public and Private Providers. The form contains information on the project area, reporting period, type of vaccine, doses, age group category, and whether the provider was public or private. CDC officials receive the form by the 30th of the month following the close of the calendar quarter. Data are input into the computer system and hard copies are distributed to administrative and financial units for control and verification.

Disposition: Destroy hard copy forms when three years old.

b. Data Contained on the Master File

The database contains vaccine doses administered information by individual immunization project and private sector provider. The data contained in the file are used for accounting purposes to reconcile total doses administered in a calendar quarter. The system provides usage figures by vaccine type and age group. Information in the file is generally used for Congressional requests and budgeting purposes at the Division of Immunization level.

Disposition: Destroy when no longer needed for administrative purposes.

c. Outputs

Quarterly, annual, and special reports of total vaccine doses administered and usage figures by vaccine type and age group. Reports internal to the Division of Immunization and special statistical analyses performed at the request of Congress, immunization projects, and other need-to-know persons.

Disposition: Destroy hard copies when no longer needed for current business.

3. Vaccine Inventory/Ordering System Database, 1983 to Present

This database contains federal vaccine contract purchase information, and state/local immunization project information on type, quantity (doses) shipped by the vaccine contractor. The primary purpose of the system is to monitor the quantity of vaccine purchases for public use and the expenditures for these purchases. The database also permits processing of vaccine requisitions for purchasing vaccine for grantees. These data are submitted to CDC headquarters in Atlanta by the 63 immunization projects for input into the Vaccine Inventory/Ordering System Database.

a. Input Forms

Data are collected on CDC Form 10.10, Requisition, Delivery Order and Receiving Report for Shipment of Vaccine. The form contains information on the date, date delivery desired, requisition number, doses description, quantity, and unit size. Shipping information and an authorizing project director signature is also included. CDC officials record the vaccine balance for the project on the form. Data are input into the computer system and hard copies are distributed to administrative and financial units for control and payments, respectively.

Disposition: Destroy hard copy forms when three years old.

b. Data Contained on the Master File

The database contains vaccine purchase information by individual project. The data contained in the file are used for accounting purposes to monitor total doses and funds to be allotted for purchasing additional doses in the future. Information in the file is generally used for Congressional requests and budgeting purposes at the Division of Immunization level.

Disposition: Destroy when no longer needed for administrative purposes.

c. Outputs

Quarterly, annual, and special reports of total vaccine doses administered and usage figures by vaccine type and age group. Reports internal to the Division of Immunization and special statistical analyses performed at the request of Congress, immunization projects, and other need-to-know persons.

Disposition: Destroy hard copies when no longer needed for current business.

DIVISION OF QUARANTINE

Administers a national quarantine program to protect the United States against the introduction of diseases from foreign countries; develops, reviews, and evaluates operations in the United States and abroad involving the administration of alien medical examination activities; conducts a continuing review of medical screening procedures to assure the most effective application of current medical practices; works cooperatively and in concert with other Federal and international agencies, voluntary agencies, and foreign governments, both in the United States and abroad, in efficiently administering the alien medical screening program; and provides coordination and liaison with state and local health departments on the followup of aliens with serious disease and mental problems.

4. Alien Tuberculosis Tracking/Follow-up System Database, 1982 to Present

This database contains medical history information of immigrant aliens with Tuberculosis (TB). The primary purpose of the system is to track follow-up procedures for aliens arriving in the United States who have been diagnosed with TB prior to entering this country. Data on the aliens are collected at seven quarantine stations operated by CDC. These data are transferred to CDC headquarters in Atlanta for input into the Alien Tuberculosis Tracking/Follow-up System Database.

a. Input Forms

- (1) Hard copy forms. Currently data on aliens are collected on CDC Form 75.18, "Report On Alien With Tuberculosis Waiver" and CDC Form 75.17, "Report On Alien With Tuberculosis Not Considered Active." These forms are maintained at individual quarantine stations. Some stations forward the forms to CDC headquarters for input into the data base while others transmit the data only in electronic form.

Disposition: Destroy when two years old.

- (2) Data from Hard copy forms transferred to CDC electronically. Some quarantine stations transfer data from the above forms described under 4.a.(1) in electronic form.

