

# National Institute of Allergy and Infectious Diseases

CONGRESSIONAL JUSTIFICATION  
FY 2027

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 (NIAID)

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**General Notes**

1. FY 2026 Enacted levels cited in this document include the effects of the FY 2026 HIV/AIDS transfer.
2. Estimates assume reauthorization of the SBIR/STTR program in FY 2026 and FY 2027.
3. Detail in this document may not sum to the subtotals and totals due to rounding.

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## National Institute of Allergy and Infectious Diseases Overview

The National Institute of Allergy and Infectious Diseases (NIAID) conducts and supports basic and applied research to improve the understanding, treatment, and prevention of infectious, immunologic, and allergic diseases. NIAID's efforts have advanced the 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, and immune-mediated diseases including asthma and allergy. Additionally, NIAID plays a key role in protecting public health through its dual mandate to respond to emerging and re-emerging diseases. A few notable accomplishments are:

- Advancing food allergy research by exploring ways to prevent food allergy and developing new treatment strategies. NIAID-funded researchers developed a multifaceted educational intervention that included clinician education, a clinical decision support tool embedded into electronic health records, and visual aids, which aimed to improve clinician guideline adherence to reduce the incidence of peanut allergy. The study showed that wide dissemination of the educational intervention and implementation of the guidelines could reduce the incidence of peanut allergy.<sup>1</sup>
- Developing adaptable, user-friendly interventions, capable of addressing diverse patient needs. Digital adherence technologies (DATs) offer promising solutions for monitoring and supporting adherence to complex treatment regimens, including tuberculosis (TB) treatment. However, better understanding is needed of how users engage with DATs and how engagement influences their effectiveness, particularly in real-world settings. NIAID-funded researchers highlighted the importance of personalized, empathetic communication, and reliable technology to enhance the effectiveness of DATs. Interventions must be adaptable, user-friendly, and capable of addressing diverse patient needs.<sup>2</sup>
- Advancing computational modeling for Multiscale Immune Systems Modeling (MISM) through a newly funded NIAID-funded national Center of Excellence (CoE). The CoE has a mandate to coordinate modeling research activities across NIAID-funded projects in the extramural community. Moreover, the focus on computational modeling, data sharing, and reproducibility supports many of the activities outlined in the NIH Plan to drive gold standard science and other NIH priorities, such as New Approach Methodologies (NAMs).<sup>3</sup>

NIAID is currently transitioning from its historic triad of HIV, Biodefense/Pandemic Preparedness, and Other Infectious and Immunologic Diseases programmatic areas to two integrated pillars: the Infectious Disease Research Program and the Immunology, Allergy, and Autoimmune Disease Research Program. This structure better aligns NIAID's research priorities with the most pressing health challenges and chronic diseases facing Americans.

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<sup>1</sup> [pubmed.ncbi.nlm.nih.gov/41047140/](https://pubmed.ncbi.nlm.nih.gov/41047140/)

<sup>2</sup> [pmc.ncbi.nlm.nih.gov/articles/PMC12289081/](https://pmc.ncbi.nlm.nih.gov/articles/PMC12289081/)

<sup>3</sup> [nih.gov/about-nih/nih-director/statements/nih-publishes-plan-drive-gold-standard-science](https://nih.gov/about-nih/nih-director/statements/nih-publishes-plan-drive-gold-standard-science)

NIAID is expecting to release its new Strategic Plan in 2026. The Strategic Plan articulates the research priorities within the two pillars of Infectious Disease Research and Immunology, Allergy, and Autoimmune Disease Research. The new plan will highlight research goals for the Institute and integrate operational and capacity building goals to ensure that the NIAID workforce and biomedical research community have the tools and skills needed to advance the NIAID mission.

## Major Changes in the Budget Request

Major changes by selected budget mechanism are briefly described below. The FY 2027 President's Budget request for the National Institute of Allergy and Infectious Diseases (NIAID) is \$4,751.0 million, a decrease of \$1,795.4 million or 27.4 percent compared to the FY 2026 Enacted level. NIAID is committed to aligning support within the funding levels provided in the FY 2027 President's Budget for its key priorities along with the rest of the NIAID research portfolio. The FY 2027 President's Budget reflects the policy to limit indirect costs for all research grants to a maximum of 15 percent of the modified total direct cost. Within this request level, which reflects the Administration's fiscal policy goals for the Federal Government, NIAID will pursue its highest research priorities through strategic investments and careful stewardship of appropriated funds.

### Research Project Grants (RPGs) (-\$1,161.3 million; total \$2,687.6 million):

NIAID will support a total of 3,108 RPG awards in FY 2027 President's Budget. Funding will support research in NIAID's Infectious Disease Research Program and Immunology, Allergy, and Autoimmune Disease Research Program areas. Funding for competing RPGs will decrease by \$755.2 million or 70.7 percent in FY 2027, while noncompeting RPG funding will decrease by \$346.4 million or 13.8 percent. Overall RPG funding will decrease by 30.2 percent compared with the FY 2026 Enacted level. RPG funding in FY 2027 reflects implementation of the policy to limit indirect costs of all grant awards. The FY 2027 request reflects the NIH policy of fully funding outyear commitments as part of the initial grant award for competing RPGs.

### Research Centers (-\$20.8 million; total \$54.9 million):

NIAID will decrease Research Centers funding by 27.5 percent compared with the FY 2026 Enacted level, consistent with the overall NIAID funding reduction.

### Other Research (-\$42.1 million; total \$101.7 million):

NIAID will decrease Other Research funding by 29.3 percent compared with the FY 2026 Enacted level. NIAID will continue to support the research resources needed to prevent, prepare for, and respond to infectious disease outbreaks.

### Research Training (-\$29.2 million; total \$60.4 million):

NIAID will decrease Research Training funding by 32.6 percent compared with the FY 2026 Enacted level, consistent with the overall NIAID funding reduction. This funding will support 969 full-time training personnel (FTTP), a reduction of 482 FTTP from the FY 2026 Enacted level.

### Research and Development Contracts (R&D) (-\$373.7 million; total \$687.0 million):

NIAID will continue to support trans-NIH initiatives, including ongoing cybersecurity efforts, as well as other HHS-wide initiatives. Overall R&D Contract funding will decrease by 35.2 percent compared with the FY 2026 Enacted level to realign resources to support high priority research initiatives, while covering mandatory cost increases in other mechanisms.

