

U.S. Centers for Disease
Control and Prevention

Visual Brand Identity Standards



CDC's Primary Visual Identification Assets

CDC as with all US government agencies is required to identify itself in it's external communications. This ID is not just agency policy, it is also federal law. As shown below there are multiple approaches to agency identification that accomodate a variety of circumstances and media.



Logo

The logo with tagline spelling out the agency name as **"U.S. Centers for Disease Control and Prevention"** can be used on printed materials and cases where the tag line will maintain legibility.

The logo can also be used without the tagline text when the use of the tagline will not otherwise be easily legible.



Logo - Wide Option

The wide logo and tagline is another layout option when space is available and could also be an option when co-branding with organizations with more horizontal oriented logos. This option also increases legibility when there is clear layout area to accomidate the graphic.



Badge

The badge and badge with text are suitable for print and printable electronically distributed communication materials that require clearance through HHS/ASPA.



Badge and Text

The text to the right of the badge provides an alternate method of identifying HHS and CDC and increases legibility.



URL ID

The agency can be identified through the use of the URL. This option can be useful in the context of a social media post as an example, where the social media page itself carries the CDC avatar.



Logo Avatar

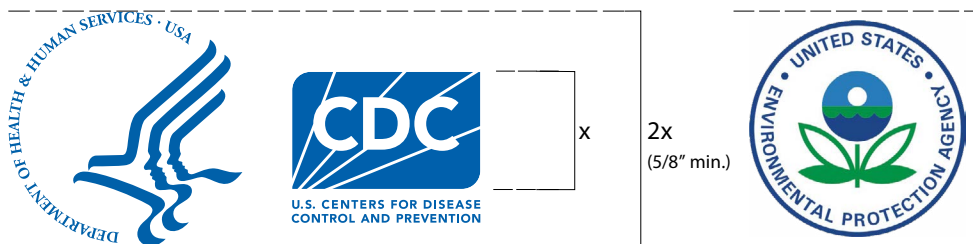
Several options are available for social media avatar space where the standard logo doesn't comfortably fit.



Agency Name

The agency tag is available as a stand-alone graphic element.

Use of Logo with Other Agencies or Partners



Federal Partners

The HHS, CDC, and ATSDR logos should be used without the badge container when the Department and Agency logos are to be represented with the logos of other federal Agencies.

Other Agencies should not be represented with greater visual weight than the Department logo. Maintain a size for the additional logo of less than “2x” as with EPA example shown.

HHS policy requires the Department logo be a minimum height of 5/8 inch and that HHS opdivs should be secondary. Typically the logos of the federal government are represented in a read order in line with government structure. For example White House, Cabinet Agency’s, then Cabinet subagencies or opdivs (i.e. CDC, or NIH).

The application of other Agency’s logos should coincide with the cooperating agencies clearance of the materials being prepared.

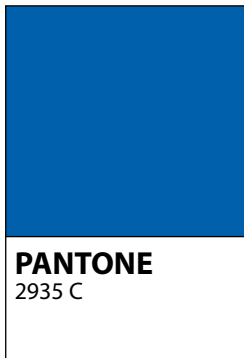


Non-Federal Partners

When partnering with non-federal entities a license is required. This applies to state government, U.S. non-profit organizations, international organizations and non-U.S. governments. Most of the time this cooperation will just include the CDC logo (not HHS). HHS will only be involved if HHS/ASPA has indicated the department ID should be represented in the cooperative communication.



Agency Color



PMS 2935 C

CMYK: 100, 63, 0, 2

RGB: 0, 87, 183

HEX/THML: 0057b7

NOTE: These conversions are from the official [pantone.com](https://www.pantone.com) website. Third party sites list some differences so please be sure to reference the above conversions; this info is also available on the Brand Hub, Visual Brand Guide

System Logos

Logos that represent a product of the agency we refer to as “System Logos” or system marks. All new marks must be processed with a Trademark (TM) search and possible TM registration depending on intended use and other legal concerns.

