TESTIMONY PROVIDED BY THE
COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGISTS
TO THE SENATE SUBCOMMITTEE ON LABOR, HEALTH AND HUMAN SERVICES
AND EDUCATION APPROPRIATIONS
APRIL 8, 2002

The Council of State and Territorial Epidemiologists (CSTE) is pleased to provide the Senate Subcommittee on Labor, Health and Human Services and Education Appropriations with its recommendations for FY 2003 funding. CSTE is a professional association representing the 57 states and territories, and over 400 public health epidemiologists working in states, territories, local and federal health agencies. The public health epidemiologists work together to detect, prevent, and control conditions that impact the public's health.

Epidemiologists working in public health agencies are responsible for monitoring trends in health and health problems, and devising prevention programs that enable the entire community to be healthy. Public health assessment includes surveillance, epidemiologic studies, program evaluation, and performance measurement. Surveillance is the foundation for developing a public health response to any situation that could threaten the public – be it infectious diseases, or a biological, chemical or radiological terrorist threat. Surveillance is useful in: 1) determining which segments of the population are at highest risk; 2) identifying changes in disease incidence rates; 3) determining modes of transmission; and 4) planning and evaluating disease prevention and control programs.

CSTE's FY 2003 funding recommendations are as follows:

ENHANCING PUBLIC HEALTH INFRASTRUCTURE AND BIOTERRORISM PREPAREDNESS

CSTE supports the President's request for FY 2003 for $940 million to upgrade State and Local public health capacity to prepare for and respond to bioterrorist attacks and will continue to assess what is needed now and into the future.

The President's FY 2003 request for providing $940 million to the Centers for Disease Control and Prevention (CDC) to strengthen state and local public health capacity to prepare and respond to bioterrorist attacks, major infectious disease outbreaks, and other public health threats and emergencies is a continuation of the $918 million in funding provided by Congress for this purpose in FY 2002. CSTE greatly appreciates the efforts of Members of Congress to ensure that local, state, as well as federal, public health agencies received this significant funding in the FY 2002 emergency supplemental funding legislation. The FY 2002 funding and the President's FY 2003 request also builds significantly on groundwork laid in previous years through more limited resources provided through the Public Health Preparedness and Response for Bioterrorism grant program and programs such as the Emerging Infections Program, Epidemiology and Laboratory Capacity Program, and the National Electronic Disease Surveillance System.

The need for this level of continued funding for the coming fiscal year and beyond has been made clear through numerous Congressional hearings, GAO, IOM and a 2001 CDC report to

Congress entitled, Public Health's Infrastructure: a Status Report. But it took the tragic events of 9/11 and the Anthrax attacks that followed to finally demonstrate to the nation how stretched the nation's local, state and federal public health system has become, and how much we depend on it in a time of crisis. Senator Bill Frist was quoted in Roll Call (2/14) as stating that, "It's going to take … a decade before we can rebuild our public health system" to adequately handle an "on going threat from bioterrorism."

CSTE is pleased that the Department of Health and Human Services is providing current FY 2002 funding based on the authority provided under the Public Health Threats and Emergencies Act, enacted in 2000. That authority recognizes the importance of a strong underlying public health system to prepare and respond to a host of public health threats and emergencies, including bioterrorist attacks. CSTE is also pleased that the Department is recommending that 20 percent of the total funding provided to states and localities is committed to disease surveillance and building epidemiologic capacity. However, CSTE believes more than one epidemiologist is needed, now and in the future, for every Metropolitan Statistical Area with 500,000 individuals, and many states are acting accordingly. Rapid detection of a terrorist attack, or disease outbreak, or other public health threat is the first line of defense and can only be accomplished with adequate numbers of trained epidemiologists – the nation's disease detectives at the local, state and federal level.

CONTINUING INVESTMENT IN IMMUNIZATION

CSTE supports a FY2003 appropriation of $696 million for the National Immunization Program at the Centers for Disease Control and Prevention (CDC). This figure represents a $65 million increase above current appropriations; $20 million for operations/infrastructure grant awards to states, consistent with the Institute of Medicine recommendation, and $45 million for purchase of vaccines.

