INACTIVE - ALL ITEMS SUPERSEDED OR OBSOLETE

Schedule Number: N1-442-91-007

All items in this schedule are inactive. Items are either obsolete or have been superseded by newer NARA approved records schedules.

Description:

Superseded by N1-442-09-001 Bucket 1 and 4

Item 1 is listed under bucket 1 and 4, Item 2 is listed under Bucket 4

Date Reported: 7/26/2023 N1-442-91-007

INACTIVE - ALL ITEMS SUPERSEDED OR OBSOLETE

REQUEST FOR RECORDS DISPOSITION AUTHORITY (See Instructions on reverse)		JOB NO.	JOB NO. 1 ///2 O. M		
		N/	N1-44241-1		
GENERAL SERVICES ADMINISTRATION NATIONAL ARCHIVES AND RECORDS SERVICE, WASHINGTON, DC 20408		ľ	DATE RECEIVED 3-22-91		
1 FROM (Agency or establishment)		N	NOTIFICATION TO AGENCY		
Department of Health and Human Services 2 MAJOR SUBDIVISION Dublic Health Commission		the disposal re	In accordance with the provisions of 44 USC 3303a the disposal request, including amendments, is approved except for items that may be marked "disposition not		
Public Health Service MINOR SUBDIVISION Centers for Disease Control		approved" or	"withdrawn" in column or disposal, the signature of	10 If no records	
Johanna O. Bonnelycke PHS Records Management Officer 301-443-2055		10/29/21			
I hereby certify that I am authorized to act for that the records proposed for disposal in this Ragency or will not be needed after the retention Accounting Office, if required under the provise attached	lequest of 5 page page page page page page page page	ge(s) are not no nd that written	w needed for the but concurrence from	isiness of this the General	
A GAO concurrence is attached, or is					
3 20 91 Runtus Samu			nagement Office	r	
7 8 DES	8 DESCRIPTION OF ITEM (With Inclusive Dates or Retention Periods)		9 GRS OR SUPERSEDED JOB CITATION	10 ACTION TAKEN (NARS USE ONLY)	
HTLV-I/II Antibody present.	Evaluation Program Testing, and TLI	HIV-1, and	r Ma E ula		

STANDARD FORM 115 (REV 8-83) Prescribed by GSA FPMR (41 CFR) 101-11 4

PUBLIC HEALTH PRACTICE PROGRAM OFFICE (PHPPO)

PHPPO directs and coordinates the development of public health systems, laboratory systems, and training. PHPPO promotes the development, evaluation, approval and implementation of National Standards for laboratory practice to ensure that the quality of laboratory services is consistent with requirements for implementation of high priority prevention and control programs; interacts with public, private, academic, and voluntary sectors of the health community to develop and adopt public health practices and laboratory practices which are consistent with others and provide effective responses to the Nation's health problems; assists in consultation, design, production and evaluation of media services to deliver public health messages; and provides assistance to other nations in improving the training and performance of health agencies and workers.

1. Model Performance Evaluation Program (MPEP) HIV-1, and HTLV-I/II antibody testing, and TLI 1989 to the present.

These data bases contain performance evaluation data for assessing the quality of laboratories that test for diseases of public health significance. Currently this includes tests that detect antibodies to HIV-1 and HTLV-I/II, and TLI. system helps determine indicators of HIV testing quality in The system also helps determine the laboratories. characteristics which distinguish laboratories HIV-1 testing practices. Data contained in the system includes information on laboratory testing results of the MPEP, descriptions of testing practices and demographic characteristics of laboratories enrolled in the HIV testing program. collected from laboratories via sample testing surveys and demographic surveys. After the data are analyzed, reports are sent to laboratories regarding aggregate sample testing results, and laboratory characteristics and testing practices.

Some MPEPs are operated for CDC through private contractors and cooperative agreements which provide HIV positive blood to various laboratories for testing. Results of the tests and screening procedures are reviewed for the purpose of checking reliability of various testing procedures.

a. <u>Input</u>. Data are received from laboratories in various hard copy forms. Data include type of test performed, Western blot patterns for each sample, reagents, specific internal controls, diluent, various control data, and other technical laboratory data.

<u>Disposition</u>: Retain in office six (6) years after tests results are reported to the laboratories. Transfer to the Federal Record Center. Destroy when fifteen (15) years old.

b. <u>Data are maintained in electronic form</u> on the CDC mainframe.

<u>Disposition</u>: Destroy when no longer needed for administrative purposes.

c. Outputs.

(1) <u>Copies of summary reports</u> to laboratories regarding aggregate sample testing results.

<u>Disposition</u>: Retain in office six (6) years after reports are returned to participating laboratories. Transfer to the Federal Record Center. Destroy when fifteen (15) years old.

(2) Records copies of substantive graphs, bar charts, reports and other records which document aggregate laboratory performance for HIV testing or other relevant trends in HIV testing.

<u>Disposition</u>: PERMANENT--Hold in office for six (6) years. Transfer to the Federal Record Center. Transfer to the National Archives when ten (10) years old.

(3) <u>Non-substantive and non-record copies</u> of graphs, intermediate printouts, reports, bar charts, and other routine records.

<u>Disposition</u>: Destroy when no longer needed for administrative purposes.

2. <u>National Profile of Local Health Departments (1987 to the present)</u>

The purpose of this system is to gather data on the current capacities of local health departments (LHDs) to provide core activities of public health. The system contains data on local public health departments which is used to provide detailed primary source information for assessing the health of local communities, developing policies to promote public health, and assuring the public's health through direct or indirect service provision. The system provides general descriptions of the nation's local health departments. The system includes information on the demographic characteristics of 2,932 local health departments. Some of these data include information on local health officer budget, employees and assessment policy development, and assurance activities and functions.

Data for this system are collected by the National Association of County Health Officials (NACHO) in cooperation with the U.S. Conference of Local Health Officers (USCLHO), directly from the local health departments across the United States.

Various reports are developed from the data in the system and are used for a variety of purposes including the presentation of speeches, for use in professional articles and for use in making program decisions on public health.

a. <u>Input</u>. The data are collected from NACHO, and include such information as agency name and address, county, local health officer, staffing size, types of health services provided (ie, AIDS care etc.) budget expenditures, and other characteristics. These data are converted to electronic media via a database on the mainframe. The database contains one (1) year of data (1989).

<u>Disposition</u>: Maintain in office for two (2) years. Transfer to the Federal Record Center. Destroy when five (5) years old.

b. <u>Data base</u>. Data maintained in electronic form on CDC mainframe.

<u>Disposition</u>: PERMANENT--Transfer a "snapshot copy" of this data base and all relevant documentation to the National Archives at five (5) year intervals. The first transfer will occur in 1991. (Note: the data will be transferred to NARA on computer tapes formatted in accordance with NARA regulations noted in 36 CFR 1228.188, transfer of machine-readable records to the National Archives.)

c. Output.

(1) National Profile of Local Health Departments

Publication prepared by NACHO which shows trends in the functions, activities and other characteristics of local health programs and operations.

<u>Disposition</u>: PERMANENT: Maintain a record copy of these publications. Transfer to NARA in five (5) year blocks when 20 years old.

(2) Record copies of journal articles and professional speeches and/or presentations developed from the data base.

<u>Disposition</u>: PERMANENT: Maintain a record copy of these publications. Transfer to NARA in five (5) year blocks when 20 years old.

Concurrences:

name) 2/25
Date

Supervisory Computer Systems Analyst
Public Health Practice Program Office

Jammy A. Harrison CDC Records Officer

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