

NOTICE - SOME ITEMS SUPERSEDED OR OBSOLETE

Schedule Number: N1-442-91-012

Some items in this schedule are either obsolete or have been superseded by new NARA approved records schedules.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These items, unless subsequently superseded, may be used by the agency to disposition records.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SUPERSEDED AND OBSOLETE ITEMS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 They are superseded, obsolete, filing instructions, non-records, or were lined off and not approved at the time of scheduling.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Items 3, 5, & 13 are superseded by N1-442-09-001 Bucket 1

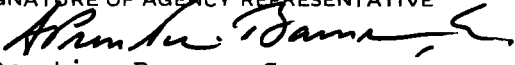
Items 2, 4, 6-9, 11, 12, 14 are superseded by N1-442-09-001 Bucket 4

NOTICE - SOME ITEMS SUPERSEDED OR OBSOLETE

REQUEST FOR RECORDS DISPOSITION AUTHORITY (See Instructions on reverse)		LEAVE BLANK	
TO GENERAL SERVICES ADMINISTRATION NATIONAL ARCHIVES AND RECORDS SERVICE, WASHINGTON, DC 20408		JOB NO N1-442-91-12	DATE RECEIVED 5-28-91
1 FROM (Agency or establishment) Department of Health and Human Services		NOTIFICATION TO AGENCY	
2 MAJOR SUBDIVISION Public Health Service		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disposal request, including amendments, is approved except for items that may be marked "disposition not approved" or "withdrawn" in column 10. If no records are proposed for disposal, the signature of the Archivist is not required.	
3 MINOR SUBDIVISION Centers for Disease Control			
4 NAME OF PERSON WITH WHOM TO CONFER Johanna A. Bonnelycke PHS Records Management Officer		5 TELEPHONE EXT (301) 443-2055	DATE 7-1-94
6 CERTIFICATE OF AGENCY REPRESENTATIVE		ARCHIVIST OF THE UNITED STATES Grady Huskamp Petrus	

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 26 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 05/21/91	C. SIGNATURE OF AGENCY REPRESENTATIVE  A Prentice Barnes, Sr.	D TITLE DHHS Records Management Officer	
7 ITEM NO	8 DESCRIPTION OF ITEM (With Inclusive Dates or Retention Periods)	9 GRS OR SUPERSEDED JOB CITATION	10 ACTION TAKEN (NARS USE ONLY)
	<p>This comprehensive schedule covers the electronic records systems of the Centers for Disease Control's Center for Infectious Diseases.</p> <p>(see attached)</p>		

National Center for Infectious Diseases (NCID)

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

Hospital Infections Program (HIP)

(1) Conducts surveillance, investigations, and laboratory and field studies of hospital-associated infections; (2) serves as the Center for Infectious Diseases (CID) focus for issuing recommendations and guidelines on prevention and control of hospital infections, including sterilization and disinfection of medical devices; (3) conducts research studies on methods for preventing and controlling hospital infections, on collection and processing of clinical and environmental (institutional) specimens, to assess medical devices (intravenous fluids and therapeutic and diagnostic equipment) as sources of infection, and on optimal methods for rapid diagnosis of disease and identification of unusual sources of infection; (4) conducts research on methods for antimicrobial susceptibility testing of groups of microorganisms and the role of drug-resistant microorganisms in hospital infections; (5) provides epidemic aid and epidemiological consultation, upon request from State health departments, to institutions and public health organizations regarding the identification and control of nosocomial infections; (6) provides basic diagnostic services in support of field investigations and cooperates with other components of the CID for more definitive diagnosis of nosocomial infections and identification of etiologic agents; (7) provides antimicrobial susceptibility consultation and services to other components of the CID; (8) provides intramural and extramural technical expertise and assistance in professional training activities; (9) serves as appropriately designated national and international reference centers for various nosocomial infections.

1. NATIONAL NOSOCOMIAL INFECTIONS SURVEILLANCE SYSTEM

The information in this data base is used to define the magnitude and scope of nosocomial (hospital-acquired) infections in the US. In addition, it aids in the recognition of nosocomial infection trends and is used to develop efficient and effective surveillance methods. The data base contains information on infected patients, including demographics, risk factors, etiologic pathogens and antibiotic sensitivities, and outcome, and on defined population groups in the hospital, specifically all patients, ICU patients, high-risk nursery patients, and surgical patients.

a. INPUT DATA - FLOPPY DISKETTES

Data collection forms, forms CDC 57.58A through H (OMB No. 0920-0012), are used by participating hospitals to collect patient information. The hospitals enter the data into the National Nosocomial Infections Surveillance System software, IDEAS, which operates on a microcomputer. The information is sent to CDC on floppy diskettes.