Processing of both new and existing marks for TM must be requested through a [System Marks request](https://createit.cdc.gov/Request/SystemMarksClearance) (https://createit.cdc.gov/Request/SystemMarksClearance). The requests will be batch processed two times per year though a legal contract with NIH overseen by the Office of Science/OTI. A request can be entered into the queue at any time but will generally processed in December and May of each year. Approval runs through your CIO ADCS to OADC and the Office of the General Council. Funding for the process will come out of program funds. Emergency requests will also be considered and may be processed separately.

Key contacts are:

OC: Jim Clark

OCG: Joanna Stettner

OS/OTI: Gwen Barnett

Office Logos

Logos that represent CDC offices or any other part of the CDC organizational structure (organizational units, offices, or work groups) or those that may represent internal communication campaigns can be approved for limited **internal use only**, once approved by program ADCS. These logos must never be used with the HHS, CDC ATSDR, or NIH logos and never be placed in a communication product that would be seen by the public. When we represent ourselves in public communication we do so as CDC or ATSDR.

Join the NMI Team at the 2018 CSTE Annual Conference!

SUNDAY, JUNE 10, 2018
8:30 am–5:30 pm

- Workshop: “Enhancing Surveillance through Partnerships and Innovation”
- Participating NMI Speakers:
 - » Paula Yoon, Division of Health Informatics and Surveillance (DHIS) Director: “Data Preparedness for Event Response: Framing the Issue”
 - » Lesliann Helmus, DHIS Associate Director for Surveillance: “NNDSS Perspective—How Can NNDSS Data/Messages Be Used for Event Response?”

MONDAY, JUNE 11, 2018
7:30–8:15 am

- Roundtable Presentation: “Enhancing NNDSS Data Quality by Improving the Annual Data Reconciliation Process”
- Participating NMI Speakers: Lesliann Helmus, DHIS Associate Director for Surveillance, and Umed Ajani, DHIS Associate Director for Science

TUESDAY, JUNE 12, 2018
10:30 am–12:00 pm

- Breakout Session: Surveillance/Informatics I—The Future is Now: NNDSS Modernization Initiative
- Participating NMI Speakers:
 - » Lesliann Helmus, DHIS Associate Director for Surveillance: “NMI: National Notifiable Diseases Surveillance System”
 - » Andrew Kuehl, Message Validation, Processing, and Provisioning System (MVPS) Technical Lead: “Enhancements to MVPS”
 - » Melinda Thomas, NMI State Implementation and Technical Assistance Team: “NMI: Arboviral HL7 Case Notifications —Onboarding Successes Promoting Efficiencies for Jurisdictions”
 - » Michele Hoover, NMI State Implementation and Technical Assistance Lead: “NMI: Accelerating Onboarding—Lessons Learned from Public Health Jurisdictions Sending HL7 NNDSS Case Notifications”

2:00–3:30 PM

- Breakout Session: Surveillance/Informatics II—Electronic Case Reporting: eCR Said Than Done
- Participating NMI Speaker:
 - » Michael Wodajo, NEDSS Base System: “Implementing eCR in a Public Health Surveillance System Using a Re-Usable Approach for Interoperability: Design Overview and Lessons Learned”

WEDNESDAY, JUNE 13, 2018
7:30–8:15 am

- Roundtable Presentation: “Improving NMI Technical Assistance Tools and Resources to Support State and Local Public Health Agencies Sending NNDSS HL7 Case Notifications”
- Participating NMI Speakers: Michele Hoover, NMI State Implementation and Technical Assistance Lead, and Melinda Thomas, NMI State Implementation and Technical Assistance Team

1:00–1:45 pm

- Roundtable Presentation: “Facilitating Data Submission from State and Local Health Agencies to CDC in an Emergency Response”
- Participating NMI Speakers: Ruth Jajosky, NNDSS Surveillance Operations Team Lead, and Michele Hoover, NMI State Implementation and Technical Assistance Lead

CDC U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

<https://www.cdc.gov/nmi/>

278379-C

Example showing appropriate placement of a system logo or system mark - NNDSS (Bucket 2) System logos should never be placed in close proximity to the agency badge or agency logo.

