NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES

CONGRESSIONAL JUSTIFICATION
FY 2026

Department of Health and Human Services
National Institutes of Health

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

NATIONAL INSTITUTES OF HEALTH

National Institute of Allergy and Infectious Diseases

FY 2026 Budget Table of Contents

General Notes

1. FY 2025 Enacted levels cited in this document reflect the FY 2025 full-year continuing resolution (Public Law 119-4) and include the effects of the FY 2025 HIV/AIDS transfer.
2. FY 2026 FTE levels reflect estimates and are subject to change.
3. Detail in this document may not sum to the subtotals and totals due to rounding.

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Summary

The National Institute of Allergy and Infectious Diseases (NIAID) conducts and supports biomedical research to better understand, treat, and prevent infectious and immune-mediated diseases. NIAID research aims to expand the breadth and depth of knowledge in all areas of infectious, immunologic, and allergic diseases. NIAID advances the understanding, diagnosis, and treatment of many of the world's most intractable and widespread diseases. Key research areas include newly emerging and re-emerging infectious diseases such as tuberculosis and influenza, HIV/AIDS, biodefense, and immune-mediated diseases including asthma and allergy. In addition to managing a complex and diverse research portfolio, NIAID plays a key role in protecting public health through its dual mandate to respond to emerging and re-emerging diseases at home.

The FY 2026 budget request for NIAID is $4,175.0 million.

Major Changes in the Budget Request

Major changes by selected budget mechanism are briefly described below. The FY 2026 President's Budget request for the National Institute of Allergy and Infectious Diseases (NIAID) is $4,175.0 million, a decrease of $2,386.7 million or 36.4 percent compared to the FY 2025 Full-Year CR level. Overall percent reductions are distributed across all programmatic areas including basic, translational and clinical research. NIAID is committed to aligning support within the funding levels provided in the FY 2026 President's Budget for these key priorities along with the rest of the NIAID research portfolio, which reflects the Administration's fiscal policy goals for the Federal Government. Within this request level, NIAID will pursue its highest research priorities through strategic investments and careful stewardship of appropriated funds.

Research Project Grants (RPGs) (-$1,787.3 million; total $2,321.6 million):
NIAID will support a total of 2,796 RPG awards in FY 2026. The continued funding will support research in NIAID's Biodefense and Emerging Infectious Diseases, Infectious and Immunologic Diseases, and HIV/AIDS program areas. Funding for competing RPGs will decrease by $209.8 million or 21.5 percent in FY 2026, while noncompeting RPG funding will decrease by $1,442.9 million or 50.0 percent. Overall RPG funding will decrease by 43.5 percent. The reduction in RPG funding is due in part to implementation of the NIH-wide policy to limit indirect costs on all competing and noncompeting research grants to no more than 15 percent of direct costs. The FY 2026 request will continue the FY 2025 NIH policy of allocating half of the budget for competing RPGs for awards that fully fund their outyear commitments as part of the initial grant awards.

Research Centers (-$30.0 million, total $52.5 million):
NIAID will reduce Research Centers funding by 36.4 percent compared with the FY 2025 Full-Year CR level. The reduced costs for Research Center awards are due in part to the 15 percent limit on indirect costs for research grants.

Other Research (-$45.2 million, total $79.4 million):
NIAID will reduce Other Research funding by 36.3 percent compared with the FY 2025 Full-Year CR level. The reduced costs are due in part to the 15 percent indirect cost limit. NIAID will continue to support the research resources needed to prevent, prepare for, and respond to infectious disease outbreaks.

Research Training (-$26.5 million, total $46.4 million):
NIAID will reduce Research Training funding by 36.3 percent compared with the FY 2025 Full-Year CR level, consistent with the overall NIAID funding reduction.

Research and Development (R&D) Contracts (-$235.3 million; total $625.2 million):
Overall R&D Contract funding will decrease by 27.3 percent as a result of the overall NIAID funding reduction, includes central NIH taps and assessments, which will also be reduced by 20.0 percent. NIAID will continue to support trans-NIH initiatives, including ongoing cybersecurity efforts, as well as other HHS-wide initiatives.

Intramural Research (IR) (-$174.8 million; total $699.0 million):
NIAID will reduce funding for IR by 20.0 percent as a result of the overall NIAID funding reduction, which includes accounting for the changes in FTE levels, relative to the previous fiscal year. IR will continue to support critical long-range priorities with funds carefully aligned to key research on infectious diseases, such as HIV/AIDS, respiratory syncytial virus (RSV), malaria, influenza, antimicrobial resistance/combatting antibiotic-resistant bacteria (CARB), and vector-borne diseases.

Research Management and Support (RMS) (-$87.7 million; total $350.8 million):
NIAID will reduce funding for RMS by 20.0 percent as a result of the overall NIAID funding reduction, which includes accounting for the changes in FTE levels, relative to the previous fiscal year. This budget will support ongoing program management and administrative support.

NATIONAL INSTITUTES OF HEALTH

National Institute of Allergy and Infectious Diseases

Budget Mechanism *

(Dollars in Thousands)