Disposition: Destroy when two years old.

- b. Data Contained on the Master File. The database contains personal alien identifier information, immunization data, serologic data, TB treatment status, and medical screening information on the individual alien. Data are maintained in and transmitted to CPS in electronic form and occasionally in hard copy form, manipulated on mainframe, and backed up on computer tape.

Disposition: Computer file maintained four years at CDC. Destroy data when four years old.

c. Outputs

- (1) Bi-monthly tracking list of refugees with no report of follow-up.

Disposition: Destroy hard copies when no longer needed for current business.

- (2) Quarterly reports of follow-up status by state.

Disposition: Destroy hard copies when no longer needed for current business.

5. Refugee Processing System Database

This database contains demographic and medical information collected from arriving refugees resettling in the U.S. Information is collected on hard copy forms for each arriving refugee. Medical information collected is made available to the proper federal, state, and local health authorities for appropriate follow-up. The primary purpose of the system is to maintain quality control of overseas medical examinations. The System also provides a quality control mechanism for overseas medical examinations on refugees resettling in the United States as well as a program management tool for the Division of Quarantine.

a. Input Forms

Documents consist of various data collection instruments that capture basic identifying information on refugees and immigrants after arrival in the United States. The Reception and Placement Program Assurance Form is the basic input document. Supplemental instruments are the Sponsorship Assurance Form and the Optional Form 157, "Medical Examination of Applicants For U.S. Visas." Hard copy information is also duplicated in micro-film.

(1) Hard Copies of Above Forms

Disposition: Cut off records after input into system and microfilming. Transfer to the FRC. Destroy when two years after cut off.

(2) Microfilm Copies of Form 157 and Attachments

Disposition: Destroy when no longer needed for administrative purposes.

b. Master File

Contains data records from 1979 to present in electronic form from a coding instrument periodically backed up on computer tape. Database contains core information on the immunization status, date of birth, medical and mental status, etc. of the refugee.

Disposition: PERMANENT--Transfer to the National Archives 1979 through present data immediately upon approval of this records control schedule, in accordance with 36 CFR 1228.488. Thereafter, transfer updates annually.

c. Documentation of Master File Records

Includes pertinent information regarding tape specification, variable names and column layouts for each file, and hard copy version of relevant code books.

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

d. Outputs

- (1) Monthly Report of Examinations Not Meeting Overseas Screening Guidelines.

Disposition: Destroy hard copies when no longer needed for current business.

- (2) Quarterly Briefing Reports.

Disposition: Destroy hard copies when no longer needed for current business.

DIVISION OF STD/HIV PREVENTION (STD/HIV)

In cooperation with other CDC components, administers operational programs for the prevention and control of sexually transmitted diseases (STD), including human immunodeficiency virus (HIV) infection; provides consultation, training, statistical, promotional, educational, epidemiological, and other technical services to assist state and local health departments in the planning, development, implementation, and overall improvement of STD/HIV prevention programs; supports a nationwide framework for effective surveillance of sexually transmitted diseases other than HIV; conducts clinical, behavioral, etiologic, and operational research into factors affecting the prevention and control of STD; provides technical supervision for CPS state and local assignees working on HIV or other STD control activities.

6. Surveillance Report of STD Activity (Form CDC 73.2127) Database, 1986 to Present

The contents of the database include quarterly surveillance summary data for the 52 United States and seven U.S. cities. The primary purpose of the system is to support and evaluate STD surveillance control efforts and use of the aggregate data collected as a basis for developing new intervention strategies. The system records the extent of the STD problem that occurs on an interstate basis thereby improving the effectiveness of STD intervention and prevention efforts. Data are collected on an OMB-approved hard copy form. The forms are mailed to CDC headquarters in Atlanta quarterly by the reporting sites for processing and input into the mainframe system. Copies are mailed to the appropriate DHHS Regional Office.

a. Input Forms

Data are collected on the "Surveillance Report of Sexually Transmitted Disease (STD) Activity," CDC Form 73.2127, on a quarterly basis. The form contains summary totals of interviews, partner referrals, and number of positive tests results by STD type. Data from the form is keypunched into the main computer database.