Incorrect Use of the CDC Logo

It is unacceptable to use any color with the logo other than those prescribed. This rule holds despite the format or reproduction method. The CDC logo should be represented in specified blue only unless printing is in black and white.

It is unacceptable to change the proportions of the logo.

It is unacceptable to change the logo or tag line type faces.

It is unacceptable for a non-HHS organization, such as government agencies, non-governmental agencies and private sector companies to use the CDC logo without formal permission and a license to do so.

The correct tag line for the logo is “U.S. Centers for Disease Control and Prevention”, there are no other tag lines.

The logo should never be merged with other graphics or logos, it must in all instances stand with appropriate buffer area and not be intefered with.

System logos or logos of agency products should never be used in close proximity to the agency logo.



Do not change the color of the CDC logo.



Do not change the color of the CDC logo to black.



Do not change the color of the CDC name text the CDC name text should be CDC blue or white when used over a dark background.



Do not alter the agency name text or add program info to the logo.



Do not stretch the logo when scaling (maintain correct proportions).



Do not alter the color of the logo or create half-tones of the logo.



Do not make the logo transparent.



Do not reverse the color to white - the logo is only to be used in the specified blue.



Do not place a system or product logo near the CDC logo.



Do not place the CDC logo in a white box. If legibility of the agency name is an issue when over a dark background use the version with white text.

CDC Logo on Fact Sheet or Other Printed Product

Fact sheet templates are designed with CDC colors and identification.

CDC's Fact Sheet
OD-Office of the Director: Helvetica Neue LT Std, on 8.5"x 11"

Heading (H2)

Welcome, to the new factsheet templates! In these templates, you will find that everything in this document has been styled. However, based on content, the font size can be changed to no less than 9.5. By default these templates will include heavy content already set at 9.5-point font. One columns are not recommended in this layout given the exception for an intro. CIO colors are complaint in this factsheet and are included via snippet in your swatches. Enjoy!

Heading (H2)

Lorem ipsum dolor sit amet, consectetur adipiscing elit. Donec massa nunc, interdum eget elit sed, laoreet auctor mi. Nulla interdum neque a enim dignissim, sit amet pharetra tellus luctus.

Donec pretium libero eget ipsum hendrerit iaculis. Nulla at vehicula ipsum. Aliquam commodo ante nunc, id imperdiet diam luctus in. Aenean non augue nisi. Suspendisse tortor enim, eleifend dictum urna efficitur, efficitur volutpat tellus.

Heading (H2)

Donec tincidunt, massa non eleifend consectetur, tellus libero commodo massa, vitae aliquam lorem risus a purus. Curabitur vitae aliquam tortor. Donec quis orci nec risus lobortis ornare a at ex. Cras et scelerisque nunc.

Heading (H2)

Sed scelerisque vulputate libero a commodo. Praesent vitae erat turpis. Duis ullamcorper ipsum vitae erat viverra scelerisque.


SUBJECT TITLE	COLUMN TITLE 1	COLUMN TITLE 2	COLUMN TITLE 3	COLUMN TITLE 4
First Subject	Sub 1 Data 1	Sub 1 Data 2	Sub 1 Data 3	Sub 1 Data 4
Second Subject	Sub 2 Data 1	Sub 2 Data 2	Sub 2 Data 3	Sub 2 Data 4
Third Subject	Sub 3 Data 1	Sub 3 Data 2	Sub 3 Data 3	Sub 3 Data 4
Fourth Subject	Sub 4 Data 1	Sub 4 Data 2	Sub 4 Data 3	Sub 4 Data 4
Fifth Subject	Sub 5 Data 1	Sub 5 Data 2	Sub 5 Data 3	Sub 5 Data 4
Sixth Subject	Sub 6 Data 1	Sub 6 Data 2	Sub 6 Data 3	Sub 6 Data 4

Heading (H2)

Lorem ipsum dolor sit amet, consectetur adipiscing elit. Donec massa nunc, interdum eget elit sed, laoreet auctor mi. Nulla interdum neque a enim dignissim, sit ametra tellus luctus. Donec pretium libero eget ipsum hendrerit iaculis. Nulla at vehicula ipsum. Aliquam commodo ante nunc, id imperdiet diam luctus in.