Mechanism	FY 2024 Final		FY 2025 Full-Year CR		FY 2026 President's Budget		FY 2026 +/- FY 2025	
	Number	Amount	Number	Amount	Number	Amount	Number	Amount
Research Projects:								
Noncompeting	3,597	$2,770,973	3,678	$2,885,710	2,061	$1,442,834	-1,617	-$1,442,876
Administrative Supplements	*(281)*	$88,206	*(228)*	$72,362	*(2)*	$582	*-(226)*	-$71,780
Competing:								
Renewal	163	$142,626	134	$184,914	76	$154,861	-58	-$30,053
New	1,117	$607,314	917	$789,597	493	$609,887	-424	-$179,710
Supplements	0	$0	0	$0	0	$0	0	$0
Subtotal, Competing	**1,280**	**$749,940**	**1,051**	**$974,511**	**569**	**$764,748**	**-482**	**-$209,763**
Subtotal, RPGs	4,877	$3,609,118	4,729	$3,932,584	2,630	$2,208,165	-2,099	-$1,724,419
SBIR/STTR	259	$176,296	259	$176,296	166	$113,455	-93	-$62,841
Research Project Grants	5,136	$3,785,414	4,988	$4,108,880	2,796	$2,321,620	-2,192	-$1,787,260
Research Centers								
Specialized/Comprehensive	34	$93,853	29	$81,999	19	$52,184	-10	-$29,815
Clinical Research	0	$0	0	$0	0	$0	0	$0
Biotechnology	0	$0	0	$0	0	$0	0	$0
Comparative Medicine	0	$784	0	$500	0	$318	0	-$182
Research Centers in Minority Institutions	0	$0	0	$0	0	$0	0	$0
Research Centers	**34**	**$94,638**	**29**	**$82,499**	**19**	**$52,502**	**-10**	**-$29,997**
Other Research:								
Research Careers	310	$52,554	310	$52,554	197	$33,499	-113	-$19,055
Cancer Education	0	$0	0	$0	0	$0	0	$0
Cooperative Clinical Research	0	$0	0	$0	0	$0	0	$0
Biomedical Research Support	0	$0	0	$0	0	$0	0	$0
Other Biomedical Research Support	0	$232	0	$232	0	$148	0	-$85
Other	144	$68,037	152	$71,793	96	$45,717	-56	-$26,076
Other Research	**454**	**$120,823**	**462**	**$124,579**	**293**	**$79,364**	**-169**	**-$45,216**
Total Research Grants	5,624	$4,000,875	5,479	$4,315,959	3,108	$2,453,485	-2,371	-$1,862,473
Ruth L Kirschstein Training Awards:	FTTPs		FTTPs		FTTPs		FTTPs	
Individual Awards	389	$19,268	389	$19,268	247	$12,275	-142	-$6,992
Institutional Awards	842	$53,670	842	$53,670	535	$34,166	-307	-$19,504
Total Research Training	**1,231**	**$72,937**	**1,231**	**$72,937**	**782**	**$46,441**	**-449**	**-$26,496**
Research & Develop. Contracts	262	$1,184,118	193	$860,436	140	$625,183	-53	-$235,254
SBIR/STTR (non-add)	*(35)*	*($25,613)*	*(14)*	*($16,213)*	*(0)*	*($0)*	*-(14)*	*-($16,213)*
Intramural Research	959	$873,794	978	$873,794	875	$699,036	-103	-$174,759
Res. Management & Support	1,175	$429,927	1,091	$438,525	856	$350,820	-235	-$87,705
SBIR Admin. (non-add)		*($3,145)*		*($3,145)*		*($2,001)*		*-($1,145)*
Construction		$0		$0		$0		$0
Buildings and Facilities		$0		$0		$0		$0
Total, NIAID	**2,134**	**$6,561,652**	**2,069**	**$6,561,652**	**1,731**	**$4,174,965**	**-338**	**-$2,386,687**

* All items in italics and brackets are non-add entries.

NATIONAL INSTITUTES OF HEALTH
National Institute of Allergy and Infectious Diseases

Summary of Changes
(Dollars in Thousands)

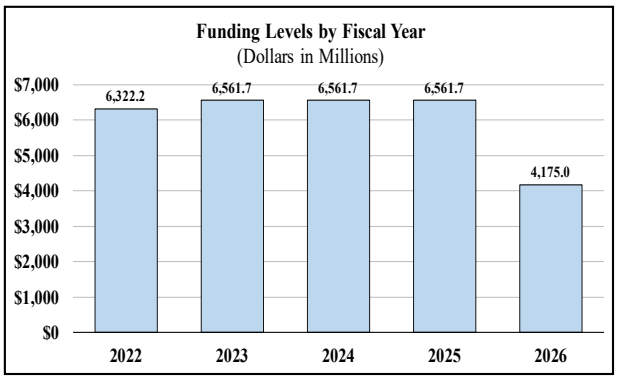
FY 2025 Full-Year CR	$6,561,652
FY 2026 President's Budget	$4,174,965
Net change	-$2,386,687

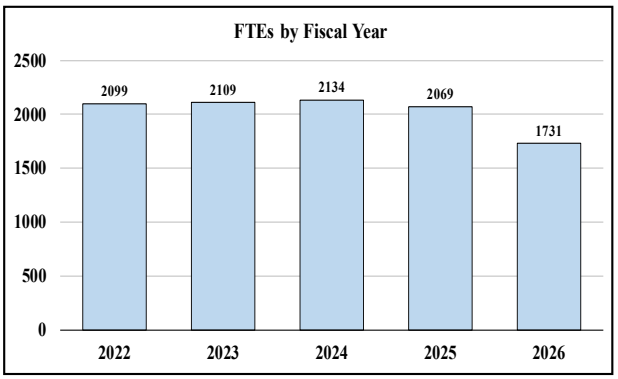
CHANGES	FY 2025 Full-Year CR FTEs	FY 2025 Full-Year CR Budget Authority	FY 2026 President's Budget FTEs	FY 2026 President's Budget Budget Authority	Built-In Change from FY 2025 Full-Year CR FTEs	Built-In Change from FY 2025 Full-Year CR Budget Authority
A. Built-in:						
1. Intramural Research:						
a. Annualization of FY 2025 pay and benefits increase		$238,696		$215,406		$1,473
b. FY 2026 pay and benefits increase		$238,696		$215,406		$594
c. Paid days adjustment		$238,696		$215,406		$0
d. Differences attributable to change in FTE		$238,696		$215,406		-$25,139
e. Payment for centrally furnished services		$120,908		$96,726		-$24,182
f. Cost of laboratory supplies, materials, other expenses, and non-recurring costs		$514,191		$386,903		$5,645
Subtotal						-$41,609
2. Research Management and Support:						
a. Annualization of FY 2025 pay and benefits increase		$244,861		$199,316		$1,487
b. FY 2026 pay and benefits increase		$244,861		$199,316		$633
c. Paid days adjustment		$244,861		$199,316		$0
d. Differences attributable to change in FTE		$244,861		$199,316		-$52,743
e. Payment for centrally furnished services		$24,906		$19,925		-$4,981
f. Cost of laboratory supplies, materials, other expenses, and non-recurring costs		$168,758		$131,579		-$8,887
Subtotal						-$64,491
Subtotal, Built-in						-$106,099