Disposition: Floppy diskettes are returned to the submitting hospitals after information has been retrieved and transferred to the CDC mainframe.

b. NOSOCOMIAL INFECTIONS SURVEILLANCE DATA FILE

Contains patient demographic information and the identification of etiologic pathogens and antibiotic sensitivities. Includes the data sets of the Study on the Efficacy of Nosocomial Infection Control (SENIC).

revised

Disposition: PERMANENT. Cut off and transfer a copy of all completed datasets and matching documentation over 5 years old to NARA within 5 years of the date of this schedule. Thereafter, cutoff and transfer to NARA at five year interval. Copies of data for NARA will be in a software-free flat sequential file format in accordance with instructions in 36 CFR 1228.188abc.

c. OUTPUTS

Information from the system is used in the preparation of surveillance reports and for manuscripts for publication in scientific journals.

Disposition:

- (1) Record copy of published and unpublished reports: 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 64a).

Rate of Accumulation: Negligible.

Volume on Hand: Less than one cubic foot.

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

Scientific Resources Program (SRP)

(1) Provides animals, animal blood products, glassware, mammalian tissue cultures, microbiological media, special reagents, and other laboratory materials in support of research and service activities to CID laboratories and other CDC organizations; (2) installs, fabricates, modifies, services, and maintains laboratory equipment used in the research and service activities of CDC; (3) develops and implements applied research programs to expand and enhance the use of animal models necessary to support research and diagnostic programs and to improve breeding and husbandry procedures; (4) conducts both basic and applied research in cell biology and in the expansion of tissue culture technology as a research and diagnostic tool for infectious disease activities; (5) provides services for CID investigators in protein and DNA synthesis and sequencing; (6) provides clinical and anatomic veterinary pathology services to attending veterinarians and investigators who use laboratory animals; (7) for reagents prepared at CDC, maintains a computerized inventory; provides dispensing, lyophilization, capping, and labeling; and retrieves from storage and ships to requesters; (8) provides support for liquid nitrogen freezers; (9) provides consultation and liaison with other components of CDC and national and international research and professional organizations; (10) provides technical expertise and assistance in professional intramural and extramural training activities; (11) administratively and technically supports the CDC Animal Policy Board and the Atlanta Area Animal Care and Use Committee.

2. CELL CULTURE AND MEDIA INVENTORY DATA BASE

This system permits users to browse on-line catalogs and submit on-line requisitions for over 2,000 biological products, i.e., buffers, media, agars, produced or distributed by the Biological Products Branch, Scientific Resources Program. The data base also provides information used to monitor usage trends and provide ordering histories. The system, written under the ADABAS/Natural environment, resides on the CDC mainframe and is accessed by Centers for Disease Control laboratory personnel; future plans for the data base involve converting the system to dBase III+ and moving it from the mainframe environment to the PC local area network environment.

a. INPUT DATA - CDC HARDCOPY OF REQUISITION FORMS

Updates to the catalog listings and maintenance of the system are provided by Biological Products Branch

personnel. On-line requisitions are placed by product users throughout CDC, producing a three-part hardcopy requisition; two copies are sent to the requester along with the product, the third copy of the requisition is retained by the Biological Products Branch.

Disposition: Destroy when no longer needed for administrative purposes.

b. CELL CULTURE AND MEDIA INVENTORY DATA FILE

The ADABAS file contains information on formulations (products) in the catalogs, requisitions submitted, and inventory items.

Disposition: Destroy when no longer needed for administrative purposes.

c. OUTPUTS

Manually compiled monthly cell culture production reports for internal Scientific Resources Program usage.

1) Hardcopies of Production Reports

Disposition: Maintain hardcopies for two years then microform. Destroy records after transfer to microform and verification of microform quality.

2) Microform

Disposition: Destroy when no longer needed for administrative purposes.