Intramural Research (IR) (-\$103.9 million; total \$794.6 million):

NIAID will decrease funding for IR by 11.6 percent as a result of the overall NIAID funding reduction. 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/combating antibiotic-resistant bacteria (CARB), and vector borne diseases. This budget request aligns with the budget proposal to cap Title 42 salaries.

Research Management and Support (RMS) (-\$64.4 million; total \$364.8 million):

NIAID will decrease funding for RMS by 15.0 percent as a result of the overall NIAID funding reduction. This budget will support ongoing program management and administrative support and cover the FY 2027 anticipated pay and benefit adjustments. This budget request aligns with the budget proposal to cap Title 42 salaries and supports the management of NIH and NIAID infrastructure.

**BUDGET MECHANISM TABLE**

**NATIONAL INSTITUTES OF HEALTH  
National Institute of Allergy and Infectious Diseases**

**Budget Mechanism \*  
(Dollars in Thousands)**

Mechanism	FY 2025 Final		FY 2026 Enacted		FY 2027 President's Budget		FY 2027 +/- FY 2026	
	Number	Amount	Number	Amount	Number	Amount	Number	Amount
Research Projects:								
Noncompeting	3,383	\$2,865,690	2,998	\$2,511,438	2,784	\$2,165,041	-214	-\$346,398
Administrative Supplements	(376)	\$110,685	(262)	\$85,643	(270)	\$79,693	(8)	-\$5,950
Competing:								
Renewal	132	\$130,333	167	\$145,442	16	\$42,368	-151	-\$103,074
New	1,070	\$819,557	1,322	\$922,993	123	\$270,906	-1,199	-\$652,087
Supplements	0	\$0	0	\$0	0	\$0	0	\$0
<b>Subtotal, Competing</b>	<b>1,202</b>	<b>\$949,891</b>	<b>1,489</b>	<b>\$1,068,434</b>	<b>139</b>	<b>\$313,274</b>	<b>-1,350</b>	<b>-\$755,161</b>
Subtotal, RPGs	4,585	\$3,926,265	4,487	\$3,665,515	2,923	\$2,558,007	-1,564	-\$1,107,508
SBIR/STTR	231	\$163,302	257	\$183,374	185	\$129,618	-72	-\$53,755
Research Project Grants	4,816	\$4,089,567	4,744	\$3,848,889	3,108	\$2,687,626	-1,636	-\$1,161,263
Research Centers								
Specialized/Comprehensive	35	\$75,620	35	\$74,990	25	\$54,361	-10	-\$20,629
Clinical Research	0	\$0	0	\$0	0	\$0	0	\$0
Biotechnology	0	\$0	0	\$0	0	\$0	0	\$0
Comparative Medicine	0	\$781	0	\$781	0	\$562	0	-\$219
Research Centers in Minority Institutions	0	\$0	0	\$0	0	\$0	0	\$0
<b>Research Centers</b>	<b>35</b>	<b>\$76,401</b>	<b>35</b>	<b>\$75,771</b>	<b>25</b>	<b>\$54,923</b>	<b>-10</b>	<b>-\$20,848</b>
Other Research:								
Research Careers	354	\$60,649	401	\$68,800	259	\$44,511	-142	-\$24,289
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	\$432	0	\$700	0	\$311	0	-\$389
Other	112	\$76,625	113	\$74,302	82	\$56,899	-31	-\$17,403
<b>Other Research</b>	<b>466</b>	<b>\$137,706</b>	<b>514</b>	<b>\$143,802</b>	<b>341</b>	<b>\$101,722</b>	<b>-173</b>	<b>-\$42,080</b>
Total Research Grants	5,317	\$4,303,674	5,293	\$4,068,462	3,474	\$2,844,271	-1,819	-\$1,224,191
Ruth L Kirschstein Training Awards:	FITTPs		FITTPs		FITTPs		FITTPs	
Individual Awards	451	\$23,170	723	\$38,148	442	\$23,098	-281	-\$15,050
Institutional Awards	727	\$51,392	728	\$51,394	527	\$37,263	-201	-\$14,131
<b>Total Research Training</b>	<b>1,178</b>	<b>\$74,562</b>	<b>1,451</b>	<b>\$89,542</b>	<b>969</b>	<b>\$60,361</b>	<b>-482</b>	<b>-\$29,181</b>
Research & Develop. Contracts	196	\$896,747	239	\$1,060,778	154	\$687,041	-85	-\$373,737
<i>SBIR/STTR (non-add)</i>	(29)	(\$23,800)	(6)	(\$4,049)	(0)	(\$0)	-(6)	-( \$4,049)
Intramural Research	930	\$865,550	930	\$898,523	930	\$794,575	0	-\$103,948
Res. Management & Support	1,096	\$421,120	991	\$429,121	991	\$364,753	0	-\$64,368
<i>SBIR Admin. (non-add)</i>		(\$3,289)		(\$4,924)		(\$3,289)		-( \$1,635)
Construction		\$0		\$0		\$0		\$0
Buildings and Facilities		\$0		\$0		\$0		\$0
<b>Total, NIAID</b>	<b>2,026</b>	<b>\$6,561,652</b>	<b>1,921</b>	<b>\$6,546,425</b>	<b>1,921</b>	<b>\$4,751,000</b>	<b>0</b>	<b>-\$1,795,425</b>

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

SUMMARY OF CHANGES

NATIONAL INSTITUTES OF HEALTH  
National Institute of Allergy and Infectious Diseases