CHANGES	FY 2025 Full-Year CR No.	FY 2025 Full-Year CR Amount	FY 2026 President's Budget No.	FY 2026 President's Budget Amount	Program Change from FY 2025 Full-Year CR No.	Program Change from FY 2025 Full-Year CR Amount
B. Program:						
1. Research Project Grants:						
a. Noncompeting	3,678	$2,958,073	2,061	$1,443,417	-1,617	-$1,514,656
b. Competing	1,051	$974,511	569	$764,748	-482	-$209,763
c. SBIR/STTR	259	$176,296	166	$113,455	-93	-$62,841
Subtotal, RPGs	4,988	$4,108,880	2,796	$2,321,620	-2,192	-$1,787,260
2. Research Centers	29	$82,499	19	$52,502	-10	-$29,997
3. Other Research	462	$124,579	293	$79,364	-169	-$45,216
4. Research Training	1,231	$72,937	782	$46,441	-449	-$26,496
5. Research and development contracts	193	$860,436	140	$625,183	-53	-$235,254
Subtotal, Extramural		$5,249,332		$3,125,109		-$2,124,223
6. Intramural Research	978	$873,794	875	$699,036	-103	-$133,150
7. Research Management and Support	1,091	$438,525	856	$350,820	-235	-$23,214
8. Construction		$0		$0		$0
9. Buildings and Facilities		$0		$0		$0
Subtotal, program changes						-$2,280,588
Total built-in and program changes	2,069	$6,561,652	1,731	$4,174,965	-338	-$2,386,687

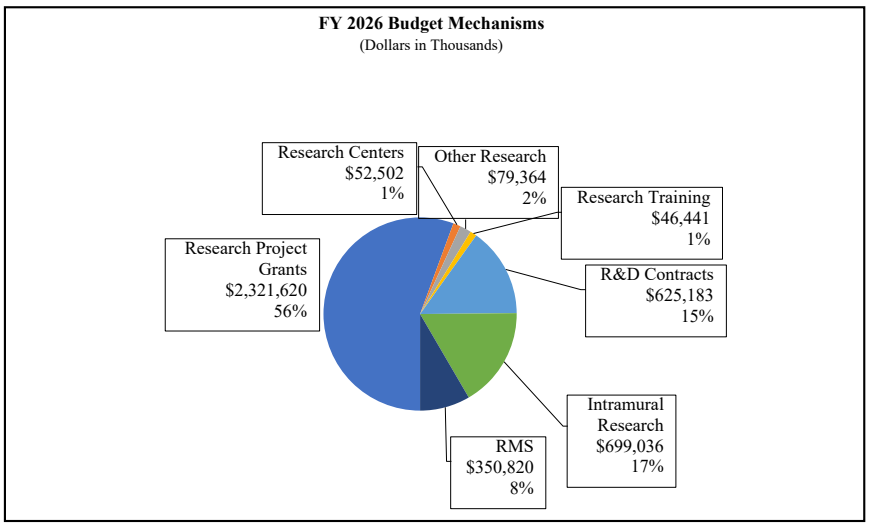
Fiscal Year 2026 Budget Graphs

History of Budget Authority and FTEs:

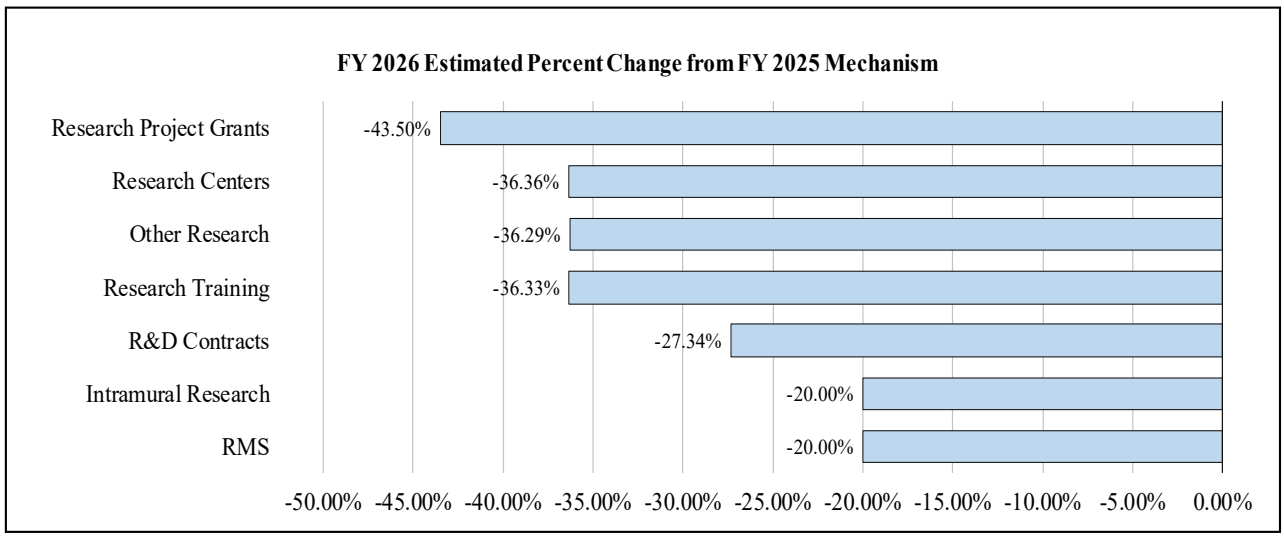




Distribution by Mechanism:



