THE CSTE WASHINGTON REPORT

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December 9, 2004 Volume 8, Number 24

INSIDE THIS ISSUE

EDITOR'S NOTE: The announcement of the resignation of HHS Secretary Tommy G. Thompson over the week-end was accompanied by some unusually candid remarks by the Secretary over some of his greatest fears and concerns about public health. The nation's food supply is extremely vulnerable to a terrorist attack, he said, and he has spent more than a few late nights worrying about the possibility. Relatively few safeguards are in place to monitor the safety of the nation's food supply, something he and presumably others in the Administration have strategized about remedying. This sets the stage for his successor – rumored to be Dr. Mark McClellan, director of the Centers for Medicare and Medicaid Services – to hit the ground running with a program to safeguard the food supply and to meet the many challenges of this critical Cabinet Office.

The CSTE Washington Report is provided as an information resource for members of the Council of State and Territorial Epidemiologists on federal legislation and regulation

affecting public health and epidemiology in the U.S. Legislation cited in the report can be accessed via http://www.thomas.loc.gov Regulations cited can be accessed via http://www.gpo.gov

CONGRESS FINISHES WORK ON FY 05 APPROPRIATIONS -- Congress finally finished work on the FY 2005 omnibus appropriations bill (H.R. 4818; Report No. 108-792) earlier this week and the President is expected to sign it into law. Below are numbers from the bills for selected public health programs. The conferees adopted the Senate's version of CDC's budget presentation which reflects the Future's Initiative reorganization of the agency. It is not possible to discern how individual programs within CDC fared without access to the details provided in the conference report, and even these are not spelled out for all programs. In addition, the numbers provided do not reflect the .8 percent across-the-board cut applied to all non-Homeland security domestic programs. The cut was applied in order to accommodate several billions in additional spending for the President's priorities, which, within the Labor-HHS-Education section of the giant bill, were largely provided for education programs.

You can read the Labor-HHS-Education section of the report at: http://thomas.loc.gov/cgi-bin/cpquery/?&db_id=cp108&r_n=hr792.108&sel=TOC_3224394&

CENTERS FOR DISEASE CONTROL AND PREVENTION

Infectious Diseases
FY 04 $ 221,729,000
FY 05 Conference $ 227,521,000

West Nile Virus
FY 04 $ 34,633,000
FY 05 Conference $ 38,133,000

All other Emerging Infectious Diseases
FY 04 $ 154,073,000
FY 05 Conference $ 155,364,000

Food Safety – Prion Disease
FY 04 $ 4,162,000
FY 05 Conference $ 5,162,000

HIV/AIDS, STDS and TB Prevention
FY 04 $ 963,876,000
FY 05 Conference $ 968,938,000

HIV/AIDS, Research and Domestic
FY 04 $ 667,940,000
FY 05 Conference $ 667,938,000

Sexually Transmitted Diseases
FY 04 $ 158,580,000
FY 05 Conference $ 161,000,000

Tuberculosis
FY 04 $ 137,356,000
FY 05 Conference $ 140,000,000

Immunization
FY 04 $ 468,789,000
FY 05 Conference $ 469,995,000

317 Immunization Program
FY 04 $ 405,796,000
FY 05 Conference $ 414,796,000

Immunization Program Operations
FY 04 $ 62,993,000
FY 05 Conference $ 67,993,000

Chronic Disease Prevention
FY 04 $ 818,171,000
FY 05 Conference $ 907,159,000

Chronic Disease - Heart Disease and Stroke
FY 04 $ 41,628,000
FY 05 Conference $ 45,000,000

Chronic Disease – Diabetes
FY 04 $ 59,957,000
FY 05 Conference $ 64,000,000

Chronic Disease – Cancer Prevention and Control
FY 04 $ 293,825,000
FY 05 Conference $ 312,357,000

Chronic Disease – Arthritis and Other Chronic Diseases
FY 04 $ 22,022,000
FY 05 Conference $ 22,680,000

Chronic Disease – Tobacco
FY 04 $ 90,239,000
FY 05 Conference $105,239,000

Chronic Disease – Health Promotion
FY 04 $ 20,620,000
FY 05 Conference $ 21,820,000