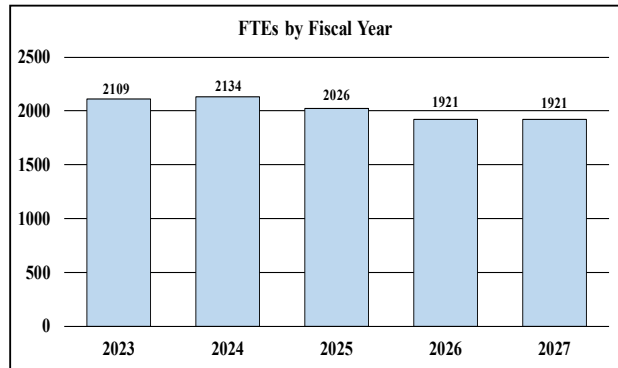
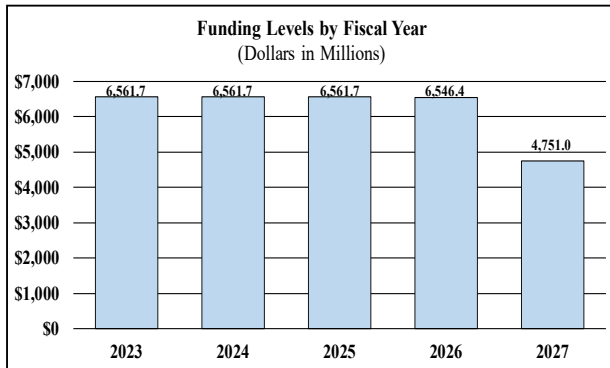
Summary of Changes  
(Dollars in Thousands)

<b>FY 2026 Enacted</b>	\$6,546,425
<b>FY 2027 President's Budget</b>	\$4,751,000
<b>Net change</b>	-\$1,795,425

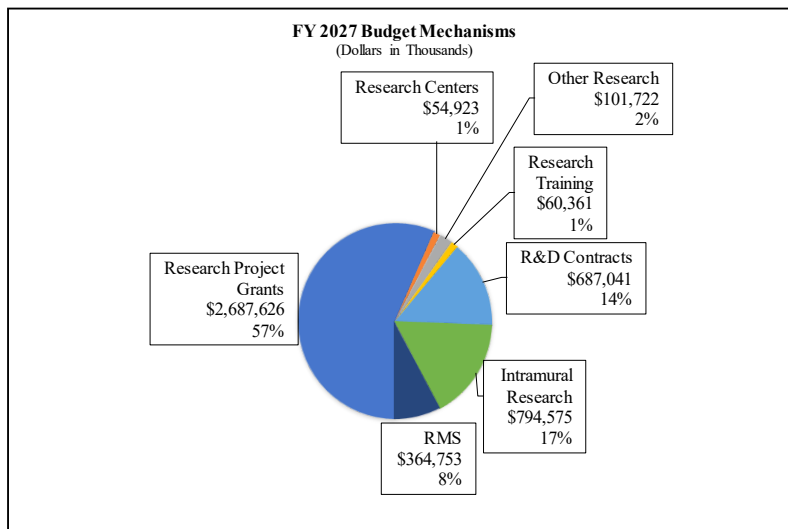
CHANGES	FY 2026 Enacted		FY 2027 President's Budget		Built-In Change from FY 2026 Enacted	
	FTEs	Budget Authority	FTEs	Budget Authority	FTEs	Budget Authority
<b>A. Built-in:</b>						
1. Intramural Research:						
a. Annualization of FY 2026 pay and benefits increase		\$241,449		\$246,545		\$900
b. FY 2027 pay and benefits increase		\$241,449		\$246,545		\$26
c. Paid days adjustment		\$241,449		\$246,545		\$0
d. Differences attributable to change in FTE		\$241,449		\$246,545		\$0
e. Payment for centrally furnished services		\$124,421		\$111,979		-\$12,442
f. Cost of laboratory supplies, materials, other expenses, and non-recurring costs		\$532,653		\$436,050		\$1,553
Subtotal						-\$9,962
2. Research Management and Support:						
a. Annualization of FY 2026 pay and benefits increase		\$223,453		\$224,341		\$846
b. FY 2027 pay and benefits increase		\$223,453		\$224,341		\$42
c. Paid days adjustment		\$223,453		\$224,341		\$0
d. Differences attributable to change in FTE		\$223,453		\$224,341		\$0
e. Payment for centrally furnished services		\$30,071		\$27,064		-\$3,007
f. Cost of laboratory supplies, materials, other expenses, and non-recurring costs		\$175,596		\$113,348		-\$3,642
Subtotal						-\$5,761
Subtotal, Built-in						-\$15,724
CHANGES	FY 2026 Enacted		FY 2027 President's Budget		Program Change from FY 2026 Enacted	
	No.	Amount	No.	Amount	No.	Amount
<b>B. Program:</b>						
1. Research Project Grants:						
a. Noncompeting	2,998	\$2,597,081	2,784	\$2,244,733	-214	-\$352,347
b. Competing	1,489	\$1,068,434	139	\$313,274	-1,350	-\$755,161
c. SBIR/STTR	257	\$183,374	185	\$129,618	-72	-\$53,755
Subtotal, RPGs	4,744	\$3,848,889	3,108	\$2,687,626	-1,636	-\$1,161,263
2. Research Centers	35	\$75,771	25	\$54,923	-10	-\$20,848
3. Other Research	514	\$143,802	341	\$101,722	-173	-\$42,080
4. Research Training	1,451	\$89,542	969	\$60,361	-482	-\$29,181
5. Research and development contracts	239	\$1,060,778	154	\$687,041	-85	-\$373,737
Subtotal, Extramural		\$5,218,781		\$3,591,672		-\$1,627,109
6. Intramural Research	930	\$898,523	930	\$794,575	0	-\$93,985
7. Research Management and Support	991	\$429,121	991	\$364,753	0	-\$58,607
8. Construction		\$0		\$0		\$0
9. Buildings and Facilities		\$0		\$0		\$0
Subtotal, program changes						-\$1,779,701
Total built-in and program changes	1,921	\$6,546,425	1,921	\$4,751,000	0	-\$1,795,425