Division of Bacterial and Mycotic Diseases (DBMD)

(1) Conducts surveillance, investigations, and studies of bacterial diseases to define disease etiology and develop effective methods for diagnosis, prevention, and control; (2) conducts or participates in clinical, field, and laboratory research to develop, evaluate, and improve laboratory methodologies and materials and therapeutic practices used for diagnosis, treatment, investigation, and control of bacterial diseases; (3) conducts research on development and evaluation of immunizing agents and the role of protective immunity in the disease process; (4) provides epidemic aid and epidemiological consultation, upon request, to State and local health

departments, other Federal agencies, and national and international health organizations; (5) provides reference/diagnostic services for bacterial diseases to State and local health departments, other Federal agencies, and national and international health organizations; (6) provides scientific and technical assistance to other CID components when the work requires unique expertise or specialized equipment not available in other components; (7) provides intramural and extramural technical expertise and assistance in professional training and proficiency testing activities; (8) serves as appropriately designated national and international reference centers for various bacterial diseases and disease groups.

3. LEPROSY SURVEILLANCE DATA BASE

The information in this data base is used to monitor the incidence of leprosy in the US. In addition, it is analyzed to determine the demographic characteristics of patients and to detect changes in the incidence of leprosy. In addition to patient demographic data, the data base includes information on the type of leprosy, type of treatment, exposures, and contacts. The system, written in SAS, resides in a mainframe environment.

a. INPUT DATA - DATA COLLECTION FORMS

Data collection forms, form CDC 52.18, Leprosy Surveillance, are received from participating state health departments, clinics, and private physicians.

Disposition: Transfer hardcopy input forms to the Federal Records Center when no longer needed for administrative purposes or when two (2) calendar years old, whichever comes first. Destroy when twenty (20) years old.

b. LEPROSY SURVEILLANCE DATA FILE

The 180 field cumulative data file is updated quarterly and presently contains 3,500 records.

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

c. OUTPUTS

Information from the system is used in the preparation of manuscripts for publication in professional journals.

Statistical figures are reported in the Morbidity Mortality Weekly Report.

Disposition:

- ~~(1) Record copy of published and unpublished reports:
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 purpose.

Division of Immunologic, Oncologic, and Hematologic Diseases (DIOHD)

(1) Conducts surveillance, investigations, and studies with respect to immunologic, oncologic, and hematologic disorders associated with or occurring as a consequence of infectious disease; (2) conducts research on the role of infectious agents in the production of cancers and other perturbations of cell growth and differentiation; (3) conducts research and collaborates on development and evaluation of immunizing agents and the role of protective immunity in the disease process; (4) conducts or participates in clinical, field, and laboratory research to develop, evaluate, and improve laboratory methodologies and material used for rapid accurate diagnostic tests; (5) provides epidemic aid and epidemiologic consultation, upon request, to State and local health departments, other Federal agencies, and national and international health organizations; (6) provides reference/diagnostic services for selected immunologic, oncologic, hematologic, and pathologic determinations to other components of CDC and to State and local health departments, other Federal agencies, and national and international health organizations; (7) obtains and distributes experimental vaccines and drugs, antisera and antitoxins, skin test antigens and immune globulins to prevent and control laboratory infections and to prevent or minimize disease in particular groups; (8) develops and provides reference materials to national and international scientists for use in research, diagnosis, and training; (9) provides immunologic, hematologic,

and oncologic consultation and liaison with other components of CID and CDC, clinical and public health laboratories, and national and international health organizations; (10) provides scientific and technical assistance to other CID components when the work requires unique expertise or specialized equipment not otherwise available; (11) provides intramural and extramural technical expertise and assistance in professional training and proficiency testing activities; (12) serves as appropriately designated national and international reference centers for immunologic, oncologic, and hematologic disorders, pathological conditions and related technologies; (13) serves as World Health Organization (WHO) Collaborating Center for Human Immunoglobulin Research and Reference Reagents.

4. AIDS IMMUNOLOGY DATA BASE SYSTEM

The AIDS immunology data base is maintained as a service to CDC AIDS projects principal investigators. Peripheral blood cell and serum specimens are immunologically tested (for lymphocyte functions, percent T-helper, etc.) for AIDS projects. (Studies include: Cohort of HIV Positive Lymphadenopathy Patients, Hemophilia Growth Development Project, Cohort of Hemophiliacs Receiving HIV-Contaminated Factor VIII, Families of Hemophiliacs.) Specific projects are continuously added to/or dropped from the data base. The system operates in a mainframe environment using ROSCOE applications permitting a wide-variety of reports generation.

a. INPUT DATA - SPECIMEN LOG SHEETS

Specimen numbers are assigned by the Serum Bank; the specimens are then forwarded to the Division of Immunologic, Oncologic, and Hematologic Diseases for immunologic testing. The Serum Bank provides a specimen receipt log on a regular basis, weekly or monthly, to the project investigators. The specimen receipt log lists only specimens received during the reporting period, broken down by project, test results are not incorporated into the specimen receipt log. The DIOHD laboratory staff enters the test results into the mainframe resident data base. Test results are available to CDC AIDS projects principal investigators by accessing the system via the mainframe.

