THE CSTE WASHINGTON REPORT

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EDITOR'S NOTE: Persistence in making the case for public health funding at the state and local levels is paying off. Both the House and the Senate (see story below) are poised to add substantial increases over the regular FY 2002 appropriations bills due in no small part to the efforts CSTE and its colleague public health organizations have made over the past four to five years for increased public health funding. Congratulations and best wishes for the holidays.

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. Regulations cited can be accessed via http://www.gpo.gov

SENATE PROVIDES AN ADDITIONAL $985 MILLION FOR STATE AND LOCAL HEALTH DEPARTMENTS IN FY 2002 – The Senate passed its version of the $20 billion emergency supplemental appropriations bill last week, which is attached to the regular FY 2002 Department of Defense Appropriations bill. Senator Byrd (D-WV), Chairman of the Senate Appropriations Committee attempted to add $7.5 billion to the bill for homeland security. His amendment was adopted in the Appropriations Committee mark-up, but failed on the Senate floor. His amendment would have provided $1.5 billion to strengthen state and local public health infrastructure and his effort was broadly supported by public health groups, including CSTE. The bill that did pass, however, includes significant increased funding for state and local health departments. Differences between the House and Senate emergency supplemental appropriations bills are currently being conferenced and are likely to be finished no later than December 19th. The supplemental funding comes on top of the regular FY 2002 appropriations bill which is also being conferenced to reconcile differences between the House and Senate versions, but is expected to be finalized this week.

The Senate report accompanying the $20 billion emergency supplemental appropriations bill describes how the $3.325 billion provided for emergency expenses related to bioterrorism and chemical threats would be expended within the Department of Health and Human Services. Where the report excerpt below refers to "the request" it is referring to the President's request for supplemental emergency spending:

“The Committee recommends $3,325,000,000 for emergency expenses to support activities related to countering potential biological, disease and chemical threats to civilian populations. This is $1,730,000,000 above the request.

The Committee recommends $1,150,000,000 for CDC to upgrade State and local capacity, which is $1,085,000,000 above the request. The Committee has held numerous hearings on the public health response to bioterrorism preparedness and other public health threats and recognizes that bioterrorism preparedness depends on core public health capacities at all levels--Federal, State and local. It has become increasingly clear that our Nation cannot mount a successful response to bioterrorism or other public health threats without substantially improving the core capacities of local public health agencies. Therefore, the Committee believes that a portion of this funding should be used for broad-based building of State and local core public health capacities as well as for the specialized planning and response activities unique to bioterrorism preparedness. The Committee also believes that CDC should use a portion of these funds under the authority of the Public Health Threats and Emergencies Act of 2000. Within the total, $165,000,000 is for grants to hospitals to improve their capacity to respond to bioterrorism. This is $115,000,000 more than the request. The Committee notes a bioterrorist attack involving large casualties will likely overwhelm the capacity of hospitals and emergency departments. The funding provided would assist health care providers in developing response plans, improving surge capacity, providing training, developing communications systems and meeting other priorities for responding to a bioterrrorist attack.

The Committee recommends $185,000,000 for upgrading capacity at CDC, which is $135,000,000 above the request. Included in this amount is $35,000,000 for anthrax research activities; $51,000,000 for biological laboratory capacity; $20,000,000 for epidemic intelligence service/disaster response teams; and $24,000,000 for rapid toxic screening. The Committee notes that the resources of CDC have been strained by the recent anthrax attacks and has therefore included $30,000,000 for costs related to immediate emergencies and continuing operations.

The Committee also recommends $221,000,000 to the National Institute of Allergy and Infectious Diseases. Of this amount, $125,000,000 is for bioterrorism-related research and development, including research on vaccines, antibiotics and anti-virals. The request did not include funding for this activity. The Committee believes that a key part of our Nation's preparedness must include the development of newer and safer vaccines against biological threats. Of the total provided for NIAID, $96,000,000 is for the construction of biosafety laboratories and related infrastructure costs. The request did not include funding for this activity.

The Committee recommends $593,000,000 for the National Pharmaceutical Stockpile, which is less than the request due to the savings achieved in the purchase of antibiotics to treat persons exposed to anthrax. The Committee also recommends $829,000,000 for the purchase, deployment and related costs of the smallpox vaccine. This amount includes

$428,000,000 to purchase 155 million doses of the smallpox vaccine, as well as $79,000,000 for the contract to purchase 54 million doses awarded earlier this year. The Committee has also included $322,000,000 for related costs, such as vaccine storage, purchase of vaccinia immune globulin, training and deployment.

The Committee recommends $95,000,000 for the Office of the Secretary and for improving disaster response teams.

The Committee also recommends $4,000,000 for workplace safety training grants and $10,000,000 for the establishment and operation of a national system to track biological pathogens.

The Committee recommends $73,000,000 to enhance security at laboratory facilities at CDC and NIH, including information technology security."