**BUDGET GRAPH**

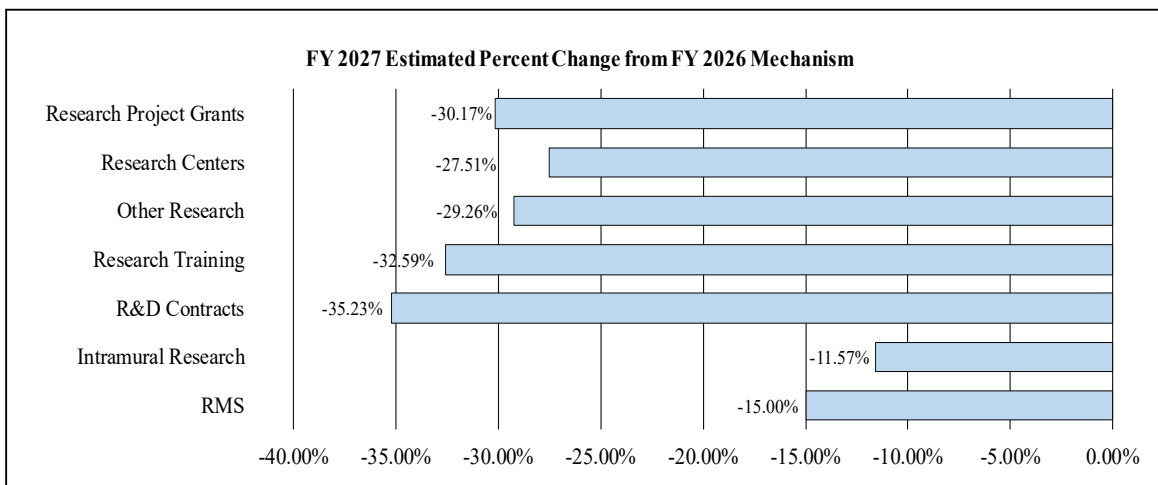
History of Budget Authority and FTEs:



Distribution by Mechanism:



Change by Selected Mechanisms:



**BUDGET AUTHORITY BY ACTIVITY TABLE**

**NATIONAL INSTITUTES OF HEALTH  
National Institute of Allergy and Infectious Diseases**

**Budget Authority by Activity \***  
(Dollars in Thousands)

	FY 2025 Final		FY 2026 Enacted		FY 2027 President's Budget		FY 2027 +/- FY 2026 Enacted	
	FTE	Amount	FTE	Amount	FTE	Amount	FTE	Amount
<b>Extramural Research</b>								
<u>Detail</u>								
HIV/AIDS		\$1,556,072		**		\$1,062,905		**
Biodefense & Emerging Infectious Diseases		\$1,946,206		**		\$1,324,653		**
Infectious & Immunological Diseases		\$1,772,703		**		\$1,204,115		**
<b>Subtotal, Extramural</b>		<b>\$5,274,982</b>		<b>\$5,218,781</b>		<b>\$3,591,672</b>		<b>-\$1,627,109</b>
<b>Intramural Research</b>	<b>930</b>	<b>\$865,550</b>	<b>930</b>	<b>\$898,523</b>	<b>930</b>	<b>\$794,575</b>	<b>0</b>	<b>-\$103,948</b>
<b>Research Management &amp; Support</b>	<b>1,096</b>	<b>\$421,120</b>	<b>991</b>	<b>\$429,121</b>	<b>991</b>	<b>\$364,753</b>	<b>0</b>	<b>-\$64,368</b>
<b>TOTAL</b>	<b>2,026</b>	<b>\$6,561,652</b>	<b>1,921</b>	<b>\$6,546,425</b>	<b>1,921</b>	<b>\$4,751,000</b>	<b>0</b>	<b>-\$1,795,425</b>

\* Includes FTEs whose payroll obligations are supported by the NIH Common Fund.

\*\* For FY 2026 Enacted, funding levels are displayed for statutory and report-directed PPAs. Amounts with an asterisk represent other PPAs as levels have not yet been determined.

**National Institute of Allergy and Infectious Diseases**

Budget Authority (BA):

	FY 2025 Final	FY 2026 Enacted	FY 2027 President's Budget	FY 2027 +/- FY 2026
BA	\$6,561,652,000	\$6,546,425,000	\$4,751,000,000	-\$1,795,425,000
FTE	2,026	1,921	1,921	0

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

Overall Budget Policy:

The FY 2027 President’s Budget request for NIAID is \$4,751.0 million, a decrease of \$1,795.4 million or 27.4 percent compared to the FY 2026 Enacted level. This funding will advance NIAID’s mission to conduct and support biomedical research aimed at understanding, preventing, and treating infectious and immune-mediated diseases.

In FY 2027, NIAID will continue research on the human immune system to drive innovative prevention strategies, targeted therapies, and precision medicine approaches for a range of diseases. High-priority research areas include HIV/AIDS, influenza, tuberculosis, malaria, drug-resistant microbes, vector-borne diseases, autoimmune disorders, asthma, and allergies. The Institute will also investigate the role of the microbiome in health and disease, deepening understanding of how microbial communities influence immune function and susceptibility to illness.

The FY 2027 request also supports ongoing efforts to support NIH initiatives, such as the development of a universal influenza vaccine, and other HHS-wide initiatives through the Research and Development contract mechanism. The Intramural Research Program will maintain its focus on long-term priorities, with resources aligned to key research on infectious diseases, such as HIV/AIDS, malaria, influenza, and to expand knowledge of immune system function.

**Program Descriptions and Accomplishments**

NIAID is transitioning from its historic triad of *HIV, Biodefense/Pandemic Preparedness, and Other Infectious and Immunologic Diseases* programmatic areas to two integrated pillars: the Infectious Disease Research Program and the Immunology, Allergy, and Autoimmune Disease Research Program. This structure better aligns NIAID’s research priorities with the most pressing health challenges and chronic diseases facing Americans.

## Extramural Programs

### **Infectious Disease Research Program**

Infectious diseases remain a significant threat to the health of Americans. NIAID conducts and supports a broad spectrum of research including basic, translational, clinical, and implementation studies to improve understanding, diagnosis, treatment, and prevention of these illnesses.

NIAID's research encompasses a broad array of infectious diseases and related challenges, such as antimicrobial resistance, influenza, malaria, vector-borne diseases, sexually transmitted infections, and HIV/AIDS, among many others. Highlights in this area are:

**Fighting 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.<sup>4</sup> Antimicrobial resistance (AMR) occurs when pathogens change over time and no longer respond to currently available treatments. NIAID continues to make significant investments in basic, translational, and clinical research on AMR. This includes supporting four Centers of Excellence for Translational Research (CETR) in FY 2025 to develop medical countermeasures against antimicrobial-resistant bacteria and fungi, focusing on preclinical development of therapeutics, vaccines, or diagnostics for specific high-priority pathogens. The Centers' programs aim to create broad-spectrum countermeasures, novel technologies, and platforms that can accelerate product development timelines and reduce costs.<sup>5</sup>

**Developing a Universal Flu vaccine:** One of NIH's and NIAID's highest priorities is the development of a safe and effective universal influenza vaccine that offers long-lasting protection against multiple strains of the influenza virus, including strains with pandemic potential. To facilitate this goal, NIAID and NIH continue to support the development and sourcing of reagents, tools, collaborations, centers, and services that allow discovery, advancement, and evaluation of universal vaccine candidates through rigorous clinical testing. This includes infectious diseases clinical trial infrastructure, which can swiftly enroll large numbers of volunteers into clinical studies to evaluate candidate medical countermeasures and conduct controlled human influenza virus infection model studies.