Disposition: Destroy specimen log sheets when no longer needed for administrative purposes.

b. AIDS IMMUNOLOGY DATA FILE

The file contains immunologic lab results and related calculated values for all CDC AIDS specimens.

Disposition: Destroy when no longer needed for administrative purposes.

c. OUTPUTS

Cumulative results are incorporated into scientific manuscripts for publication in professional journals.

~~(1) Record copy of published and unpublished reports:
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 64a).~~

Rate of Accumulation: Negligible.

Volume on Hand: Less than one cubic foot.

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

5. HEMOPHILIA/AIDS SURVEILLANCE SYSTEM

The data base contains information derived from the AIDS Surveillance Data Base on hemophilia-associated AIDS cases in the US for analysis and dissemination. Information is also used to generate reports on hemophilia-associated AIDS cases. The data contain descriptive information on hemophilia AIDS cases. The information comes from the CDC AIDS program and from hemophilia centers.

a. INPUT DATA

Data is extracted from the AIDS Surveillance Data Base via electronic means.

Disposition: Destroy when no longer needed for administrative purposes.

b. HEMOPHILIA/AIDS SURVEILLANCE DATA FILE

Disposition: Destroy when no longer needed for administrative purposes.

c. OUTPUTS

The data base generates informational graphs and reports which are provided to the National Hemophilia Foundation.

Disposition:

- ~~(1) Record copy of published and unpublished reports:
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 64a).~~

~~Rate of Accumulation: Negligible.~~

~~Volume on Hand: Less than one cubic foot.~~

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

Division of Parasitic Diseases (DPD)

(1) Conducts surveillance, investigations, and studies of parasitic diseases to define disease etiology, mode of transmission, and populations at risk and to develop effective methods for diagnosis, prevention, and control; (2) conducts or participates in clinical, field, and laboratory research to develop, evaluate, and improve laboratory methodologies and materials and therapeutic practices used for rapid and accurate diagnosis and treatment of parasitic diseases; (3) collaborates with the Division of Vector-Borne Infectious Diseases in providing training in the epidemiology and control of vector-borne diseases; (4) provides epidemic aid and epidemiologic consultation, upon request, to State and local health departments, other Federal agencies, and national and international health organizations; (5) provides reference/diagnostic services for parasitic diseases to State and local health departments, other Federal agencies, and national and international health organizations; (6) conducts a program of research and development in the biology, ecology, host-parasitic

relationships, and control of vectors of arthropod-borne parasitic diseases including development, application, and analysis of pesticides for vector control; (7) conducts laboratory studies of selected parasitic infections to develop effective methods for diagnosis, prevention, and control; (8) serves as World Health Organization Collaborating Center for Research Training and Control of Dracunculiasis.

6. CDC DRUG SERVICE DATA BASE

The CDC Drug Service distributes investigational drugs under authority of an exemption, known as an Investigational New Drug (IND), issued by the Food and Drug Administration (FDA) to allow treatment of patients with unlicensed drugs. An IND is obtained by submitting a protocol for the clinical use of the unlicensed drug to the FDA for approval. The drugs are generally manufactured by foreign drug companies and commercially available in various countries overseas. Because the demand for these drugs in the US is limited, commercial licensure is not practical. The CDC dispenses investigational drugs to physicians who request them for patients with approved indications for their use. As defined in the mission statement, CDC maintains IND status so that these products can be available in the US.

a. INPUT DATA - PATIENT REPORT FORMS

Information in the data base is provided by physicians and travel medicine clinicians, who must register as coinvestigators, requesting investigational drugs, for the treatment of parasitic diseases, stocked at CDC. Information provided to the CDC Drug Service includes patient identification, indication, contraindication, dosage, routes and frequency of administration, reported adverse reactions, toxicity, and other data as may be required on a specific patient report form designed specifically for each drug distributed.