Consectetur adipiscing elit. Donec massa nunc, interdum eget elit sed, laoreet auctor mi. Nulla interdum neque a enim dignissim, sit amet tellus luctus. Donec pretium libero eget ipsum hendrerit iaculis. Nulla at vehicula ipsum.

"Donec tincidunt, massa non eleifend sectetur, tellus libero commodo massa, vitae aliquam lorem risus a purus. Curabitur vitae tortor."
- Dr. Lorem Ipsum



U.S. CENTERS FOR DISEASE
CONTROL AND PREVENTION

CS - Number Date

5/8 inch vertical
minimum

#VitalSigns
JUN 2018

Vitalsigns™ CDC

45K

Nearly 45,000 lives lost to suicide in 2016.

↑30%

Suicide rates were up more than 30% in half of states since 1999.

54%

More than half of people who died by suicide did not have a known mental health condition.


Suicide rising across the US


More than a mental health concern


Suicide is a leading cause of death in the US. Suicide rates increased in nearly every state from 1999 through 2016. Mental health conditions are often seen as the cause of suicide, but suicide is rarely caused by any single factor. In fact, many people who die by suicide are not known to have a diagnosed mental health condition at the time of death. Other problems often contribute to suicide, such as those related to relationships, substance use, physical health, and job, money, legal, or housing stress. Making sure government, public health, healthcare, employers, education, the media and community organizations are working together is important for preventing suicide. Public health departments can bring together these partners to focus on comprehensive state and community efforts with the greatest likelihood of preventing suicide.

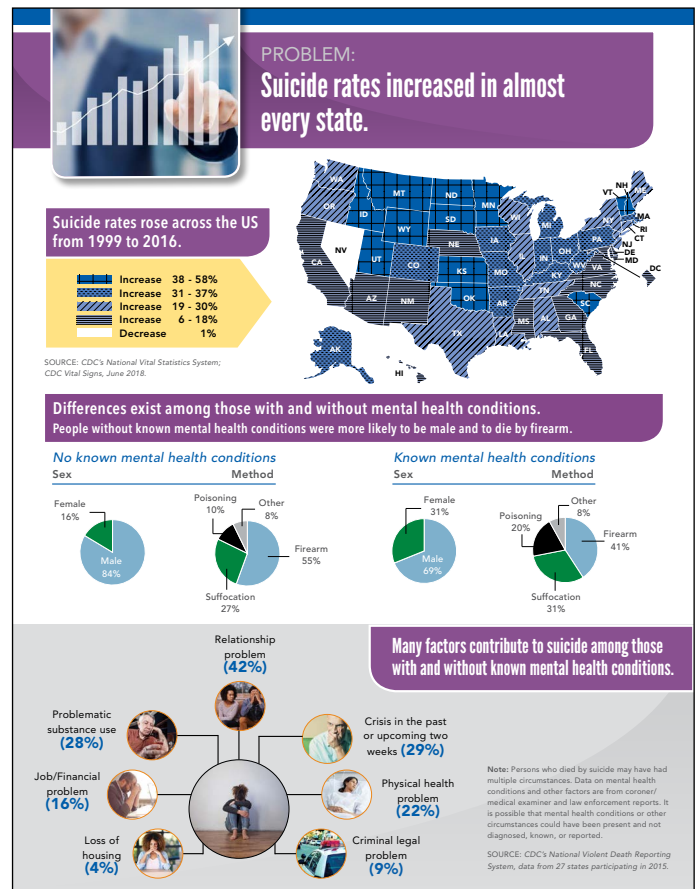
States and communities can

- Identify and support people at risk of suicide.
- Teach coping and problem-solving skills to help people manage challenges with their relationships, jobs, health, or other concerns.
- Promote safe and supportive environments. This includes safely storing medications and firearms to reduce access among people at risk.
- Offer activities that bring people together so they feel connected and not alone.
- Connect people at risk to effective and coordinated mental and physical healthcare.
- Expand options for temporary help for those struggling to make ends meet.
- Prevent future risk of suicide among those who have lost a friend or loved one to suicide.