Change by Selected Mechanisms:



National Institute of Allergy and Infectious Diseases

Budget Authority (BA):

	FY 2024 Final	FY 2025 Enacted	FY 2026 President's Budget	FY 2026 +/- FY 2025
BA	$6,561,652,000	$6,561,652,000	$4,174,965,000	-$2,386,687,000
FTE[1]	2,134	2,069	1,731	-338

Program funds are allocated as follows: Competitive Grants/Cooperative Agreements; Contracts; Direct Federal/Intramural and Other.

Overall Budget Policy:
The FY 2026 President's Budget request seeks annual funding to continue support of the dual mandate of the National Institute of Allergy and Infectious Diseases (NIAID) to conduct and support basic and applied research to better understand, treat, and ultimately prevent infectious, immunologic, and allergic diseases, while also supporting an infrastructure to respond to emerging and re-emerging public health and disease threats.

The FY 2026 President's Budget request is $4,175.0 million, a decrease of $2,386.7 million or 36.4 percent compared to the FY 2025 Full-Year CR level. The Institute dedicates its annual resources to support biomedical research that aligns with its mission and addresses domestic and global health issues.

The Institute remains focused on high priority areas of research such as other emerging infectious diseases, agents with bioterrorism potential, HIV/AIDS, respiratory syncytial virus (RSV), influenza, tuberculosis, malaria, drug-resistant microbes, vector-borne diseases, autoimmune disorders, asthma, and allergies and continues to fund research to understand and develop medical countermeasures that impact global health. In FY 2026, NIAID will continue efforts to conduct foundational research on viruses and pathogens and to strengthen its infrastructure for investigating the origins of emerging infectious diseases and how they cause disease and illness.

The FY 2026 request continues support for efforts to develop a universal influenza vaccine, trans-NIH initiatives, as well as other HHS-wide initiatives through the research and development contract mechanism. NIAID's Intramural Research Program (IRP) will continue support for critical long-range priorities with resources aligned to key research on infectious diseases such as HIV/AIDS, malaria, and influenza.

[1] FY 2026 FTE levels reflect estimates and are subject to change.

Program Descriptions and Accomplishments

NIAID remains at the forefront of efforts to translate basic science discoveries into new tools and strategies to improve human health and address urgent public health needs. NIAID supports basic science research on the immune system providing critical information about pathways that may be involved in healthy and disease states. One area of interest to NIAID is understanding how various factors, including diet, play a role in shaping the human immune system and microbiome. In a NIAID study, scientists observed rapid and distinct immune system changes in people who switched to a vegan or a ketogenic diet. Metabolic changes and shifts in the participants' microbiomes were also observed. This study suggests that it may be possible to tailor diets to prevent disease or complement disease treatments. NIAID scientists also have evaluated aging and the immune system. Using a mouse model of human aging and disease, researchers showed that immune systems of aged laboratory mice can be made more youthful and effective at fighting disease. Scientists did this by depleting a subset of stem cells that become more prevalent with age, driving inflammation and reducing cells that respond to new infections. These results may inform methods to rejuvenate immunity in elderly people by increasing helpful immune cells and reducing inflammation.

Efforts to understand basic pathogen biology and immunity have led to discoveries that hold promise for the development of new interventions. Norovirus, a highly infectious virus that is the leading cause of diarrhea and vomiting in the United States, has no approved therapeutics to treat it or vaccines to prevent disease.[2] This is partly due to a lack of reliable animal models to study norovirus infection and predict effectiveness of interventions. To address this scientific gap, scientists at NIAID's Vaccine Research Center (VRC) developed an animal model that recapitulates the human host-pathogen interface to facilitate preclinical studies of potential vaccines and therapeutics to combat norovirus.

In addition to these research areas, NIAID is pushing forward in several key areas including food allergy research, antimicrobial resistance, infectious and immunologic diseases, HIV, and other sexually transmitted infections. NIAID will continue to lead in these areas.

Food Allergy Research

NIAID continues to advance food allergy research by exploring ways to prevent food allergy and develop new treatment strategies. About eight percent of children in the United States have food allergies and, in many cases, the only option for treatment presented is allergen avoidance.[3] In an NIAID-supported trial called Omalizumab as Monotherapy and as Adjunct Therapy to Multi-Allergen Oral Immunotherapy in Food Allergic Children and Adults (OUtMATCH), researchers found that a 16-week course of the monoclonal antibody omalizumab increased the amount of peanut, tree nuts, egg, milk, and wheat that multi-food allergic children could consume without an allergic reaction. Based on the results of this trial, the U.S. Food and Drug Administration (FDA) approved omalizumab for the reduction of allergic reactions that may occur with an accidental allergen exposure in people aged one year and older. In another NIAID-sponsored trial conducted by the Immune Tolerance Network (ITN), researchers found that feeding children peanut products regularly from infancy to age 5 years reduced the rate of peanut allergy in

[2] cdc.gov/norovirus/data-research/index.html
[3] cdc.gov/school-health-conditions/food-allergies

adolescence by 71 percent. To further promote food allergy research, in 2024, NIAID awarded 11 new cooperative agreements to support the Consortium for Food Allergy Research (CoFAR) program, which was launched 19 years ago. With research accomplishments that inform clinical practice for individuals with food allergy, CoFAR and the ITN will continue to increase understanding of food allergy and develop interventions for treatment and prevention.