Disposition: Destroy hard copy forms when five years old.

b. Data Contained on the Master File.

The database contains aggregate surveillance data of STD by type for the 52 United States and seven cities. Aggregate totals include: reason for exam by patient (male/female/sexual partner)¶ reactive diagnosis (male/female)¶ test results, etc. The system contains data from 1986 to present. Data are maintained and manipulated on the CDC mainframe computer and backed up by computer tape.

Disposition: Destroy data when no longer needed for administrative or research purposes or when 30 years old, whichever comes first.

c. Documentation of Master File Records

Includes pertinent information regarding tape specification, variable names and column layouts for each file, and hard copy version of relevant code books.

Disposition: Maintain in conjunction with the master file records described under b. above.

d. Outputs

(1) Morbidity and Mortality Weekly Reports, STD Surveillance Reports, and the STD Annual Report

Manuscripts and Final Reports of Research Projects. Published and unpublished reports of completed research projects, including final reports of medical surveys and special studies connected with investigation, diagnosis, treatment or control of STDs. These reports document in summary form the findings and conclusions reached relative to scientific projects.

Disposition: PERMANENT--Transfer to the FRC when five years old and offer to National Archives when 20 years old in accordance with CDC Records Control Schedule B-321, item 64a. Destroy other copies when no longer needed for reference.

Volume on Hand - Negligible

Rate of Accumulation - Negligible

(2) Quarterly Data Summaries.

Disposition: PERMANENT--Transfer to the FRC when five years old and offer to National Archives when 20 years old in accordance with the CDC Records Control Schedule B-321, item 64a. Destroy other copies when no longer needed for reference.

7. Sexually Transmitted Disease Morbidity Report (Form CDC 73.688) Database, 1963 to Present

The contents of the database include quarterly sexually transmitted disease (STD) summary data for the 52 United States and 64 large U.S. cities. The report summarizes STD morbidity quarterly by reporting source (private and public medical sectors and military), by sex, by type of STD and by geographic area. The primary purpose of the system is to establish surveillance and epidemic control measures. Data are collected on an OMB-approved hard copy form. These forms are mailed to CDC headquarters in Atlanta quarterly by the reporting sites for processing and input into the mainframe system. Copies are mailed to the appropriate DHHS Regional Office.

a. Input Forms

Data are collected on the Sexually Transmitted Disease Report, Form CDC 73.688. The form contains total reported cases of diagnosed STD by type of disease, source of report, sex of patient, and city and state identification. Data from the form is keypunched into the main computer database.

Disposition: Destroy hard copy forms when five years old.

b. Data Contained on the Master File.

The database contains STD morbidity, aggregate data used for surveillance, evaluation, and quarterly/annual/special report preparation. The database contains summarized morbidity information collected since 1963. Data are maintained and manipulated on the CDC mainframe computer and backed up on computer tape.

Disposition: Destroy data when no longer needed for administrative or research purposes or when 30 years old, whichever comes first.

c. Outputs

(1) Morbidity and Mortality Weekly Reports, and Journal Publications

Disposition: PERMANENT--Transfer to the FRC when five years old and offer to National Archives when 20 years old in accordance with the CDC Records Control Schedule B-321, item 64a. Destroy other copies when no longer needed for reference.

(2) Quarterly Data Summaries, STD Surveillance reports, and the STD Annual Report.

Disposition: PERMANENT--Transfer to the FRC when five years old and offer to National Archives when 20 years old in accordance with the CDC Records Control Schedule B-321, item 64a. Destroy when no longer needed for current business.

8. Gonococcal Isolate Surveillance Project (GISP) Database, 1986 to Present

The database contains demographic, clinical, and microbial data on select male patients with symptomatic gonorrhea. In this system, 22 (sentinel) public health clinics, military installations, and ports of entry in the United States collect and submit gonococcal isolates monthly to four regional laboratories. Demographic and clinical data are mailed to the regional laboratory and to the CDC Data Manager. In addition, data from the clinic sites and regional laboratories can also be submitted to the CDC Data Manager encoded on computer disks. The primary purpose of the system is to monitor antimicrobial resistance in the gonococcus in the United States.

a. Input Forms

(1) Hard copy form. Documents consist of two data collection instruments: The Gonococcal Isolate Surveillance Project Demographic/Clinical Data Form and the Antimicrobial Susceptibility Data Report Form. Data collected include, but are not limited to, patient number, sex, race, symptoms, treatment (demographic form) and susceptibility tests results to penicillin G, tetracycline, erythromycin, and other antibiotics (antimicrobial susceptibility). Some feeder sites (clinics) forward the forms to the CDC Data Manager while others transmit the data only in electronic form.