Want to learn more?
Visit: www.cdc.gov/vitalsigns

U.S. CENTERS FOR DISEASE
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03/2024

Electronic Media

The minimum 90 pixel vertical sizing of the badge should apply to these media as it applies to E-cards. If there's not enough room on the web graphic to accommodate the badge at the 90 pixel minimum the badge should not be used and a substitution of text/url should be made. The following graphic elements incorporate appropriate alternative identification using the "cdc.gov" url. The url is styled with a bold or black sans-serif font.

If very limited space, such as on Instagram stories, use the URL or URL watermark

CDC.gov

Logo sizing for electronic media

50 pixels minimum

Agency tag line is dropped when the size would make it difficult to read.



CDC.gov

**URL graphic can be used as a basic ID in social media posts
or as a graphic element or watermark in media.**

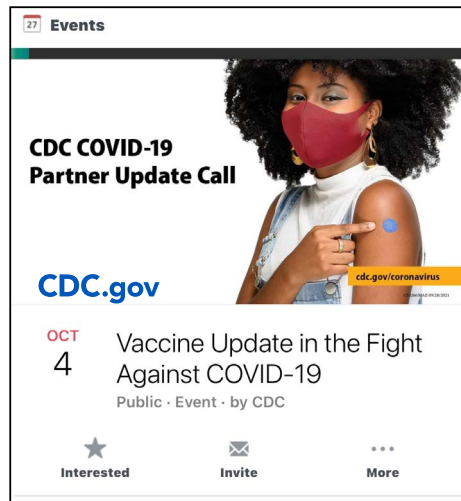
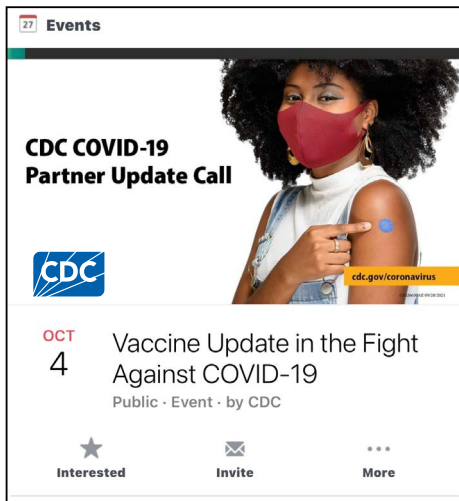
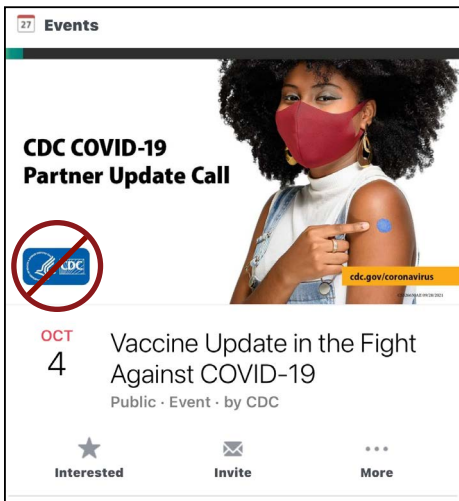


Social Media

The round avatar is built specifically for social media avatar area use. Consideration should be made with regard to legibility in this context. Designers should consider that most readers will approach this media through a smart phone or mobile device and design communications accordingly.

Social Media Posts

Agency ID within social media postings should focus on legibility. In this context with very little free space it's more important to present the agency ID with a focus on clear legibility. As shown below use of the agency badge is not desirable as neither the CDC or HHS logos within the badge is legible.