Antimicrobial Resistance

Resistance to antimicrobial drugs is a growing public health concern, causing 2.8 million infections and 35,000 deaths in the United States each year.[4] Antimicrobial resistance (AMR) occurs when pathogens change over time and no longer respond to currently available treatment strategies. NIAID continues to make significant investments in basic, translational, and clinical research on AMR, including supporting the Antibacterial Resistance Leadership Group (ARLG) and the government-wide National Action Plan for Combatting Antibiotic-Resistant Bacteria. ARLG develops transformational clinical trials that aim to change clinical practice for the use of antibiotics and reduce the impact of antibacterial resistance. ARLG is currently enrolling participants in an international clinical trial, called Antibiotic Susceptibility Testing (AST) for Gram-Negative Bacteremia, a blood infection caused by specific types of bacteria. This trial will compare clinical outcomes in patients with Gram-negative bacteremia following blood culture evaluation either by rapid AST or standard methods, which are tests designed to choose the most appropriate antibiotic. Inexpensive, rapid AST methods would allow doctors to quickly prescribe the most appropriate treatment, thereby mitigating further development of drug resistance. In further efforts to reduce the disease burden of AMR, NIAID's Centers of Excellence for Translational Research is refocusing its portfolio to generate, validate, and advance medical countermeasures against a select list of bacteria or fungi with known or emerging resistance to current therapies. NIAID also continues to invest in new and early career researchers to address the public health concern of AMR by providing mentorship and grant support through ARLG.

Mycobacterium tuberculosis (*Mtb*), the cause of tuberculosis (TB), is one such bacterium with increasing antibacterial resistance. In 2023, TB resulted in the death of 1.3 million people globally.[5] In 2024, NIAID reaffirmed its commitment to advancing research on *Mtb* by updating its Strategic Plan for Tuberculosis Research.[6] One of the primary goals of the plan is to address the critical need for novel treatment options for TB. In alignment with this goal, NIAID researchers are participating in the early clinical development of ganfeborole, a drug with a novel mechanism of action developed by industry partners. The drug was found to be safe and reduced the amount of *Mtb* in participants' bodies. This new therapy has the potential to address the significant problems associated with currently available TB treatment, including drug resistance, long-duration treatments, and adverse reactions. NIAID also is co-leading the Facilitating Accelerated Science and Translation for TB Regimen Development (FAST-TB) program. FAST-TB is a platform promoting collaboration and resource sharing between organizations and researchers whose purpose is to streamline the development of novel treatments for TB.

[4] cdc.gov/antimicrobial-resistance/data-research/facts-stats/index.html
[5] who.int/news-room/fact-sheets/detail/tuberculosis
[6] niaid.nih.gov/sites/default/files/tb-strategic-plan-2024.pdf

Infectious and Immunologic Diseases

Tick-transmitted Illnesses

Tick-transmitted illnesses are on the rise in the United States, driven in part by the movement of different tick species into new parts of the country. Each year, over 470,000 people in the United States are treated for Lyme disease caused by tick bites that transmit *Borrelia burgdorferi* bacteria.[7] Current treatment involves oral antibiotics when the disease is caught early, but some people report continuing symptoms that may be treated with aggressive non-specific antibiotics taken for a long period of time, which may destroy the body's helpful bacteria and can cause significant side effects. NIAID scientists have identified a potential new strategy to treat Lyme disease by screening molecules that target the bacteria's internal nutritional transport system. Several molecules that target this transport system slowed growth of the bacteria in culture. Future studies in animals and humans will determine if these molecules can be used as a new therapeutic to treat Lyme disease. NIAID also has initiated a clinical study to follow Lyme patients from early in infection to learn the causes of persistent symptoms and who is most likely to develop them. In addition to treatment efforts, NIAID supports research focused on preventing Lyme disease through the development of vaccine candidates. One such intranasal vaccine candidate has been shown to induce robust and protective immune responses in mice. Additional animal model studies and clinical trials are needed to determine if the intranasal vaccine candidate can protect humans from disease. NIAID is also supporting research to improve understanding of alpha-gal syndrome, an acquired red meat allergy associated with exposure to certain tick bites, with the goal of developing effective therapies or cures.

Fungal Diseases

NIAID's infectious disease portfolio also includes fungal diseases which are on the rise and developing increased resistance to treatments. NIAID awarded a research contract to support the development of a vaccine against the fungus *Coccidioides*, the causative agent of Valley fever. A Valley fever vaccine could protect tens of thousands of Americans from disease each year, particularly in the southwestern region of the country.

Autoimmune Diseases

Autoimmune disease is caused by the body's immune system attacking its own organs, tissues, and cells. About eight percent of the U.S. population is living with an autoimmune disease, and many of these diseases disproportionately affect women.[8] NIAID has made headway in identifying potential treatments for celiac disease, an autoimmune disease causing an intolerance to gluten. Researchers identified a strain of gut bacteria that may protect against the development of disease in children at-risk for celiac disease. In a separate study, researchers identified the immune protein interleukin-7 as a potential target for treating this disease. These study results may inform the development of treatments that will improve the quality of life for people living with celiac disease. Systemic lupus erythematosus is another chronic autoimmune disease that attacks the body's tissues and organs. In a clinical trial in lupus patients without active disease, researchers found that tapering their immunosuppressant medications did not increase the risk of flare ups. This discovery is important as immunosuppressant medications can have significant side effects, including increased susceptibility to infections. Furthermore, a NIAID-supported

[7] cdc.gov/lyme/data-research/facts-stats/index.html
[8] orwh.od.nih.gov/OADR-ORWH

study in Mali found that people with autoantibodies associated with lupus were 41 percent less likely to get malaria. Results of this study highlighted that these antibodies inhibited the growth of malaria parasites, illuminating a link between autoimmunity and infectious disease.