Both intramural researchers at NIAID and extramural scientists are actively pursuing innovative approaches for developing universal influenza vaccine candidates. The Collaborative Influenza Vaccine Innovation Centers (CIVICs), established by NIAID as a coordinated, multidisciplinary effort, contribute significantly to this goal.<sup>6</sup> Several broadly protective influenza vaccine candidates are being developed under the CIVICs network and tested in Phase I clinical trials. Additionally, NIAID scientists recently completed a Phase I clinical trial that demonstrated the safety of a novel influenza candidate vaccine, BPL-1357, and its ability to induce immune responses against a diverse set of antigens across multiple influenza strains. BPL-1357 is a whole virus vaccine comprised of four strains of chemically inactivated, low-pathogenicity avian flu virus that provided near universal protection against a wide range of influenza viruses in animal models. Intranasal and intramuscular formulations of BPL-1357 are poised to be tested in Phase II trials in early 2026 while further Phase 1b trials evaluating additional dosing strategies are

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<sup>4</sup> [cdc.gov/antimicrobial-resistance/media/pdfs/2019-ar-threats-report-508.pdf](https://www.cdc.gov/antimicrobial-resistance/media/pdfs/2019-ar-threats-report-508.pdf)

<sup>5</sup> [reporter.nih.gov/search/LTWQKfRXwUe1IXTYqLe6eA/projects?sort\\_field=ic\\_serial\\_num&sort\\_order=asc](https://reporter.nih.gov/search/LTWQKfRXwUe1IXTYqLe6eA/projects?sort_field=ic_serial_num&sort_order=asc)

<sup>6</sup> [niaid.nih.gov/research/civics](https://niaid.nih.gov/research/civics)

being developed.<sup>7</sup> NIAID researchers are also utilizing computationally designed nanoparticle vaccine platforms to create next-generation influenza vaccines. These approaches allow targeting of the conserved stem region of the influenza virus hemagglutinin (HA) protein, eliminating the need to reformulate a seasonal vaccine each year. Using this approach, scientists at the NIAID Vaccine Research Center (VRC) developed a HA stem-displaying nanoparticle vaccine, H10ssf\_6473, and completed a Phase I trial. Further building upon these HA stem-displaying vaccines, the VRC developed SteMos1, a mosaic nanoparticle vaccine that displays the stem of multiple influenza HAs. SteMos1 has shown broad protection against influenza virus in animal studies, with clinical testing initiated in 2025. Vaccine candidates targeting the conserved sites of vulnerability promise broadly protective immunity against both seasonal and pandemic influenza viruses.

**Unlocking key information to help treat and prevent tick-borne diseases:** 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,<sup>8</sup> which is caused by a bacterial infection spread through the bite of a tick. NIAID-funded scientists developed a new technology called IscREAM to identify which tick proteins trigger protective immune responses, with the goal of creating antitick vaccines that prevent tick-related diseases. The IscREAM technology screened antibodies against more than 3,000 tick antigens simultaneously. Based on that screen, IscREAM identified a diverse set of tick antigens that induce robust immune responses in animal models, providing promising targets for future vaccines that could prevent tick feeding and block disease transmission.<sup>9</sup>

**Addressing Long COVID:** NIAID is working with other NIH Institutes to help advance the research and treatment for Long COVID, which is a chronic condition that occurs after SARS-CoV-2 infection and includes a wide range of symptoms. NIAID-funded scientists have developed a machine learning-based "recovery factor" using multiple biological measurements from patients to predict and characterize Long COVID. The recovery factor successfully identified patients at risk of developing Long COVID as early as hospital admission, regardless of their initial disease severity. Patients with Long COVID showed distinct biological signatures, including increased inflammation, altered iron metabolism (suggesting anemia and stress on red blood cell production), among other symptoms. These findings suggest that persistent inflammation driving anemia may be a key underlying mechanism of Long COVID, potentially revealing new targets for treatment.<sup>10</sup>

**Improving adherence to HIV PrEP:** 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. One example of a potential long-acting PrEP is an injectable antiretroviral drug called lenacapavir.

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<sup>7</sup> [nih.gov/news-events/news-releases/hhs-nih-launch-next-generation-universal-vaccine-platform-pandemic-prone-viruses](https://www.nih.gov/news-events/news-releases/hhs-nih-launch-next-generation-universal-vaccine-platform-pandemic-prone-viruses)

<sup>8</sup> [cdc.gov/lyme/data-research/facts-stats/index.html](https://www.cdc.gov/lyme/data-research/facts-stats/index.html)

<sup>9</sup> [pmc.ncbi.nlm.nih.gov/articles/PMC12067475/](https://pubmed.ncbi.nlm.nih.gov/articles/PMC12067475/)

<sup>10</sup> [pmc.ncbi.nlm.nih.gov/articles/PMC12582403/](https://pubmed.ncbi.nlm.nih.gov/articles/PMC12582403/)

NIAID-funded researchers tested whether a twice-yearly injection of lenacapavir could prevent HIV infection. Researchers compared participants who received either lenacapavir injections every six months or a daily pill. The lenacapavir group had significantly fewer HIV infections, resulting in an 89 percent increase in effectiveness as compared to the standard treatment.<sup>11</sup>

**Developing treatments for children with HIV:** A recent NIAID-funded research project found that a new combination HIV medication (abacavir/dolutegravir/lamivudine) can be dissolved in water for easier use in children under 12 years old. All children who stayed on the medication in the trial had undetectable virus levels. The study found that this dispersible tablet form is safe and effective for treating HIV in children, making it the first single-tablet option containing dolutegravir for use in young patients.<sup>12</sup>