Disposition: Transfer to the Federal Records Center when five (5) years old and destroy when twenty (20) years old unless needed for further reference (disposition authority approved under CDC Records Control Schedule B-321, item 45).

b. CDC DRUG SERVICE DATA FILE

Access to the mainframe resident data base is limited to authorized personnel within divisions of the Center for Infectious Diseases.

Disposition: Destroy when no longer needed for administrative purposes.

c. OUTPUTS

- (1) Summary outputs (computer printouts, reports, and status of data updates) are provided only to the FDA; summaries are not provided to participating health care providers.

Disposition: Retain in agency until no longer needed for administrative purposes.

- (2) Scientific manuscripts by CDC researchers, incorporating data analyses, for publication in professional journals.

Disposition:

- ~~(a) Record copy of published and unpublished reports: 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 64a).~~

~~Rate of Accumulation: Negligible.~~

~~Volume on Hand: Less than one cubic foot.~~

- (b) Other copies: Destroy when no longer needed for administrative purposes.

Division of Vector-Borne Infectious Diseases (DVBID)

(1) Conducts surveillance, investigations, and studies of vector-borne viral and bacterial diseases to define disease etiology and to develop effective methods and strategies for diagnosis, prevention, and control; (2) conducts investigations on the biology, ecology, and control of arthropod vectors of viral and bacterial diseases as a basis for development of new

and/or modification of existing measures for more effective prevention and control; (3) conducts or participates in clinical, field, and laboratory studies to develop, evaluate, and improve laboratory methods and materials and therapeutic practices used for diagnosis, prevention, and treatment of vector-borne infectious diseases; (4) provides epidemic aid and epidemiologic consultation, upon request, to State and local health departments, other Federal agencies, and national and international health organizations; (5) provides reference/diagnostic services for vector-borne viral and bacterial diseases to State and local health departments, other Federal agencies, and national and international health organizations; (6) conducts research and collaborates on development and evaluation of immunizing agents and the role of protective immunity in the disease process; (7) provides guidance and scientific direction to the San Juan, Puerto Rico, field activities for application of effective programs in surveillance, diagnosis, prevention, and control of dengue fever; (8) provides scientific and technical assistance to other CID components when the work requires unique expertise or specialized equipment not available in other components; (9) provides intramural and extramural technical expertise and assistance in professional training activities; (10) serves as appropriately designated national and international reference centers for vector-borne viral and bacterial diseases.

7. ECOLOGICAL INFORMATION TRACKING SYSTEMS DATA BASES

This data base set serves as a repository for ecological and epidemiologic information collected from vectors and hosts of arboviral diseases and selected bacterial infections. Such information is submitted by DVBID investigators, state health departments, and other appropriate health agencies either as a product of designed field studies or in response to case investigations on epidemics/epizootics. Reports and summaries are used by DVBID staff, state health departments, and other cooperating agencies. The system environment is based on SAS in DOS-compatible microcomputers. Included in this data base set is the arthropod pooling system, which archives field and laboratory information for ticks, mosquitoes, and fleas, and the plague field system, which tracks serologic and tissue specimens from host species.

a. INPUT DATA

(1) Arthropod Pooling System - Log Sheets

Log sheets are used to record field and laboratory information from pooled arthropod collections. Such data include ecological information (location and date of collection, identification and parity status of the arthropod, and identification of the host species if appropriate) and laboratory results (virus or bacterial identification and test method). In conjunction with the Plague Field System, further log sheets are used to record additional data for flea collections.

(2) Plague Field System - Log Sheets

Log sheets are used to record field and laboratory information for serum and tissue specimens from vertebrate hosts. Such data include ecological information (location and date of collection, age, sex, host identification) and laboratory results (bacterial infection and test method).

Disposition: Transfer to the Federal Records Center when no longer needed for administrative purposes or when five (5) years old, whichever comes first. Destroy when twenty (20) years old.

b. DATA FILES

(1) The Arthropod Pooling System file is continually updated. It contains ecological information: location, date of collection, identification of arthropod or host species; laboratory information includes testing methods and virus identification.

(2) The Plague Field System file is continually updated. It contains ecological information: location, date of collection, species, identification, age, and sex; laboratory information includes test results, type of test, and agent identification.

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

c. OUTPUTS

- (1) Summary reports for data analyses.

Disposition: Retain in agency until no longer needed for administrative or research purposes.