HIV

HIV remains a global health crisis, with 1.3 million people newly diagnosed with HIV in 2023 alone.[9] NIH contributes to the "Ending the HIV Epidemic in the U.S." initiative by supporting collaborative implementation science projects in geographic areas with high HIV incidence. Specifically, NIAID in coordination with other NIH institutes and offices, funds research projects that partner with organizations serving communities most affected by HIV in the United States. As part of this effort, NIAID co-sponsors the Centers for AIDS Research network where research is focused in areas where populations are disproportionately affected by HIV. NIAID also supports research aimed at developing practical strategies to deliver care despite underlying social and economic challenges.

Notwithstanding decades of advancements in virus detection and antiretroviral treatment (ART), HIV/AIDS remains a global health crisis, with approximately 40 million people living with HIV worldwide in 2023.[8] NIAID continues to be a global leader in efforts to end the HIV epidemic with research spanning basic biology and immunology, prevention and treatment strategies, as well as curative approaches.

The development of safe and effective HIV vaccines is one promising approach for ending the HIV/AIDS epidemic. Many current vaccine development strategies aim to coax immune cells to generate broadly neutralizing antibodies (bNAbs), proteins capable of binding to and preventing infection from diverse strains of HIV. In one such effort, NIAID-funded researchers built on the finding that some people living with HIV (PLWH) naturally develop bNAbs. Researchers engineered proteins on nanoparticles to mimic the part of the virus known to induce those bNAbs. Animals vaccinated with the engineered protein/nanoparticle vaccine candidate produced antibodies that indicated that certain immune cells could mature into bNAb-producing cells, an important step in the bNAb induction process. These findings provide a critical foundation for advancing vaccine candidates capable of eliciting bNAbs for testing in humans. NIAID is pursuing other promising HIV vaccine technologies, including subunit and nanoparticle vaccination, DNA priming with subunit boosting, and generative artificial intelligence-based vaccine design. These studies are taking vital steps toward the development of a vaccine that can protect against HIV and prevent new acquisitions.

Many people who are vulnerable to HIV are encouraged to take antiretroviral drugs, called pre-exposure prophylaxis (PrEP), to prevent HIV acquisition. PrEP has been shown to be highly effective when taken as directed, but many formulations require daily administration. Long-acting PrEP formulations are an important option for people who experience barriers to daily pill-taking and could dramatically improve adherence to PrEP. NIAID-sponsored clinical trials found that the long-acting injectable, cabotegravir, and the monthly vaginal ring, dapivirine, were safe and well tolerated during pregnancy. These studies are vital for providing prevention options for pregnant women. Further, the twice-yearly injectable antiretroviral drug, lenacapavir,

[9] who.int/teams/global-hiv-hepatitis-and-stis-programmes/hiv/strategic-information/hiv-data-and-statistics

proved safe and 100 percent effective as long-acting PrEP among women in sub-Saharan Africa. A second trial showed that lenacapavir was 99.9 percent effective at preventing HIV acquisitions across different demographics. These findings build on decades of NIAID research and collaboration, including critical evidence on the molecular structure of HIV, that contributed to the development of lenacapavir. The NIAID-supported HIV Prevention Trials Network is sponsoring two additional trials examining the efficacy of lenacapavir in women and people who inject drugs. Together, these studies will provide the critical evidence required to increase the number of HIV prevention methods available, which in turn will support efforts to decrease the rate of new acquisitions.

For nearly two decades, scientists have recognized that viral load, the amount of HIV in the blood, is a key determinant of HIV transmission. PLWH who achieve and maintain an undetectable viral load by taking ART as prescribed cannot sexually transmit the virus to others. NIAID-sponsored studies found that a long-acting, injectable ART regimen of cabotegravir and rilpivirine suppressed HIV replication better than oral ART in adults and was also safe in adolescents. Looking to the future, NIAID will focus on developing innovative technologies that allow less frequent dosing to treat and prevent HIV as well as HIV coinfections (e.g., sexually transmitted infections (STIs), viral hepatitis) enabling improved adherence to ART and preventing new transmission events.

Due to continued HIV treatment research advances, PLWH treated early with ART can live near-normal life spans. However, PLWH are more likely to develop comorbidities than people living without HIV. NIAID studies are evaluating the intersection of age, coinfections, and immune function in PLWH and exploring interventions to prevent and treat these comorbidities. An estimated 30 to 40 percent of PLWH experience metabolic dysfunction-associated steatotic liver disease (MASLD), which can result in cardiovascular and liver disease. An NIAID-sponsored clinical trial found that a weekly injection of semaglutide was safe and reduced the amount of fat in the liver by 31 percent in people with HIV and MASLD, which can help prevent disease progression and increase quality of life. These findings illuminate the need to further define the distribution and severity of non-AIDS comorbidities to improve strategies to support healthy aging. An additional leading cause of morbidity and mortality among PLWH is coinfection with viral hepatitis. NIAID has planned further studies focused on curing hepatis B in PLWH.

To achieve an HIV cure, NIAID is leading research into methods to control or eliminate the HIV "reservoir," pockets of virus that lie dormant in certain cells in the body. NIAID supports the Martin Delaney Collaboratories for HIV Cure Research program, which fosters multidisciplinary collaborations between basic, applied, and clinical researchers studying HIV persistence. The program expanded in 2022 to include efforts to develop cures for infants and children living with HIV. This critical expansion addresses gaps in these understudied populations of PLWH that face a lifetime of ART if a cure is not achieved. In a study conducted by the International Maternal Pediatric Adolescent AIDS Clinical Trials Network, four children that began ART within 48 hours of birth remained free of detectable HIV for more than 1 year after pausing ART, providing evidence that very early anti-HIV treatment enables the neonatal immune system to limit HIV reservoir development and increase the prospect of HIV remission. Together, these studies increase understanding of how a cure may be achieved and take a step toward bringing an end to the HIV/AIDS epidemic.