**Advancing an HIV cure:** A major NIH priority in HIV research is achieving a cure. NIAID supports the Martin Delaney Collaboratories for HIV Cure Research program, which fosters multidisciplinary collaborations between basic, applied, and clinical researchers studying HIV persistence. HIV medications, called antiretroviral therapy (ART), stop the virus from replicating but do not eliminate latent "sleeping" virus that can rebound if treatment stops. Martin Delaney Collaboratory researchers examined whether an individual's own antibodies, called autologous neutralizing antibodies (aNAbs) could help control this latent virus, blocking rebound when ART therapy is interrupted in individuals taking HIV medications. They found that most latent viruses were resistant to the person's own aNAbs, and this resistance increased the longer the person was on uninterrupted ART treatment. Researchers went on to show that resistance to aNAbs was not solely due to the waning of the antibody response, a finding that will be important in future studies to determine if memory B cells that produce aNAbs can be restimulated. Overall, this study highlights the importance of starting ART early to limit the latent reservoir and aNAb-resistant escape variants.<sup>13</sup> However, the antibodies might still provide some partial benefit. Over time, the immune system may eliminate cells carrying antibody-sensitive viruses, leaving behind only resistant ones, while antibody levels also naturally decline.

### **Immunology, Allergy, and Autoimmune Disease Research Program**

Research in basic immunology is essential for unraveling the complex mechanisms that govern the immune system, including its roles in mediating allergic responses and contributing to autoimmune diseases. NIAID supports a comprehensive portfolio of basic, translational, and clinical research aimed at advancing understanding of immunological processes, as well as improving the diagnosis, treatment, and prevention of allergies and autoimmune disorders. Research highlights in this area include:

**Understanding the immune system's role in healthy aging:** NIAID-funded researchers are exploring why some people age more healthily than others by examining "immune resilience" – the body's ability to maintain health despite aging and inflammation. Researchers found that a key factor is a gene (TCF7) that helps preserve young, regenerative immune cells throughout life. People with poor immune resilience at age 40 face mortality rates like those of 55-year-olds with strong immune resilience, creating a 15-year survival gap. The most critical period for

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<sup>11</sup> [pubmed.ncbi.nlm.nih.gov/39602624/](https://pubmed.ncbi.nlm.nih.gov/39602624/)

<sup>12</sup> [pmc.ncbi.nlm.nih.gov/articles/PMC12221218/#abstract1](https://pmc.ncbi.nlm.nih.gov/articles/PMC12221218/#abstract1)

<sup>13</sup> [pubmed.ncbi.nlm.nih.gov/40728901/](https://pubmed.ncbi.nlm.nih.gov/40728901/)

intervention is midlife (ages 40-70). The findings suggest that strengthening immune resilience during middle age by reducing inflammation, supporting immune function, and preventing age-related diseases could extend a healthy lifespan.<sup>14</sup>

**Reducing the development of food allergies:** Food allergy affects about eight percent of children in the United States and sometimes causes severe or life-threatening reactions. NIAID continues to advance food allergy research by exploring ways to prevent food allergy and develop new treatment strategies. Introducing food allergens such as peanut and egg into infants' diets around four to six months of age has proven to be an important element of food allergy prevention, but this intervention comes too late for some children. A new clinical trial is testing whether maternal consumption of peanuts and eggs during pregnancy and breastfeeding prevents babies from developing an early sign of allergies to these foods. The study aims to enroll pregnant mothers who are not allergic to peanuts or egg but whose babies are at high risk for food allergy because the mother has a parent, sibling or child with allergic disease.<sup>15</sup>

**Understanding the role of gut bacteria on multiple sclerosis:** Autoimmune disease is caused by the body's immune system attacking its own organs, tissues, and cells. NIAID has made headway in investigating how gut bacteria may contribute to the autoimmune disease multiple sclerosis (MS). NIAID-funded scientists are comparing the microbiomes of patients with and without MS. Researchers found that patients with MS had different gut bacteria populations, with certain *Blautia* species being more common while *Prevotella copri* was more prevalent in people without MS. When they gave mice MS-associated *Blautia* bacteria, the mice developed gut inflammation and showed changes in their microbiome that correlated with more severe MS-like disease. Using this information, the researchers identified a potential biomarker that could help diagnose, predict outcomes, or guide treatments for MS.<sup>16</sup>

### **Budget Policy:**

The FY 2027 President's Budget request for extramural programs is \$3,591.7 million, split between Infectious Disease Research Program and the Immunologic, Allergy, and Autoimmune Disease research.

The FY 2027 President's Budget request for the extramural component of the Infectious Disease Research Program supported by NIAID is \$2,961.7 million. The FY 2027 request reflects NIAID's ongoing commitment to advancing fundamental research on infectious diseases of public health importance, including malaria and other vector- and tick-borne diseases, neglected tropical diseases, enteric diseases, hepatitis, tuberculosis and other respiratory diseases, HIV, sexually transmitted infections, and fungal diseases. NIAID also advances antimicrobial research, with a focus on addressing antimicrobial resistance and developing new therapeutics. This funding will support a broad portfolio of projects, such as the continued development of a safe and effective universal influenza vaccine designed to provide long-lasting protection against multiple strains, including those with pandemic potential. NIAID will also continue to prioritize implementation science projects to advance HIV prevention, diagnosis, and treatment. The

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<sup>14</sup> [pubmed.ncbi.nlm.nih.gov/40264357/](https://pubmed.ncbi.nlm.nih.gov/40264357/)

<sup>15</sup> [nih.gov/news-events/news-releases/study-test-if-mothers-diet-prevents-early-sign-food-allergy-babies](https://nih.gov/news-events/news-releases/study-test-if-mothers-diet-prevents-early-sign-food-allergy-babies)

<sup>16</sup> [pubmed.ncbi.nlm.nih.gov/40030030/](https://pubmed.ncbi.nlm.nih.gov/40030030/)

Institute remains dedicated to supporting research that improves understanding of, and ability to prevent and treat, infectious diseases of public health importance.

The FY 2027 President's Budget request for the extramural component of Immunologic, Allergy, and Autoimmune Diseases research is \$629.9 million. This FY 2027 funding will support NIAID's long-term priorities in fundamental immunology, organ transplantation, asthma, allergic diseases, and autoimmune disorders. Food allergy research remains a key focus, with efforts aimed at prevention and developing new treatments. NIAID continues to advance research that deepens our understanding of immunological processes and improves the prevention and treatment of allergies and autoimmune diseases.