Disposition: Destroy when five years old.

(2) Data in electronic form.

Disposition: Erase data when five years old.

- b. Data Contained on the Master File. The database contains demographic, clinical, and microbial data received each month from 22 sentinel clinics. Each clinic submits these data on the first 20 males with symptomatic gonorrhoea. The GISP was established in 1986 to monitor trends in antimicrobial susceptibilities of strains of *N. gonorrhoea* in the U.S. and to establish a rational basis for the selection of gonococcal therapies. Data from this project have been used to revise CDC's STD Treatment recommendations in 1989.

Disposition: Destroy data when no longer needed for administrative or research purposes or when 30 years old whichever comes first.

c. Outputs

- (1) Annual Gonococcal Isolate Surveillance Project Data Summary includes a summary of the data with the results from preceding years.

Disposition: PERMANENT--Transfer a record copy of these reports to the FRC in five year blocks when 10 years old. Transfer to the National Archives in five year blocks when 20 years old.

Volume on Hand: Negligible

Rate of Accumulation: Negligible

- (2) Annual Morbidity and Mortality Weekly Reports

Disposition: PERMANENT--Transfer to the FRC when five years old and offer to National Archives when 20 years old in accordance with CDC Records Control Schedule B-321, item 64a. Destroy other copies when no longer needed for reference.

- (3) Quarterly Data Summaries and journal articles

Disposition: Destroy hard copies when no longer needed for current business.

9. DeKalb STD Research Project - Genital Warts RX System Database

This database contains statistical information on 450 patients enrolled in a randomized clinical trial at a public STD clinic. The primary purpose of the system is to evaluate the efficacy of podophyllin, cryotherapy, and electro-desiccation for the treatment of genital warts. Data were collected on OMB-approved hard copy forms from eligible patients who were required to provide written informed consent of their voluntary participation in the research.

a. Input Forms

Hard copy form. Data were collected on a hard copy form that met the Human Subjects Review approval criteria. Appropriate standards of confidentiality were observed.

Disposition: Destroy hard copy forms when 10 years old.

- b. Data Contained on the Master File. The database contains clinical information on 450 patients with data from September 1984 to May 1986 maintained in electronic form that was regularly backed up on computer tape. Database also contains core information on the patient such as date of birth, sex/sexual preference, marital status, place of residence, genital warts treatment modality: podophyllin, cryotherapy, or electrodesiccation.

Disposition: Destroy data 10 years after completion of study or when no longer needed for research purposes, whichever comes first.

c. Outputs

Miscellaneous Journal Articles - articles published for various scientific journals including, "Treatment of external genital warts: a randomized clinical trial comparing podophyllin, cryotherapy, and electrodesiccation." Authors: K.M. Stone, T.M. Becker, A. Hadgu, S.J. Kraus, Genitourin Medicine, 1990; 66: 16-19.

Disposition: PERMANENT--Transfer to the FRC when five years old and offer to National Archives when 20 years old in accordance with CDC Records Control Schedule B-321, item 64a. Destroy other copies when no longer needed for reference.

10. Congenital Syphilis Follow up Database Base System (Form CDC 73.126) 1983 to Present.

This database contains individual case reports/statistical data of congenital syphilis (under one year of age), demographics, diagnosis and treatment results. The primary purpose of the system is to provide surveillance support, evaluate control efforts, and standardize collection methods to insure accurate diagnosis and treatment of congenital syphilis. Data are collected on an OMB-approved hard copy form. The CDC copy of the three part form is mailed to CDC headquarters within ten days after completion of the form. The data are then input into the system database.

a. Input Forms

Data are collected on the Congenital Syphilis Follow Up Form, CDC 73.426. The form contains information related to the child, i.e., delivering physician, race, age, treatment, etc., and the mother, i.e., prenatal care, prenatal serology, diagnosis made at delivery, etc. Data are input into the computer system.