Sexually Transmitted Infections
In addition to HIV, many other sexually transmitted infections (STIs) remain a major concern for NIAID as the incidence of many STIs has been on the rise in the last decade in the United States.[10] The Centers for Disease Control and Prevention reports syphilis and congenital syphilis cases are increasing at alarming rates in the United States with an almost 80 percent increase in syphilis cases from 2018 to 2022, and more than ten times the number of congenital syphilis cases than in 2012.[10] Congenital syphilis, which occurs when syphilis is passed to the developing fetus, can cause miscarriage, serious birth defects, or death of the fetus. In alignment with the Sexually Transmitted Infections National Strategic Plan,[11] NIAID is pursuing research to diversify the diagnostic, preventive, and therapeutic options available to alter the course of this growing public health threat.[12] A NIAID study providing optional syphilis tests to people seeking care at a large emergency department found that most people diagnosed with syphilis had no symptoms suggesting that symptom-based testing strategies alone are insufficient. Emergency department screening could help close current healthcare gaps in syphilis diagnosis and treatment among high incidence populations, those with limited access to routine health care, and pregnant women, which may prevent congenital syphilis.

NIAID continues to make pivotal contributions to addressing this expanding public health threat. *Neisseria gonorrhoeae*, the causative bacterium of gonorrhea, is becoming resistant to most antibiotics, making the need for new antibiotics to treat infections vital. NIAID conducted clinical trials and contributed scientific support to the development of zoliflodacin, a novel oral antibiotic proven to be an effective therapy for urogenital gonorrhea in a Phase 3 trial. NIAID also is funding research to create a chlamydia vaccine candidate that can induce protective immunity in the female genital tract, the primary site of chlamydia infection but a difficult place in which to induce robust immunity. To expand the NIAID STI research portfolio, the Institute is soliciting grant applications for research related to herpes simplex virus and *Treponema pallidum,* the bacterium that causes syphilis. This important research will provide valuable insights needed to develop tools to reduce the disease burden associated with STIs.

Transplantation
In addition to infectious and immune-mediated diseases, NIAID conducts research to improve the long-term success of organ, tissue, and cell transplantation by better understanding the role the immune system plays in transplant outcomes. NIAID is supporting a clinical trial aiming to improve outcomes in pediatric transplant patients by testing anti-rejection medications that have been approved for adults but have not been tested in children. Children have fewer medication options, and this trial may increase the number of available medications and ultimately impact rejection rates in children. An additional possibility that holds promise for reducing the number of people on transplant wait lists is transplantation of gene-edited animal organs into humans, a process called xenotransplantation. NIAID oversees an extensive xenotransplantation program that provided the critical foundation for the successful transplantation of gene-edited pig organs into humans. NIAID will continue to support programs dedicated to resolving immunologic and

[10] cdc.gov/sti-statistics/media/pdfs/2024/11/2022-STI-Surveillance-Report-PDF.pdf
[11] hhs.gov/sites/default/files/STI-National-Strategic-Plan-2021-2025.pdf
[12] hhs.gov/programs/topic-sites/sexually-transmitted-infections/plan-overview/index.html

physiologic barriers to safe and efficacious xenotransplantation. These innovative strategies are paving the way for expanding the options available for those who are waiting for transplants.

NATIONAL INSTITUTES OF HEALTH
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Appropriations History

Fiscal Year	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation
2017 [1]	$4,715,697,000	$4,738,883,000	$4,961,305,000	$4,906,638,000
Rescission				$0
2018	$3,782,670,000	$5,005,813,000	$5,127,866,000	$5,260,210,000
Rescission				$0
2019	$4,761,948,000	$5,368,029,000	$5,506,190,000	$5,523,324,000
Rescission				$0
2020	$4,754,379,000	$5,811,268,000	$5,937,816,000	$5,885,470,000
Rescission				$0
Supplemental				$1,542,000,000
2021	$5,885,470,000	$6,013,087,000	$6,142,540,000	$6,069,619,000
Rescission				$0
2022	$6,245,926,000	$6,557,803,000	$6,342,756,000	$6,322,728,000
Rescission				$0
2023	$6,268,313,000	$6,642,608,000	$6,449,804,000	$6,562,279,000
Rescission				$0
2024	$6,561,652,000	$5,062,279,000	$6,562,279,000	$6,562,279,000
Rescission				$0
2025	$6,581,291,000		$6,692,279,000	$6,562,279,000
Rescission				$0
2026	$4,174,965,000			

[1] Budget Estimate to Congress includes mandatory financing.

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Budget Authority by Object Class [1]
(Dollars in Thousands)