HOUSE PASSES BIOTERRORISM AUTHORIZING BILL – Earlier this week, the House of Representatives passed the Public Health Security and Bioterrorism Response Act of 2001, HR 3448. At the request of public health groups, including CSTE, the bill does not create a block grant approach as does the corresponding Senate bill, S. 1765 (see CSTE Washington Report November 29, 2001). Public health groups indicated strong preference in a preliminary meeting with key Congressional staff -- prior to drafting legislation -- not to alter the Public Health Threats and Emergencies Act (PHTEA) which was enacted last year. That legislation, developed with strong input and support from public health organizations, provides enough statutory authority to strengthen core public health capacities. The groups stressed the need was simply for more resources. However, the political pressures to develop additional authorizing legislation in the wake of the September 11th attacks, and the subsequent anthrax attacks compelled both the Senate and House bioterrorism bills. The House bill that passed, without expressed support from public health groups basically reaffirms PHTEA, requires states to develop a bioterrorism plan, provides an additional $480 million for Section 319C – grants to meet gaps identified in core capacities – but adds additional categories that can be funded: "(4) purchase or upgrade equipment, supplies, pharmaceuticals, or other countermeasures to enhance preparedness for and response to bioterrorism or other public health emergencies, consistent with a plan; (5) conduct exercises to test the capability and timeliness of public health emergency response activities; (6) within the meaning of Part B of title XII, develop and implement the trauma care component of the State plan for the provision of emergency medical services." (The latter reference to State trauma care plans refers not to hospitals that administer trauma centers and hospital capacity building, but rather to organized systems of trauma care – planning, state trauma center designation, etc.)

The additions above, and other amended changes to the PHTEA in the bill have left public health groups uneasy about the House bill, although for some it is still preferable than the block grant approach taken by the Senate bill.

The Senate bill is currently stalled by negotiations with for profit hospitals, and pharmaceutical companies who want special protections built into the bill in the event of a terrorist attack. It is possible the Senate bill will be taken up before Congress adjourns, which is now likely to take place on December 19th. But conferencing the differences between the House and Senate versions is not likely to take place until next year when Congress reconvenes for the second session. In the meantime, significant additional funding, which public health groups have requested in a myriad hearings, meetings, and written communications will be forthcoming.

HHS ACCELERATES BIOTERRORISM RESEARCH -- HHS Secretary Tommy G. Thompson December 6 announced seven new initiatives to accelerate bioterrorism research and help strengthen the nation's ability to deal with the public health threat posed by bioterrorism. The research programs at the National Institute of Allergy and Infectious Diseases (NIAID) are designed to take advantage of the recent outpouring of ideas from concerned academic and industrial scientists on ways to understand and combat potential agents of bioterrorism. NIAID is the lead institute for research on bioterrorism at the National Institutes of Health (NIH).

"Lethal bioterrorism has become a stark reality, and our ability to detect and counter this danger depends on having reliable, up-to-date knowledge," Secretary Thompson said. "Under these new initiatives, the submission, review, and funding of this flood of scientific proposals will be expedited so that important research in this area can advance as quickly as possible."

"At NIAID, our offices have been deluged with calls from scientists who want to help," NIAID Director Anthony S.Fauci, M.D., said. "At scientific meetings and conferences, I am often approached by researchers with promising ideas and a desire to contribute to the fight against bioterrorism. These new programs will allow us to channel that energy and new thinking toward enhancing our already significant bioterrorism research program." The following initiatives will fund research investigating high-priority, "Category A" biological diseases as defined by the Centers for Disease Control and Prevention (CDC) - anthrax, botulism, plague, smallpox, tularemia, and viral hemorrhagic fevers. Many of these programs will encourage government partnerships with business and academia. Many of them expand or build upon existing NIAID bioterrorism or infectious disease research programs. Proposals and applications from scientists may be submitted immediately. For more detailed information, visit NIAID's new Web page, New Bioterrorism-Related Research Funding Opportunities, at *http://www.niaid.nih.gov/dmid/bioterrorism/*.

* The **Anthrax Vaccine Contract** seeks to accelerate development of new vaccines against the agent that causes this disease. NIAID has designated the Science Applications International Corporation (SAIC) to solicit and act as the main contact point for information about such potential vaccines. In particular, NIAID wants to support work on one of the most promising types of vaccines, called a recombinant protective antigen vaccine.

* The **Rapid Response Grant Program on Bioterrorism-Related Research** will evaluate and fund new applications in five to six months after receipt, rather than the usual nine or 10 months. This program will encourage researchers to investigate new prevention strategies for those at risk of exposure, new treatments for those infected and improved diagnostics. It will also fund basic research that provides a better understanding of the disease-causing organisms, particularly information gleaned from the genomes of these organisms.

* The **Partnerships for Novel Therapeutic, Diagnostic, and Vector Control Strategies in Infectious Diseases** will support work on new drug development and faster, more accurate diagnostics for diseases of public health importance, including those caused by possible agents of bioterrorism. This program seeks to foster partnerships among government, academia, and the biotechnology and pharmaceutical industries. It builds upon an established program that supports research on infectious diseases that are not a high priority for industry.