In the historic triad of HIV, Biodefense/Pandemic Preparedness, and Other Infectious and Immunologic Diseases structure, the FY 2027 budget request for those programs are \$1,062.9 million, \$1,324.7 million, and \$1,204.1 million respectively.

### **Intramural Research**

The NIAID Intramural Research Program (IRP) 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. The IRP has two primary components: 1) The Division of Intramural Research, with investigators in Maryland and at the Rocky Mountain Laboratories in Montana, who lead a wide range of basic, translational, and clinical research efforts in infectious diseases, allergy, and immunology, and 2) the Vaccine Research Center (VRC), which applies fundamental advances in immunology, virology, structural biology, and vaccine science to discover new and improved vaccines and therapeutics for human diseases. The unique nature of the IRP, along with access to the NIH Clinical Center (CC), allows NIAID to execute complex and long-term studies, conduct research on rare diseases, and respond to public health emergencies. IRP research highlights include:

**Identifying promising strategies for bacterial infection:** NIAID scientists have discovered a completely new class of bacteria-fighting molecules, called TMCins, that bacteria use as weapons against each other. Typical antimicrobial molecules punch holes in bacteria and then break them down. TMCins permanently embed themselves in the bacterium and link together to form stable, long-lasting pores that kill the cell. This ability was previously only seen in much larger protein toxins, making TMCins unique among small antimicrobial molecules. These molecules can kill many types of common bacteria and are found widely in nature, suggesting there may be many more undiscovered natural antimicrobials that could potentially help address antibiotic resistance. The discovery demonstrates that nature still holds promising new tools for fighting bacterial infections that scientists are only beginning to uncover.<sup>17</sup>

**Improving flu vaccines:** The flu vaccine doesn't work equally well for everyone, and people with obesity are more likely to get the flu even after being vaccinated. NIAID researchers studied blood samples from people at different times after they received the flu vaccine to understand why some people's immune systems respond better than others. They found that gene activity peaked at seven days after vaccination, and people who developed strong immunity showed

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<sup>17</sup> [pubmed.ncbi.nlm.nih.gov/40769975/](https://pubmed.ncbi.nlm.nih.gov/40769975/)

different patterns of gene activity compared to those who didn't respond as well. Importantly, people with and without obesity showed distinct patterns in how their genes changed over time following vaccination. Understanding these differences could help scientists develop better flu vaccines that work more effectively for people with obesity and other health conditions.<sup>18</sup>

**Budget Policy:**

The FY 2027 President's Budget request for Intramural Research is \$794.6 million, a decrease of \$103.9 million or 11.6 percent compared with the FY 2026 Enacted level. The FY 2027 Intramural Research plan supports NIAID's critical long-range research priorities with funding carefully aligned to support key research activities. These activities include continued support for all aspects of research on infectious diseases such as HIV/AIDS, malaria, and influenza, with a focus on causative agents, vectors, and the human host. In addition, NIAID leverages both basic and clinical research to develop innovative interventions, ensuring that critical laboratory discoveries are rapidly translated into effective strategies for preventing, diagnosing, and treating disease.

**Research Management and Support (RMS)**

Research Management and Support (RMS) activities provide administrative, budgetary, logistical, and scientific support in reviewing, awarding, and monitoring of research grants, training awards, and research and development contracts. RMS facilitates NIAID-wide coordination, evaluation of programs, and strategic planning. RMS activities also provide regulatory compliance, international coordination, and liaison activities with other federal agencies, Congress, and the public.

**Budget Policy:**

The FY 2027 President's Budget request for RMS is \$364.8 million, a decrease of \$64.4 million or 15.0 percent compared with the FY 2026 Enacted level. The budget will support ongoing administrative efforts and cover the FY 2027 anticipated pay and benefit adjustments.

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<sup>18</sup> [pubmed.ncbi.nlm.nih.gov/40548708/](https://pubmed.ncbi.nlm.nih.gov/40548708/)

**NATIONAL INSTITUTES OF HEALTH  
National Institute of Allergy and Infectious Diseases**

**Appropriations History**

<b>Fiscal Year</b>	<b>Budget Estimate to Congress</b>	<b>House Allowance<sup>1</sup></b>	<b>Senate Allowance</b>	<b>Appropriation</b>
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	\$6,582,279,000	\$6,592,279,000	\$6,585,279,000
Rescission				\$0
2027	\$4,751,000,000			

<sup>1</sup> The FY 2025 House bill proposed consolidating the 27 NIH Institutes and Centers into a 12-Institute structure, while maintaining the Office of the Director and the Building and Facilities account.

**BUDGET AUTHORITY BY OBJECT CLASS**

**NATIONAL INSTITUTES OF HEALTH  
National Institute of Allergy and Infectious Diseases**

**Budget Authority by Object Class**

(Dollars in Thousands)