Chronic Disease – Health Promotion – BRFSS
FY 04 $ 7,207,000
FY 05 Conference $ 7,707,000

Chronic Disease – Oral Health
FY 04 $ 10,643,000
FY 05 Conference $ 11,300,000

Chronic Disease – Youth Media Campaign
FY 04 $ 32,060,000
FY 05 Conference $ 59,298,000

Chronic Disease – Steps to a Healthier U.S.
FY 04 $ 41,261,000
FY 05 Conference $ 47,000,000

Health Statistics
FY 04 $ 90,055,000
FY 05 Conference $109,021,000

Environmental Health and Injury
FY 04 $ 148,458,000
FY 05 Conference $ 148,747,000

Environmental Health – Environmental Health Laboratory
FY 04 $ 27,110,000
FY 05 Conference $ 27,800,000

Environmental Health – Environmental Health Activities
FY 04 $ 50,461,000
FY 05 Conference $ 51,461,000

Environmental Health – Environmental and Health Outcome Tracking Network
FY 04 $ 24,147,000
FY 05 Conference $ 24,647,000

Environmental Health – Asthma
FY 04 $ 32,101,000
FY 05 Conference $ 32,700,000

Injury Prevention and Control
FY 04 $ 136,468,000

FY 05 Conference $ 139,421,000

Occupational Safety and Health
FY 04 $ 276,988,000
FY 05 Conference $ 287,745,000

Global Health
FY 04 $ 279,944,000
FY 05 Conference $ 296,380,000

Global Health – Global Disease Detection
FY 04 $ 11,609,000
FY 05 Conference $ 21,609,000

Public Health Improvement and Leadership
FY 04 $ 232,688,000
FY 05 Conference $ 269,145,000

Public Health Improvement and Leadership – Leadership and Management
FY 04 $ 158,317,000
FY 05 Conference $ 180,114,000

Preventive Health and Health Services Block Grant
FY 04 $ 131,814,000
FY 05 Conference $ 131,814,000

Agency for Toxic Substances and Disease Registry
FY 04 $ 73,034,000
FY 05 Conference $ 76,654,000

Terrorism – Upgrading State and Local Capacity
FY 04 $ 918,454,000
FY 05 Conference $ 934,300,000

Terrorism – Upgrading CDC Capacity
FY 04 $ 151,283,000
FY 05 Conference $ 142,200,000

Terrorism – Anthrax
FY 04 $ 17,934,000
FY 05 Conference $ 16,800,000

Terrorism – Biosurveillance Initiative
FY 04 $ 21,900,000
FY 05 Conference $ 80,000,000

Terrorism – Strategic National Stockpile

FY 04	$ 397,640,000
FY 05 Conference	$ 400,000,000

POSSIBLE APPROPRIATIONS COMMITTEE CHANGES – Majority Leader Tom DeLay (R-TX) is proposing a downsizing of the current 13 Appropriations Subcommittees to 10 as well as changes in how agency funding is grouped among the Subcommittees. Saying the current arrangement is antiquated and reflects old New Deal Democratic priorities rather than conservative Republican priorities, he would group agencies and departments with others that performed the same function. A spending bill covering science and research, for instance, would include relevant agencies from several departments. This would split funding for Cabinet departments across several Appropriations Subcommittees. Whether the proposal is adopted will be up to the new House Appropriations Chairman. The three leading contenders for that position are: Rep. Ralph Regula (R-OH), current Chairman of the Labor-HHS-Education Appropriations Subcommittee, Rep. Jerry Lewis (R-CA) and Rep. Harold Rogers (R-KY). The proposal would also need to be adopted in the Senate, an unlikely scenario. Sen. Arlen Specter (R-PA), current Chairman of the Labor-HHS-Education Subcommittee is reportedly contemplating a switch to the newly proposed Intelligence Appropriations Subcommittee. There has been no serious speculation on who would succeed him. Decisions about Committee Chairs will be adopted next month.