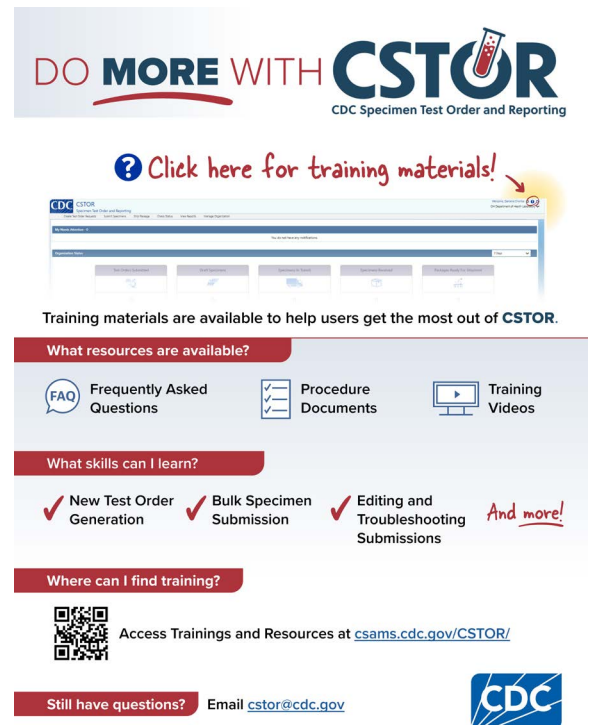
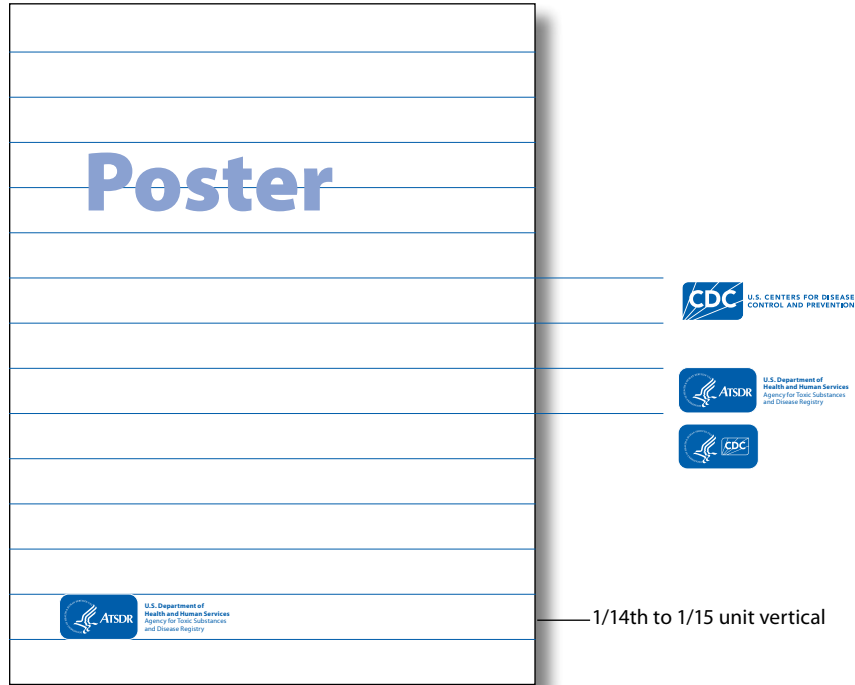
Avoid use of the badge when it will clearly not be legible. Social media also does not require HHS clearance so incorporation of the HHS logo (within the badge) is not necessary.

Posters

Posters can incorporate the badge or the badge with text. The logo graphic chosen should appear near the bottom of the poster. Right left or center alignment is not specified.

To size the badge or lock-up appropriately break the page into 15 vertical units. The badge height should be about the equivalent of one unit.

The badge should scale to about 1/14 of the vertical measurement of the poster or exhibit's printable area.



Video

Video materials use a variation of the badge with text or the straight badge when the product requires clearance through HHS/ASPA. Otherwise the video should use the standard CDC Logo without accompanying text, as standard logo text becomes non-legible when viewed vertically on mobile devices.

The logo must be non-transparent and hold on-screen for at least the final 3 seconds of video.



minimum 1/6 unit vertical
for "sign-off"

Straight badge option



Avoid use of the standard or horizontal logo with text as accompanying text is not easily legible on mobile devices particularly when in vertical format.