Disposition: Destroy when five years old.

- b. Data Contained on the Master File. The database contains approximately 3,674 records with data from 1983 to present maintained in electronic form from a coding instrument regularly backed up on computer tape. The database contains aggregate totals of congenital syphilis cases for the U.S. and its territories. Data are maintained and manipulated on the CDC mainframe computer and backed up on computer tape.

Disposition: Destroy when no longer needed for administrative purposes.

c. Outputs

- (1) Morbidity and Mortality Weekly Reports, STD Surveillance Reports, and Annual Reports

Disposition: PERMANENT--Transfer to the FRC when five years old and offer to the National Archives when 20 years old in accordance with the CDC Records Control Schedule B-321, item 64a. Destroy other copies when no longer needed for reference.

- (2) Quarterly Data Summaries, journal publications, and special releases

Disposition: PERMANENT--Transfer to the FRC when five years old and offer to the National Archives when 20 years old in accordance with the CDC Records Control Schedule B-321, item 64a. Destroy other copies when no longer needed for reference.

11. Primary and Secondary Syphilis and Gonorrhea by Reporting Area, Sex and Age Group (Form CDC 73.638) Database, 1981 to Present

The database contains annual summary data for the 52 United States and seven U.S. cities. The data includes all civilian cases of primary and secondary, gonorrhea during the year by sex, race/ethnicity, and age group of the patient. The system summarizes morbidity for only two STD conditions, primary/secondary and gonorrhea listed on the Form, CDC 73.688, by the added variables, age and race. The morbidity STD data purposes are: to detect syphilis outbreaks, evaluate the effectiveness of program emphasis on early case-finding,

determine general achievement of the disease-prevention program, estimate the proportion of STD cases reported by physicians, and to prepare reports to Congress. Data are collected on an OMB-approved hard copy form. The forms are mailed to CDC headquarters in Atlanta annually by the reporting sites for processing and input into the mainframe system. Copies are mailed to the appropriate DHHS Regional Office.

a. Input Forms

Data are collected on the Report of Civilian Cases of Primary and Secondary Syphilis and Gonorrhea by Reporting Source, Sex, Race/Ethnicity, and Age Group, Form CDC 73.2638. The form contains total cases of gonorrhea and primary/secondary syphilis by the age, ethnicity, race, gender, and whether the information were reported by a public or private health care provider. Data from the form is keypunched into the main computer database.

Disposition: Destroy hard copy forms when five years old.

- b. Data Contained on the Master File. The database contains STD aggregate data counts of cases for all newly diagnosed cases, delayed reports of previously diagnosed cases not already reported, and grand totals of civilian cases for the year surveyed. Data are maintained and manipulated on the CDC mainframe computer and backed up by computer tape.

Disposition: Destroy data when no longer needed for administrative or research purposes or when 30 years old whichever comes first.

c. Documentation of Master File Records

Includes pertinent information regarding tape specification, variable names and column layouts for each file, and hard copy version of relevant code books.

Disposition: Maintain in conjunction with the transfer of electronic records under (b) above.

Volume on Hand - Negligible

Rate of Accumulation - Negligible

d. Outputs

(1) Morbidity and Mortality Weekly Reports, STD Surveillance Reports, and the Annual Reports

Disposition: PERMANENT--Transfer to the FRC when five years old and offer to National Archives when 20 years old in accordance with the CDC Records Control Schedule B-321, item 64a. Destroy other copies when no longer needed for reference.

Volume on Hand - Negligible

Rate of Accumulation - Negligible

(2) Quarterly Data Summaries, journal publications, and special releases

Disposition: PERMANENT--Transfer to the FRC when five years old and offer to National Archives when 20 years old in accordance with the CDC Records Control Schedule B-321, item 64a. Destroy when no longer needed for current business.