	<b>FY 2026 Enacted</b>	<b>FY 2027 President's Budget</b>	<b>FY 2027 +/- FY 2026</b>
<b>Total compensable workyears:</b>			
Full-time equivalent	1,921	1,921	0
Full-time equivalent of overtime and holiday hours	0	0	0
Average ES salary	\$227	\$227	\$1
Average GM/GS grade	13.0	13.0	0.0
Average GM/GS salary	\$141	\$142	\$0
Average salary, Commissioned Corps (42 U.S.C. 207)	\$128	\$133	\$5
Average salary of ungraded positions	\$169	\$169	\$0
<b>OBJECT CLASSES</b>	<b>FY 2026 Enacted</b>	<b>FY 2027 President's Budget</b>	<b>FY 2027 +/- FY 2026</b>
Personnel Compensation			
11.1 Full-Time Permanent	\$198,642	\$200,153	\$1,511
11.3 Other Than Full-Time Permanent	\$94,993	\$96,665	\$1,672
11.5 Other Personnel Compensation	\$14,774	\$14,919	\$145
11.7 Military Personnel	\$3,591	\$3,749	\$158
11.8 Special Personnel Services Payments	\$31,942	\$32,572	\$630
<b>11.9 Subtotal Personnel Compensation</b>	<b>\$343,942</b>	<b>\$348,058</b>	<b>\$4,115</b>
12.1 Civilian Personnel Benefits	\$116,378	\$118,194	\$1,816
12.2 Military Personnel Benefits	\$996	\$1,041	\$45
13.0 Benefits to Former Personnel	\$3,586	\$3,594	\$8
<b>Subtotal Pay Costs</b>	<b>\$464,902</b>	<b>\$470,886</b>	<b>\$5,984</b>
21.0 Travel & Transportation of Persons	\$7,329	\$4,562	-\$2,767
22.0 Transportation of Things	\$1,604	\$1,033	-\$571
23.1 Rental Payments to GSA	\$4	\$4	\$0
23.2 Rental Payments to Others	\$46	\$34	-\$12
23.3 Communications, Utilities & Misc. Charges	\$1,632	\$618	-\$1,014
24.0 Printing & Reproduction	\$0	\$0	\$0
25.1 Consulting Services	\$233,978	\$197,566	-\$36,412
25.2 Other Services	\$205,308	\$142,311	-\$62,996
25.3 Purchase of Goods and Services from Government Accounts	\$699,235	\$536,224	-\$163,011
25.4 Operation & Maintenance of Facilities	\$8,570	\$5,664	-\$2,905
25.5 R&D Contracts	\$707,816	\$460,358	-\$247,458
25.6 Medical Care	\$2,948	\$2,390	-\$558
25.7 Operation & Maintenance of Equipment	\$44,758	\$25,363	-\$19,395
25.8 Subsistence & Support of Persons	\$0	\$0	\$0
<b>25.0 Subtotal Other Contractual Services</b>	<b>\$1,902,613</b>	<b>\$1,369,877</b>	<b>-\$532,736</b>
26.0 Supplies & Materials	\$60,389	\$44,095	-\$16,294
31.0 Equipment	\$6,806	\$4,542	-\$2,263
32.0 Land and Structures	\$19,282	\$19,687	\$405
33.0 Investments & Loans	\$0	\$0	\$0
41.0 Grants, Subsidies & Contributions	\$4,081,489	\$2,835,333	-\$1,246,157
42.0 Insurance Claims & Indemnities	\$0	\$0	\$0
43.0 Interest & Dividends	\$328	\$328	\$0
44.0 Refunds	\$0	\$0	\$0
94.0 Financial Transfers	\$0	\$0	\$0
<b>Subtotal Non-Pay Costs</b>	<b>\$6,081,523</b>	<b>\$4,280,114</b>	<b>-\$1,801,409</b>
<b>Total Budget Authority by Object Class</b>	<b>\$6,546,425</b>	<b>\$4,751,000</b>	<b>-\$1,795,425</b>

<sup>1</sup> Includes FTEs whose payroll obligations are supported by the NIH Common Fund.

**DETAIL OF FULL-TIME EQUIVALENT EMPLOYMENT (FTE)**

**NATIONAL INSTITUTES OF HEALTH  
National Institute of Allergy and Infectious Diseases**

**Detail of Full-Time Equivalent Employment (FTE)**

Office	FY 2025 Final			FY 2026 Enacted			FY 2027 President's		
	Civilian	Military	Total	Civilian	Military	Total	Civilian	Military	Total
Division of Clinical Research									
Direct:	86	3	89	86	3	89	86	3	89
Total:	86	3	89	86	3	89	86	3	89
Division of Extramural Activities									
Direct:	236	-	236	150	-	150	150	-	150
Total:	236	-	236	150	-	150	150	-	150
Division of Intramural Research									
Direct:	736	6	742	731	6	737	731	6	737
Total:	736	6	742	731	6	737	731	6	737
Office of the Director									
Direct:	394	-	394	385	-	385	385	-	385
Total:	394	-	394	385	-	385	385	-	385
Division of Allergy, Immunology, and Transplantation									
Direct:	99	1	100	99	1	100	99	1	100
Total:	99	1	100	99	1	100	99	1	100
Division of Microbiology and Infectious Diseases									
Direct:	179	8	187	174	8	182	174	8	182
Total:	179	8	187	174	8	182	174	8	182
Division of Acquired Immunodeficiency									
Direct:	160	3	163	160	3	163	160	3	163
Total:	160	3	163	160	3	163	160	3	163
Vaccine Research Center									
Direct:	115	-	115	115	-	115	115	-	115
Total:	115	-	115	115	-	115	115	-	115
<b>Total</b>	<b>2,005</b>	<b>21</b>	<b>2,026</b>	<b>1,900</b>	<b>21</b>	<b>1,921</b>	<b>1,900</b>	<b>21</b>	<b>1,921</b>
Includes FTEs whose payroll obligations are supported by the NIH Common Fund.									
FTEs supported by funds from Cooperative Research and Development Agreements.	0	0	0	0	0	0	0	0	0

DETAIL OF POSITIONS

NATIONAL INSTITUTES OF HEALTH  
National Institute of Allergy and Infectious Diseases

Detail of Positions <sup>1</sup>

GRADE	FY 2025 Final	FY 2026 Enacted	FY 2027 President's Budget
Total, ES Positions	3	2	2
Total, ES Salary	\$671,355	\$453,165	\$454,298
General Schedule			
GM/GS-15	170	170	170
GM/GS-14	393	388	388
GM/GS-13	411	404	404
GS-12	246	239	239
GS-11	112	91	91
GS-10	1	0	0
GS-9	43	25	25
GS-8	23	14	14
GS-7	35	27	27
GS-6	9	0	0
GS-5	4	0	0
GS-4	1	0	0
GS-3	2	0	0
GS-2	1	0	0
GS-1	0	0	0
Subtotal	1,451	1,358	1,358
Commissioned Corps (42 U.S.C. 207)			
Assistant Surgeon General	0	0	0
Director Grade	8	8	8
Senior Grade	6	6	6
Full Grade	6	6	6
Senior Assistant Grade	1	1	1
Assistant Grade	0	0	0
Junior Assistant	0	0	0
Subtotal	21	21	21
Ungraded	292	540	540
Total permanent positions	1,767	1,921	1,921
Total positions, end of year	1,767	1,921	1,921
Total full-time equivalent (FTE) employment, end of year	2,026	1,921	1,921
Average ES salary	\$223,785	\$226,582	\$227,149
Average GM/GS grade	13.0	13.0	13.0
Average GM/GS salary	\$139,493	\$141,238	\$141,591

<sup>1</sup> Includes FTEs whose payroll obligations are supported by the NIH Common Fund.