- (2) Scientific manuscripts, incorporating data analyses, for publication in professional journals.

Disposition:

- (a) Record copy of published and unpublished reports: 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 64a).

Rate of Accumulation: Negligible.

Volume on Hand: Less than one cubic foot.

- (b) Other copies: Destroy when no longer needed for administrative purposes.

8. SPECIMEN LOG-IN SYSTEMS

These systems track serum and tissue specimens submitted for dengue and other arboviral diagnostic testing. Specimens are normally received directly from state health departments, accompanied by a variety of state health department forms giving patient information: name, age, sex, date of specimen collection, and onset of illness; occasionally specimens are trans-shipped from the Data and Specimen Handling (DASH) Section, CID, CDC, Atlanta, in which case form CDC 50.34, providing background information on the patient and type of specimen, is included. In addition, specimens may be received as a result of serologic surveys conducted by DVBID staff in cooperation with state or other health agencies. Test results, including antigens used and identification of agent, are reported directly to submitting state health departments or other health agencies. Data contained in these specimen log-in systems are analyzed for inclusion in scientific manuscripts, as a diagnostic aid, and as assessment of an actual or potential epidemic. The systems are PC-based and use dBase III+ for

data entry and WordPerfect and EpiInfo for reporting of results.

a. INPUT DATA - PATIENT/SPECIMEN DATA FORMS

- (1) The Dengue Diagnostic Specimen Log-In System is maintained by the Dengue Branch, Division of Vector-Borne Infectious Diseases, San Juan, Puerto Rico.
- (2) The Arbovirus Diagnostic Specimen Log-In System is maintained by the Arbovirus Disease Branch, Division of Vector-Borne Infectious Diseases, Fort Collins, Colorado.

Identifying information for specimens from patients and hosts is entered directly into a dBase file using documents from state health departments or other health agencies as source material. Such identifying information may include location and date of specimen collection, date of illness, age, sex, and type of specimen. Subsequently, laboratory results are entered into associated dBase files detailing the battery of viruses against which the specimen was tested, the results, and types of tests used.

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

b. DATA FILES

The data files contain epidemiologic information, name, age, sex, date of specimen collection, and onset of illness, along with laboratory information detailing specimen test results.

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

c. OUTPUTS

- (1) Epidemiologic reports, including age, sex, and serological test result breakdown, for analyses.

Disposition: Retain in agency until no longer needed for administrative or research purposes.

- (2) Scientific manuscripts, incorporating data analyses, for publication in professional journals.

Disposition:

- ~~(a) Record copy of published and unpublished reports: 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 64a).~~

~~Rate of Accumulation: Negligible.~~

~~Volume on Hand: Less than one cubic foot.~~

- (b) Other copies: Destroy when no longer needed for administrative purposes.

Division of Viral and Rickettsial Diseases (DVRD)

(1) Conducts surveillance, investigations, and studies of viral diseases and rickettsial diseases to define disease etiology and to develop effective methods for prevention, diagnosis, and control; (2) conducts or participates in clinical, field, and laboratory research to develop, evaluate, and improve laboratory methods and materials and therapeutic practices used for prevention, diagnosis, and treatment of viral and rickettsial diseases; (3) conducts research on virus transmission to develop effective control strategies and on vaccine effectiveness to assess prevention potential; (4) conducts ecological studies to develop effective disease prevention and control measures of viral, rickettsial, and zoonotic infections; (5) provides epidemic aid and epidemiologic consultation, upon request, to State and local health departments, other Federal agencies, and national and international health organizations; (6) provides reference/diagnostic services for viral and rickettsial diseases to state and local health departments, other Federal agencies, and national and international health organizations; (7) provides scientific and technical assistance to other CID components when the work requires unique expertise or specialized equipment not available in other components; (8) provides intramural and extramural technical expertise and assistance in professional training and proficiency testing activities; (9) serves as appropriately designated national and international reference centers for viral and rickettsial diseases.