		FY 2025 Full-Year CR	FY 2026 President's Budget	FY 2026 +/- FY 2025
Total compensable workyears:				
	Full-time equivalent	2,069	1,731	-338
	Full-time equivalent of overtime and holiday hours	1	1	0
	Average ES salary	$222	$223	$1
	Average GM/GS grade	12.8	12.8	0.1
	Average GM/GS salary	$141	$142	$1
	Average salary, Commissioned Corps (42 U.S.C. 207)	$124	$124	$1
	Average salary of ungraded positions	$178	$179	$1
	OBJECT CLASSES	**FY 2025 CR**	**FY 2026 President's Budget**	**FY 2026 +/- FY 2025**
	Personnel Compensation			
11.1	Full-Time Permanent	$214,934	$183,460	-$31,475
11.3	Other Than Full-Time Permanent	$90,484	$79,741	-$10,743
11.5	Other Personnel Compensation	$15,531	$14,054	-$1,477
11.7	Military Personnel	$3,481	$2,893	-$588
11.8	Special Personnel Services Payments	$30,617	$27,502	-$3,116
11.9	**Subtotal Personnel Compensation**	**$355,047**	**$307,649**	**-$47,398**
12.1	Civilian Personnel Benefits	$120,375	$106,664	-$13,710
12.2	Military Personnel Benefits	$904	$409	-$495
13.0	Benefits to Former Personnel	$7,231	$0	-$7,231
	Subtotal Pay Costs	**$483,557**	**$414,722**	**-$68,835**
21.0	Travel & Transportation of Persons	$9,157	$6,100	-$3,057
22.0	Transportation of Things	$1,842	$1,238	-$604
23.1	Rental Payments to GSA	$6	$6	$0
23.2	Rental Payments to Others	$47	$32	-$15
23.3	Communications, Utilities & Misc. Charges	$1,806	$1,181	-$625
24.0	Printing & Reproduction	$8	$5	-$3
25.1	Consulting Services	$240,378	$185,410	-$54,968
25.2	Other Services	$199,146	$143,205	-$55,941
25.3	Purchase of Goods and Services from Government Accounts	$637,684	$487,611	-$150,072
25.4	Operation & Maintenance of Facilities	$17,042	$11,402	-$5,640
25.5	R&D Contracts	$528,938	$385,209	-$143,729
25.6	Medical Care	$4,503	$2,997	-$1,506
25.7	Operation & Maintenance of Equipment	$43,716	$28,789	-$14,927
25.8	Subsistence & Support of Persons	$0	$0	$0
25.0	**Subtotal Other Contractual Services**	**$1,671,406**	**$1,244,623**	**-$426,783**
26.0	Supplies & Materials	$58,309	$39,278	-$19,032
31.0	Equipment	$20,295	$13,582	-$6,712
32.0	Land and Structures	$2,838	$2,898	$60
33.0	Investments & Loans	$0	$0	$0
41.0	Grants, Subsidies & Contributions	$4,312,240	$2,451,158	-$1,861,082
42.0	Insurance Claims & Indemnities	$0	$0	$0
43.0	Interest & Dividends	$142	$142	$0
44.0	Refunds	$0	$0	$0
94.0	Financial Transfers	$0	$0	$0
	Subtotal Non-Pay Costs	**$6,078,095**	**$3,760,243**	**-$2,317,852**
	Total Budget Authority by Object Class	**$6,561,652**	**$4,174,965**	**-$2,386,687**

[1] Includes FTEs whose payroll obligations are supported by the NIH Common Fund.

NATIONAL INSTITUTES OF HEALTH
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Detail of Full-Time Equivalent Employment (FTE)

Office	FY 2024 Final			FY 2025 CR			FY 2026 President's		
	Civilian	Military	Total	Civilian	Military	Total	Civilian	Military	Total
Division of Clinical Research									
Direct:	93	4	97	92	4	96	82	4	86
Total:	93	4	97	92	4	96	82	4	86
Division of Extramural Activities									
Direct:	263	1	264	222	1	223	126	1	127
Total:	263	1	264	222	1	223	126	1	127
Division of Intramural Research									
Direct:	758	6	764	757	6	763	677	5	682
Total:	758	6	764	757	6	763	677	5	682
Office of the Director									
Direct:	433	-	433	410	-	410	322	-	322
Total:	433	-	433	410	-	410	322	-	322
Division of Allergy, Immunology, and Transplantation									
Direct:	100	1	101	99	1	100	89	1	90
Total:	100	1	101	99	1	100	89	1	90
Division of Microbiology and Infectious Diseases									
Direct:	183	6	189	193	6	199	174	5	179
Total:	183	6	189	193	6	199	174	5	179
Division of Acquired Immunodeficiency									
Direct:	167	3	170	159	3	162	137	3	140
Total:	167	3	170	159	3	162	137	3	140
Vaccine Research Center									
Direct:	116	-	116	116	-	116	105	-	105
Total:	116	-	116	116	-	116	105	-	105
Total	2,113	21	2,134	2,048	21	2,069	1,712	19	1,731
Includes FTEs whose payroll obligations are supported by the NIH Common Fund.									

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Detail of Positions [1]

GRADE	FY 2024 Final	FY 2025 Full-Year CR	FY 2026 President's Budget
Total, ES Positions	3	2	2
Total, ES Salary	$647,214	$443,580	$445,797
General Schedule			
GM/GS-15	213	205	170
GM/GS-14	441	434	398
GM/GS-13	435	429	394
GS-12	269	265	240
GS-11	126	120	100
GS-10	1	1	1
GS-9	57	52	34
GS-8	25	20	10
GS-7	40	35	17
GS-6	9	8	6
GS-5	5	4	4
GS-4	3	2	2
GS-3	8	7	5
GS-2	2	1	1
GS-1	1	1	1
Subtotal	1,635	1,584	1,383
Commissioned Corps (42 U.S.C. 207)			
Assistant Surgeon General	0	0	0
Director Grade	7	6	6
Senior Grade	6	6	5
Full Grade	5	5	5
Senior Assistant Grade	2	2	2
Assistant Grade	0	0	0
Junior Assistant	0	0	0
Subtotal	20	19	18
Ungraded	513	503	422
Total permanent positions	1,652	1,627	1,650
Total positions, end of year	2,171	2,108	1,825
Total full-time equivalent (FTE) employment, end of year	2,134	2,069	1,731
Average ES salary	$215,738	$221,790	$222,898
Average GM/GS grade	12.7	12.8	12.8
Average GM/GS salary	$137,160	$141,000	$141,705

[1] Includes FTEs whose payroll obligations are supported by the NIH Common Fund.