12. Surveillance Report of Early Syphilis and Resistant Gonorrhea Database, (Form CDC 73.098) - 1984 to Present

The database contains monthly summary data by county of early syphilis and resistant GC cases. Also contains summary statewide data for congenital syphilis for infants under one year old. Military cases of early syphilis and resistant GC are also reported. The primary purpose of the system is to establish surveillance and epidemic control measures for this type STD. Data are collected on an OMB-approved hard copy form. The forms are mailed to CDC headquarters in Atlanta monthly by the reporting sites for processing and input into the mainframe system. Copies are mailed to the appropriate DHHS Regional Office.

a. Input Forms

Data are collected on the Monthly Surveillance Report of Early Syphilis and PPNG Case Form CDC 73.098. The form contains total statewide cases (county-by-county) both military/civilian, and a breakdown of cases by five separate STD stages. Data from the form is keypunched into the main computer database.

Disposition: Destroy hard copy forms when five years old.

b. Data Contained on the Master File. The database contains STD aggregate data of early syphilis and Penicillinase-producing *N. gonorrhoea* (PPNG) cases within each state by individual county. Aggregate totals for the five stages, i.e., primary, secondary, PPNG, etc. of the two tracked

diseases are included in the report. The system contains approximately 120,000 records collected since 1984. Data are maintained and manipulated on the CDC mainframe computer and backed up by computer tape.

Disposition: Destroy when no longer needed for administrative or research value or when 30 years old, whichever comes first.

Volume on Hand - Negligible

Rate of Accumulation - Negligible

c. Documentation of Master File Records

Maintain in conjunction with data from the master file described under b. above.

d. Outputs

(1) Morbidity and Mortality Weekly Reports, STD Surveillance Reports, and the STD Annual Report

Disposition: PERMANENT--Transfer to the FRC when five years old and offer to National Archives when 20 years old in accordance with the CDC Records Control Schedule B-321, item 64a. Destroy other copies when no longer needed for reference.

Volume on Hand - Negligible

Rate of Accumulation - Negligible

(2) Quarterly Data Summaries, journal publications and special releases

Disposition: PERMANENT--Transfer to the FRC when five years old and offer to National Archives when 20 years old in accordance with the CDC Records Control Schedule B-321, item 64a. Destroy other copies when no longer needed for reference.

DIVISION OF TUBERCULOSIS ELIMINATION (DTBE)

Administers research and operational programs for the prevention and control of tuberculosis and other respiratory diseases; provides consultation, training, statistical, promotional, educational, epidemiological and other technical services to assist and stimulate state and local health departments in the planning, development, implementation and overall improvement of tuberculosis control programs; supports a nationwide framework for effective surveillance of tuberculosis; provides technical supervision to state and local assignees working on tuberculosis elimination activities.

13. Clinical Trials of Treatment and Diagnostic Methods for Tuberculosis

The Clinical Research Branch (CRB) of the Division of Tuberculosis Elimination, CPS, conducts a series of clinical trials of new tuberculosis treatment, preventive therapy, and diagnostic methods. Data are maintained on a series of trials that have been concluded and on a series of studies still collecting data. Analyses of the data from these trials are used for the development of policies and guidelines published by CDC, the publication of articles in professional journals and presentation at scientific meetings.

a. Input Records

Information is collected via hard copy forms and personal computer diskettes.

- (1) Hard copy forms. Most clinical trials generate data on hard copy forms generated specifically for each trial. Data are keyed on a personal computer and stored in personal computer database management files or maintained on the CDC mainframe computer.

Disposition: Transfer to FRC when no longer needed. Destroy when 20 years old. (Disposition approved in CDC Records Control Schedule B-321, Item 88.)

- (2) Computer Diskette. When hard copy forms are not required in a study, investigators are allowed to submit data on diskettes in a defined format. These files are uploaded to the master database for the study.

Disposition: Erase diskettes when no longer needed for administrative purposes.

b. Master database

Master databases are maintained for each clinical trial on the CDC mainframe as ADABAS/NATURAL and SAS system files, on the DTBE PC LAN, or on individual personal computers. Each master database is maintained in these files until publication of the study data is completed.

Disposition: Transfer copy of final master file database to the FRC when no longer needed for administrative purposes. Destroy when 20 years old.

c. Systems Documentation

Pertinent information regarding study specifications, file layouts, hard copy versions of the forms, and coding systems used with the data are maintained by DTBE/CRB until publication on the study data are completed.