9. EHRlichia SEROLOGY DATA BASE

This data base is used to document laboratory test results from CDC which are returned to submitting research and epidemiological organizations. Specimens are received from state health departments and, occasionally, directly from private physicians. In addition, the data base is used to track human cases of Ehrlichia canis and human rickettsial disease cases. The data base contains name, age, sex and serological results of all persons tested for antibodies to E. canis. It also contains serological information on other rickettsial diseases if the person was initially tested for E. canis. The data is used to document individual patient results. It is also used to document epidemiological studies which impact direction of the Viral and Rickettsial Zoonoses Branch. Confidentiality is maintained on patient laboratory results. The chief users of the data are the staff of the Viral and Rickettsial Zoonoses Branch. Data was first created in 1988 and is processed through a personal computer local area network.

a. INPUT DATA - PATIENT/SPECIMEN DATA FORMS

Patient history and reference and disease surveillance specimen data which comes from public health providers (form CDC 50.34). Test results are provided by CDC laboratories.

Disposition: Maintain at CDC; to be destroyed when ten (10) years old.

b. EHRlichia SEROLOGY - DATA FILE

The data file contains patient history and test results.

Disposition: Destroy when no longer needed for administrative purposes.

c. OUTPUTS

Information is updated weekly and used to monitor rickettsial diseases; specific reports are generated for inclusion in scientific papers. The system provides a data base file for all rickettsial serologies.

Disposition:

Published and unpublished manuscripts and final reports.

- ~~(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 64a).~~

~~Rate of Accumulation: Negligible.~~

~~Volume on Hand: Less than one cubic foot.~~

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

10. HEPATITIS SURVEILLANCE

Data are used to determine trends in the epidemiology of viral hepatitis A, B, and Non-A/Non-B in the US and by state. The data base contains demographic, clinical, serologic, and risk-factor data on reported cases. The data come from State and County health departments. Annual Hepatitis Surveillance Reports are produced from the data. Also, it is used for an assessment of the prevention efforts in the detection of persons at risk of disease. The system is maintained in a mainframe environment using ROSCOE and SAS applications.

a. INPUT DATA - VIRAL HEPATITIS CASE RECORD FORMS

Patient data are received on Form CDC 53.1, Viral Hepatitis Case Record (form approved, OMB No. 0920-0009).

Disposition: Transfer to Atlanta Federal Records Center when no longer needed for administrative purposes or when five (5) years old, whichever comes first. Destroy when twenty (20) years old.

b. MASTER FILE - HEPATITIS SURVEILLANCE

A master data set, without personal identifiers, is produced each year and made available to state health departments upon request.

1

Disposition: PERMANENT--Transfer one copy of each final data set to the National Archives in five (5) year increments. The first transfer will include all previously released data sets. (NOTE: Tapes will be formatted in accordance with regulations noted in 36 CFR 1228.188, Transfer of machine-readable records to the National Archives.)

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.

d. OUTPUTS

Annual Hepatitis Surveillance Report and scientific manuscripts for publication in professional journals.

Disposition:

~~(1) Record copy of published and unpublished reports:
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 64a).~~

~~Rate of Accumulation: Negligible.~~

~~Volume on Hand: Less than one cubic foot.~~

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

11. HUMAN PARVOVIRUS B19

Human parvovirus B19, the etiologic agent responsible for erythema infectiosum, during pregnancy can cause fetal death. Data obtained through the B19 program have been used to develop information on serious complications of B19 infection and then apply this information to refine risk estimates and develop prevention strategies. A major emphasis of the program has been to make B19 diagnostics widely available. Data collected include results of

laboratory testing along with patient demographic data and pertinent medical histories. Specimens are received from state public health laboratories, physicians, and other laboratories. The data contain personal identifiers and may not be released to the public. The system is maintained in a PC environment using dBase software.

a. INPUT DATA - REQUEST FOR TESTING SERVICES FORMS

Data are collected using form CDC 55.84A, Human Parvovirus B19 - Request for Testing Services.

Disposition: Transfer to Atlanta Federal Records Center when no longer needed for administrative purposes or when five (5) years old, whichever comes first. Destroy when twenty (20) years old.

b. HUMAN PARVOVIRUS B19 DATA FILE

Data on patient demographics, medical histories and laboratory test results are maintained on floppy diskette.

Disposition: Erase when no longer needed for administrative purposes.

c. OUTPUTS

Information from the system is used in the preparation of manuscripts for publication in scientific journals.