NATION'S MOST COMPREHENSIVE CANCER INCIDENCE AND MORTALITY REPORT SHOWS PROSTATE LEADING NEWLY DIAGNOSED CANCER AMONG MEN; BREAST CANCER LEADS FOR WOMEN --The most comprehensive federal report available on state-specific cancer rates for the first time includes information on incidence and death rates, as well as data for Hispanics and a new section on mesothelioma and Kaposi's sarcoma. *U.S. Cancer Statistics: 2001 Incidence and Mortality* includes quality-assured incidence data from 43 states, six metropolitan areas, and the District of Columbia, covering 92 percent of the U.S. population – up from the coverage rate of 84 percent for the report issued last year. The report supplies essential state, population, racial, ethnic and gender information for tailored cancer prevention and control programs nationwide.

The latest report shows prostate cancer is the leading cancer diagnosed overall in men in the United States and breast cancer is the most common form of cancer diagnosed in U.S. women. The leading cause of cancer death for both men and women is lung cancer.

"Having highly accurate data about which cancers most commonly strike specific groups, such as the Hispanic population, means we can better meet prevention, care and treatment needs," said HHS Secretary Tommy G. Thompson. "We know from the report that breast cancer is the leading cause of cancer death for Hispanic women. Breaking out data by racial and ethnic populations, we have a broader and more accurate view of our nation's cancer problem, how it affects our diverse population and can intervene to combat this disease."

Major findings in this year's report include:

* The District of Columbia has the highest incidence rate of prostate cancer, and Arizona has the lowest.
* Washington State has the highest incidence rate of female breast cancer, and Texas has the lowest.
* Utah has the lowest lung cancer incidence rate among men and women.
* Kentucky has the highest incidence rate of colorectal cancer among men, and New Jersey has the highest incidence rate among women. Utah has the lowest colorectal cancer incidence rate among men and women.

The report also cites geographic differences in cancer mortality including:

* The District of Columbia has the highest prostate cancer death rate among men; Hawaii has the lowest.
* The District of Columbia has the highest female breast cancer death rate; South Dakota has the lowest.
* Kentucky has the highest death rate of lung cancer among men.
* West Virginia has the highest lung cancer death rate among women.
* The District of Columbia has the highest colorectal cancer death rates among men and women; Utah has the lowest.

Collecting and reporting state data helps identify special concerns in specific populations, such as high proportions of cervical cancer in Hispanic and African-American women. This information can be used to assist states focus appropriate cancer control interventions to increase access to screening and care.

United States Cancer Statistics: 2001 Incidence and Mortality marks the third time the Centers for Disease Control and Prevention (CDC) and the National Cancer Institute (NCI), in collaboration with the North American Association of Central Cancer Registries, have combined data to produce federal cancer statistics. The annual report provides a basis for individual states and researchers to describe the variability in cancer incidence and death rates across different populations and to focus on certain populations for evidence-based cancer control programs. Future *United States Cancer Statistics* reports will include data for American Indians/Alaska Natives. The full report is available at www.cdc.gov/cancer/ and www.seer.cancer.gov/statistics.

NEW DATA SHOW RATES OF US HIV/AIDS DIAGNOSES ARE STEADY; RACIAL DISPARITIES PERSIST -- Rates of HIV/AIDS diagnoses in the United States stayed steady for the years 2000-2003, but sharp racial disparities remain, according to an analysis of data from 32 states, the Centers for Disease Control and Prevention announced December 1.

Rates of HIV/AIDS diagnosis—the number of new diagnoses of HIV per 100,000 population regardless of whether infection has progressed to AIDS—among non-Hispanic African-Americans in the United States were significantly higher than among other racial and ethnic groups. The rate of HIV/AIDS diagnosis among African-American females in 2003 (53 cases per 100,000 population) was more than 18 times higher than among white women and almost five times higher than among Latina women. In addition, African-American women accounted for 69 percent of female HIV diagnoses during 2000-2003.

“The number of women of color in the United States that continue to be affected by this devastating disease is quite sobering,” said Secretary of Health and Human Services Tommy G. Thompson. ”We will not become complacent in our efforts to aggressively fight this disease which continues to rob too many people of the quality of life they deserve.”

Overall, 125,800 people were diagnosed with HIV/AIDS in the 32 states that conducted confidential, name-based reporting from 2000 through 2003. More than half of diagnoses (51 percent) were among African Americans, although they account for only 13 percent of the population of the 32 states. Thirty-two percent of diagnoses were among whites and 15 percent were among Latinos. Asians/Pacific Islanders and American Indians each accounted for 1 percent of diagnoses during the 4-year period.