* **Exploratory/Developmental Grants: Technology Applications to NIAID-Funded Research.** These grants will apply the latest genetic, imaging, and computer technology to currently funded research on infectious diseases, especially those caused by Category A agents of bioterrorism. With these grants, investigators can purchase new equipment or collaborate with researchers who already have the needed equipment and expertise. For example, this program might allow investigators to use the latest gene knockout technology to better understand a particular infectious organism.

* The **Small Business Program on Bioterrorism-Related Research** is a one-time solicitation of applications for research on agents of bioterrorism. This program is part of the already established small business grant program, but the administrative and review process will be streamlined.

* The **U.S.-Based Collaboration In Emerging Viral and Prion Diseases** is designed to establish multidisciplinary research units that will investigate viral and viral-like diseases. These units will quickly study threats from emerging and re-emerging viruses and provide needed information about them.

* The **NIAID Investigator-Initiated Small Research Grants** will fund specific, well-defined projects that can be completed in two years or less. This program allows individual investigators to take advantage of unexpected research opportunities and to follow promising new leads.

In addition to these new efforts, NIH supports an extensive portfolio of existing bioterrorism-related research. In fiscal year 2001, NIH spent about $47 million on bioterrorism research, including about $36 million at NIAID. For fiscal year 2002, prior to the Sept. 11 attacks, the President's budget proposed $93 million for NIH bioterrorism research, including $81.6 million for NIAID. Current research projects include:

* NIAID helps fund the ongoing project at The Institute for Genomic Research to sequence the genome of the anthrax bacterium. (Visit *http://www.tigr.org* for more information.)
* In October, investigators supported by NIAID published two studies in the journal Nature that help explain how the anthrax toxin destroys cells. In one of these studies, the researchers reported developing a compound that may block this toxin.
* Last year, NIAID began a clinical study to determine if the current 15 million doses of smallpox vaccine might be safely diluted and thereby stretched to protect more people.
* NIAID has submitted an Investigational New Drug application to the Food and Drug Administration for the use of the antiviral drug cidofovir as an emergency smallpox treatment.

U.S. SYPHILIS RATE DECLINES TO ALL-TIME LOW IN 2000-- The overall syphilis rate in the United States fell to an all-time low in 2000, continuing a decade-long decline that places elimination of this sexually transmitted disease within closer reach, according to the Centers for Disease Control and Prevention (CDC). The new data were released November 28 at the opening of a CDC-sponsored conference in Dallas of community leaders and public health officials from around the country. The meeting, which will last until November 30, will address the CDC-led nationwide effort to eliminate syphilis, focusing in particular on public-private partnerships that have accelerated progress towards elimination in several communities. Data were released from three community-based programs that have experienced dramatic rates of decline.

In 2000, only 5,979 cases of primary and secondary (P&S) syphilis were reported in the United States, a decline of 9.6 percent since 1999. The reported rate of syphilis for 2000 was 2.2 cases per 100,000 people, slightly less than the 1999 syphilis rate, which was 2.4 cases per 100,000 people. The decline in syphilis rates across the United States is associated with CDC's National Campaign to Eliminate Syphilis in the United States. "Syphilis rates in the United States have declined dramatically over the past four years, indicating significant progress in our syphilis elimination efforts," said CDC Director Jeffrey P. Koplan, M.D., M.P.H. "However, there are a significant number of communities where syphilis remains a public health threat. Prevention and treatment efforts must be accelerated in these areas if the disease is going to be eliminated from the United States."

Only Eleven Regions Report More than 100 Cases of Syphilis
In 2000, half of all P&S syphilis cases in the United States were concentrated in only 21 counties and one independent city. Eleven of those areas reported more than 100 cases of syphilis in 2000 (in ranking order –see chart attached): Cook County, Ill (Chicago); Marion County, Ind. (Indianapolis); Wayne County, Mich. (Detroit); Shelby County, Tenn. (Memphis); Baltimore, Md.; Fulton County, (Atlanta) Ga.; Davidson County, Tenn. (Nashville); Maricopa County, Ariz. (Phoenix); Los Angeles County, Calif.; Miami-Dade County, Fla.; and Dallas County, Texas.

Only 619 counties – out of 3,135 counties in the United States – reported at least one case of syphilis. Eighty percent of the nation's counties were syphilis free in 2000. Although the disease has declined overall nationwide, there have been outbreaks of syphilis among men who have sex with men in several U.S. cities, including Los Angeles, Seattle, New York City, Chicago, Miami Beach, among others.

CDC Syphilis Elimination Demonstration Sites Experience Remarkable Declines

In addition to syphilis elimination efforts nationwide, CDC has funded syphilis elimination demonstration sites in three separate counties: Davidson County, Tenn., Marion County, Ind., and Wake County, N.C. At these sites, CDC provided extra funding to support comprehensive community outreach programs, which all utilize public-private partnership to fight disease. The demonstration sites are helping CDC evaluate and refine national strategies for the syphilis elimination efforts. Those key strategies include: enhancing community awareness and involvement in syphilis prevention, expanding surveillance and outbreak response in each community, supporting rapid screening in and out of medical settings, expanding laboratory services and improving agency partnerships.