Disposition:

~~(1) Record copy of published and unpublished reports:
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 64a).~~

~~Rate of Accumulation: Negligible.~~

~~Volume on Hand: Less than one cubic foot.~~

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

12. INFLUENZA SURVEILLANCE

Annual surveillance data is collected on influenza activity in the US from approximately October 1 through April 30. Data are analyzed and made available to public health officials, clinicians, and the mass media weekly.

a. INPUT DATA

The data comes from sentinel physicians by postcard (form CDC 55.20, form approved OMB 09-20-0004) and telephone. Data also comes from World Health Organization laboratories by postcard (form CDC 55.31, form approved OMB 09-20-0004) and a computer communications network. Information is collected through a computer mainframe from 121 cities and by telephone from state health departments. Data analysis is conducted in a PC environment.

(1) Hardcopy Data Collection Forms

Disposition: Transfer hardcopy input forms to the Federal Records Center when no longer needed for administrative purposes or when two (2) calendar years old, whichever comes first. Destroy when twenty (20) years old.

(2) All Other Input Data

Disposition: Destroy when no longer needed for administrative purposes.

b. INFLUENZA SURVEILLANCE DATA FILE

The master data file contains annual influenza surveillance data for the US.

Disposition: Destroy when no longer needed for administrative purposes or when two (2) years old, whichever comes first.

c. OUTPUTS

Information for the influenza season (October-May) is generated for the preparation of US maps showing regional flu-weekly summary reports, weekly pneumonia and influenza graphs, weekly Public Health Network (PHN) files, telephone hotline information, and inclusion in

the Morbidity and Mortality Weekly Reports throughout the flu season.

Disposition:

- ~~(1) Record copy of published and unpublished reports: PERMANENT--Transfer to the FRC 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 64a).~~

~~Rate of Accumulation: 1 cubic foot per year.~~

~~Volume on Hand: 6 cubic feet.~~

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

13. NATIONAL SURVEILLANCE OF DIALYSIS-ASSOCIATED DISEASES

Data on cases of hepatitis B and Non-A/Non-B, vaccine use, AIDS, pyrogenic reactions, dialysis dementia, reuse practices, and infection control practices are collected and analyzed to determine extent of dialysis-associated diseases and the impact of infection control strategies. Patient information, collected in collaboration with the Health Care Financing Administration, is received from hemodialysis centers. The system is maintained in a mainframe environment using ROSCOE and SAS applications.

a. INPUT DATA - DATA COLLECTION FORMS

Patient data are received on Form CDC 53.7, National Surveillance of Dialysis-Associated Diseases, (form approved, OMB No. 09-20-0033).

Disposition: Transfer to Atlanta Federal Records Center when no longer needed for administrative purposes or when five (5) years old, whichever comes first. Destroy when twenty (20) years old.

b. MASTER FILE - NATIONAL SURVEILLANCE OF DIALYSIS-ASSOCIATED DISEASES

The master data set contains data from 1500 centers.

Disposition: PERMANENT--Transfer one copy of each final data set to the National Archives every five (5) years. The first transfer will include all previously released data sets. (NOTE: Tapes will be formatted in accordance with regulations noted in 36 CFR 1228.188, Transfer of machine-readable records to the National Archives.)

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.

d. OUTPUTS

Annual reports are produced for publications. Data is used to identify problems associated with dialysis practices and to measure the effect of prevention efforts.

Disposition:

~~(1) Record copy of published and unpublished reports: 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 administrative purposes.

14. ROCKY MOUNTAIN SPOTTED FEVER SURVEILLANCE SYSTEM

The information in this data base is used to generate the Annual Rocky Mountain Spotted Fever Surveillance Report. In addition, it aids in monitoring tick-borne typhus fever trends in the United States. The data base contains epidemiologic information on possibly infected patients, including patient history, signs and symptoms of disease,

treatment and outcome, and laboratory serology results. The system, written in SAS, resides in a mainframe environment.

a. INPUT DATA - DATA COLLECTION FORMS

Data collection forms, form CDC 55.1 - Rocky Mountain Spotted Fever Case Report, are received from participating state health departments. Approximately 600 data collection forms are received annually.

Disposition: Transfer hardcopy input forms to the Federal Records Center when no longer needed for administrative purposes or when two (2) calendar years old, whichever comes first. Destroy when twenty (20) years old.

b. ROCKY MOUNTAIN SPOTTED FEVER SURVEILLANCE DATA FILE

The cumulative data file is updated annually.

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

c. OUTPUTS

Information from the system is used in the preparation of manuscripts for publication in professional journals. Statistical figures are reported in the Morbidity Mortality Weekly Report.

Disposition:


- ~~(1) Record copy of published and unpublished reports:
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 64a).~~

~~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

5/10/91
Date