Disposition: A copy of the above should be transferred with the data file when transferred to the FRC as described in b. above. Destroy in 20 years along with master database.

d. Outputs:

- (1) Schedules for patient visits, overdue data reports, missing/out of range data reports, and other administrative reports.

Disposition: Destroy administrative reports when no longer needed for administrative purposes.

- (2) Line listings, tabular and statistical summaries, graphical summaries and written reports and analysis of data.

Disposition: Transfer to the FRC when no longer needed for evaluation and analysis. Destroy when 20 years old unless needed for further study. (Disposition approved under CDC Records Control Schedule B-321, Item 88.)

- (3) Special reports and published and unpublished reports of completed research projects.

Disposition: PERMANENT--Transfer to the FRC when five years old and transfer to the National Archives when 20 years old.

14. National Tuberculosis Surveillance System

This system has been in operation since 1979. The system contains demographic and clinical information on verified cases of tuberculosis. No personal identifiers are collected. Data are submitted to the DTBE from 50 State Health Departments, New York City, the District of Columbia, and two U.S. territories. The database is used to produce an annual publication, "Tuberculosis Statistics in the United States," "Morbidity and Mortality Weekly Report" articles, and analyses for in-house presentations and professional meetings.

a. Input Documents

Information is collected via hard copy, electronic bulletin board, and magnetic tape.

- (1) Hard copy forms. Currently, data are collected on CDC Form 72.9 (formerly 7.43), Report of Verified Case of Tuberculosis. These data are keyed in via personal computer into a format that facilitates addition to the master database maintained on the CDC mainframe computer. The hard copies are stored in locked filing cabinets.

Disposition: Destroy when no longer needed.

- (2) Electronic Bulletin Board. Data are uploaded to CDC mainframe computer and added to master database. Hard copies of transmitted data are stored in locked filing cabinets.

Disposition: Delete transmitted files after adding to master database. Destroy hard copies when no longer needed.

- (3) Magnetic Tape. Data are extracted from tapes and added to master database. Printouts of contents on tapes are filed in locked filing cabinets.

Disposition: Return magnetic tapes to originator after contents added to master database. Destroy printouts when no longer needed.

b. Master Database

Historical database currently contains 176,857 files collected from 1979 to present. Current year data are maintained on an individual master database that is edited for correction and/or deletions. This database is added to the historical database when all data for current year are final.

- (1) Disposition (Current Year) Destroy after adding to master database.
- (2) Disposition (Master Database) PERMANENT--Transfer a "snapshot copy" of this data base to National Archives and Records Administration (NARA) in five year intervals (the first transfer of data will occur upon approval of this records control schedule). The tapes will be transferred to NARA formatted in accordance with regulations noted in 36 CFR 1228.188, Transfer of machine-readable records to the National Archives. Maintain backup on tape cartridge in DTBE. Backup on PC LAN hard disk.

c. System Documentation and Code Books

Disposition: PERMANENT--Transfer in conjunction with the transfer of master database records in b. (2) above.

Volume on Hand - Negligible

Rate of Accumulation - Negligible

d. Outputs

(1) Annual Publication

Disposition: PERMANENT--Transfer to FRC in five year blocks when the earliest record in the block is 10 years old. Transfer to the National Archives when 20 years old.

(2) Copies of Annual Publications

Copies will be kept to distribute to health departments and others who need information on tuberculosis in the United States.

Disposition: Destroy all remaining copies not distributed when no longer needed for administrative purposes.

(3) Merger with other databases

Subsets of the master database are often part of data sets collected for special investigations and research studies.

Disposition: Depending on the needs of the study, delete when no longer needed for administrative or research purposes. NOTE: Data sets which have exceptional scientific or historical interest should be brought to the attention of the CDC Records Officer for scheduling.

CDC Approvals

Anthony M. Scardaci /date 9/29/92
Anthony M. Scardaci
Assistant Director for Management
National Center for Prevention Services

Jimmy A. Harrison /date 9/30/92
Jimmy A. Harrison
Records Officer
Centers for Disease Control