Men of color were also disproportionately represented among rates of new HIV diagnoses. In 2003, the highest rate of HIV/AIDS diagnosis was among African-American males (103.4 per 100,000 population), a rate almost seven times that of white men and nearly three times the rate among Latino men. Men who have sex with men (MSM) continued to account for the largest proportion of diagnoses—44 percent of all HIV diagnoses during the four-year period, and 61 percent of diagnoses among men.

“Nearly a quarter of a century has passed since HIV/AIDS was first recognized and it’s simply unacceptable that so many people continue to be infected by this virus,” said CDC Director Dr. Julie Gerberding. “We are making progress in our fight but many challenges lie ahead.”

New Data on HIV Testing Trends Released

CDC today also issued new data on HIV testing trends in the U.S. from two national surveys conducted in 2002 with more than 100,000 people. The National Health Interview Survey (NHIS) showed that 10 percent of adults reported HIV testing in the previous year. The Behavioral Risk Factor Surveillance System (BRFSS) reported that about 12 percent of adults were tested in the previous 12 months. The overall proportion of Americans who report being tested during the prior year has remained roughly stable since 1992.

“Our efforts are paying off. People who should be getting tested are coming forward and learning their status,’’ said Dr. Gerberding. “It’s important that people know their status

because modern medical care and treatments are helping people who are infected with HIV live healthy and productive lives."

Greater use of the rapid HIV tests approved in 2002 is expected to continue to increase the number of persons who get tested. The tests can provide preliminary results in less than a half-hour and can be used outside of clinical settings, making it possible to reach people at risk in a wide variety of settings. To date, CDC has:

* Purchased and distributed 500,000 rapid test kits to local health departments and community-based organizations
* Started pilot projects in seven cities to use the rapid tests in non-clinical settings, and
* Trained more than 1,000 people to perform the rapid test and to provide counseling and testing

Testing rates were higher among groups for whom HIV testing is recommended by CDC than among the general population. Nearly one-fourth of people at increased behavioral risk for HIV were tested in the previous year – 21 percent in the NHIS and 27 percent in the BRFSS. About half of pregnant women – 48 percent in NHIS and 54 percent in BRFSS – reported being tested in the previous year.

Increased access to voluntary counseling and testing is an essential part of reducing new HIV infections in the U.S. CDC estimates that between 850,000 and 950,000 Americans are now living with HIV, and that one-fourth are unaware of their infection. An estimated 40,000 new HIV infections continue to occur in the U.S. each year.

CDC currently funds prevention programs for African-American and Latina women that emphasize better links between prevention and treatment services, education about how to best protect against HIV transmission, and effective programs for reducing risky behaviors. CDC also provides funds to 104 community-based organizations for HIV/AIDS prevention. More than 15% of these programs focus on girls and women; 84% serve African-American girls and women and 72% serve Hispanic girls and women.

The 32 states included in the analysis have conducted confidential, name-based HIV/AIDS case reporting for at least four years . These states represented 49% of the nation's AIDS cases during the 2000-2003 period. The data may not be nationally representative since California, New York, and several other states with high numbers of AIDS cases were not included. However, national AIDS statistics suggest the racial and ethnic disparities seen in this analysis are occurring nationwide.

In 2003, to help reduce barriers to early HIV diagnosis, CDC launched Advancing HIV Prevention (AHP), an initiative designed to increase knowledge of HIV status among at-risk and infected individuals. AHP is one component of CDC's work with communities, public health partners, and health care providers across the nation to help at-risk individuals reduce their risk, to help HIV-infected individuals take steps to protect their own health and avoid infecting others, to develop new behavioral and biomedical

approaches to prevent infection, and to diagnose and treat STDs, which can increase the risk of HIV transmission.

STUDY: CHANGES IN MOTORCYCLE-CRASH MORTALITY RATES, BY BLOOD ALCOHOL CONCENTRATION AND AGE --- UNITED STATES, 1983-2003-- While travel by motor vehicle has become steadily safer in the United States, motorcycles remain the most dangerous type of motor vehicle to drive. Motorcyclists are involved in fatal crashes at a rate of 35.0 per 100 million miles of travel compared with a rate of 1.7 per 100 million miles of travel in cars. This study examined the association between alcohol impairment and fatal motorcycle crashes. Over the time period 1983 to 2003, the rate of fatal motorcycle crashes among alcohol-impaired drivers declined for drivers under 40 and rose for drivers over 40. The rate of fatal motorcycle crashes among alcohol-impaired drivers was highest among 20-24 year-olds in 1983 and among 40-44 year-olds in 2003. Because older drivers involved in fatal motorcycle crashes are more likely to be alcohol-impaired than younger drivers, future efforts to reduce alcohol-impaired driving among motorcyclists should include older drivers.

Additional key findings include:

* The percentage of fatally injured motorcycle drivers who were alcohol-impaired declined from 1983 to 2003 in all age groups except the 55-59 years old age group.
* In 1983, 8.2% of the fatally injured motorcycle drivers with elevated blood alcohol concentrations (BAC) were aged 40 or older; by 2003, 48.2% of such drivers were in this age group.
* Motorcycle drivers in fatal crashes aged 40 and older were more likely to be alcohol impaired than car drivers aged 40 and older.
* Overall motorcycle mortality rates per 100,000 people declined from 1.6 in 1983 to 0.9 in 1993 and then rose to 1.2 in 2003. Rates for age groups under age 30 declined over this time period, whereas rates for age groups over 40 increased.

Proven Community Strategies to Prevent Alcohol-Impaired Driving Include:

* Sobriety checkpoints
* 0.08% blood alcohol concentration laws
* Minimum legal drinking age laws
* Zero tolerance laws for young or inexperienced drivers
* School-based approaches to reduce riding with drinking drivers
* Management-supported intervention training programs for alcohol servers
* Mass media campaigns that are carefully planned and well executed, that attain sufficient audience exposure, and that are implemented in conjunction with other ongoing prevention activities

Prevention Resources:

* CDC's Injury Center: Spotlight on National Drunk and Drugged Driving Prevention Month (3D Month) http://www.cdc.gov/ncipc/duip/spotlite/3d.htm
* National Highway Traffic Safety Administration – www.nhtsa.gov
* National Institution on Alcohol Abuse and Alcoholism – www.niaaa.nih.gov
* Planning materials for National Drunk and Drugged Driving Prevention Month (3D Month) http://www.nhtsa.dot.gov/people/injury/alcohol/3d/index.html
* Mothers Against Drunk Driving – www.madd.org

This MMWR article is available online at:
http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5347a2.htm

NEW WEB SITE PINPOINTS HARMFUL CHEMICALS IN COMMUNITIES--
The National Library of Medicine (NLM), a part of the National Institutes of Health, announces an interactive Web site that shows-on maps-the amount and location of certain toxic chemicals released into the environment in the United States. The site, called TOXMAP, is free and no registration is required. The Web address is http://toxmap.nlm.nih.gov.

TOXMAP focuses on the geographic distribution of chemical releases, their relative amounts, and their trends over time. This release data comes from industrial facilities around the United States, as reported annually to the Environmental Protection Agency (EPA). TOXMAP also links to NLM's extensive collection of toxicology and environmental health references, as well as to a rich resource of data on hazardous chemical substances in its TOXNET databases (http://toxnet.nlm.nih.gov/). There are also fact sheets and summaries about the various chemicals, written by the Agency for Toxic Substances and Disease Registry.

For example, a family moving to a new city can locate facilities releasing toxic chemicals by entering the city's name and state, generating a map of facilities in that area. For each facility, information, including location and chemicals released, is provided. Information about the health effects of the specific chemicals identified is also provided.

Dr. Jack Snyder, NLM Associate Director for Specialized Information Services, said, "The National Library of Medicine has a special mission to address toxicology and environmental health needs. TOXMAP is part of this mission, and allows us to serve the public and professionals in a unique way. This Web site allows users to explore maps of what and where chemicals are released and by whom."

"In the last several years, the Library has created a number of Web sites with the consumer in mind," said NLM Director Dr. Donald A.B. Lindberg. "TOXMAP is a prime example. It joins Web resources for consumer health information broadly (MedlinePlus.gov), research studies (ClinicalTrials.gov), and older Americans (NIHSeniorHealth.gov)."