The Centers for Disease and Control and Prevention (CDC) National Immunization Program is currently funded at $631 million. The Administration's FY 2003 Budget proposes level funding for immunization activities – no increase for domestic vaccine purchase and no increase for state operations/infrastructure funding. If we are to meet our goals of vaccinating 90% of children and adults, we must provide resources to states and localities to ensure that those in need of immunizations receive them. We also support building a stockpile of at least a six-month supply of all childhood vaccines through the Vaccines for Children (VFC) program to deal with current and future vaccine shortages.

Basic Facts About Immunization

- Over the past year, states have experienced significant difficulty obtaining 5 of 8 routinely administered vaccines – DTaP, MMR, PCV-7, varicella, and Td. In addition, the influenza vaccine has been delayed the past two seasons. Vaccine shortages have been so severe that some states have dropped or are considering dropping immunization requirements for daycare and school entry and some providers have been forced to turn children away without vaccinating them.

- Vaccines protect children and adults against serious and potentially fatal diseases.

- Vaccines are one of the most cost-effective tools in preventing disease. For every dollar spent on vaccines, society saves up to $27 in medical and societal costs.

- Everyday, 11,000 babies are born. Each child needs up to 20 doses of vaccine by age two.

- Approximately 1 million two-year-olds have not received all of the recommended vaccine doses.

- Each year, chickenpox causes about 11,000 hospitalizations, 50 deaths in children under 15 years of age and adults are 25 times more likely to die from chickenpox and/or complications of chickenpox.

- Annually, at least 38,000 adults die from complications from hepatitis B, flu, and pneumococcal infection, despite the availability of preventive vaccines.

- The vaccine cost to fully immunize one child (at federally-negotiated prices) is $400.82, with almost all of the cost resulting from the newly-recommended pneumococcal conjugate (PVC-7) vaccine series. New vaccines and new combination vaccines currently under development will significantly increase this cost in the future.

CDC National Immunization Program

- CDC provides technical assistance, training and education for health providers. It conducts vaccine safety and "best practices" research. CDC supports a nationwide surveillance, outbreak investigation, and vaccine safety and efficacy monitoring system. The agency's laboratory identifies cases of vaccine-preventable diseases. CDC provides grants to all 50 states, six cities and eight current or former territories to reduce the disability and death resulting from vaccine-preventable diseases.

- States and local health departments conduct disease surveillance and investigate outbreaks. They promote the need for vaccination, assess vaccination coverage levels, educate parents and providers, and purchase, distribute, and administer vaccine.

BUILDING STATE ENVIRONMENTAL HEALTH CAPACITY IN STATES

Building capacity in states: CSTE along with federal partners from NIOSH, EPA, and NIH have identified one of the critical issues facing the environmental health of United States is a lack of individuals trained in areas such as environmental epidemiology to conduct cutting edge research and to gather sound epidemiological data about environmental insults and their impact to the public's health. Moreover, with rising concerns regarding the threat of biological and chemical terrorist attacks it is even more imperative that there are persons at the state and local level that have consistent baseline data regarding how environmental contaminants may play a role.

CSTE supports three measures to build environmental health capacity, and to enhance baseline information about environmental health:

- **Environmental Health Centers of Excellence** -- $5 million each year FY 2003-2007 to establish five Centers of Excellence at accredited Schools of Public Health focused on research and training in environmental health. CSTE supports a training emphasis on applied environmental epidemiology and required field placements in state and local departments of health to help ensure capacity building in those settings.

- **Expand Biomonitoring to State-based Laboratories** – $25 million each year FY 2003-2007 to enhance state public health laboratory capacity to conduct state-based biomonitoring. CDC's National Environmental Health Laboratory is world renowned for its human tissue analysis and recently began a biomonitoring evaluation to establish baseline data about environmental exposures. To facilitate building state environmental health capacities to prepare for chemical or radiological terrorism, as well as everyday environmental threats, state public health laboratories should establish state baselines to be able to evaluate acute threats.

- **Expansion of NHANES to provide State level data** -- $80 million each year FY 2003-2007 to permit expansion of the National Health and Nutrition Examination Survey so that it collects data that will provide statistically significant state level information that can guide state and local environmental health activities, as well as chronic and infectious disease efforts. Currently, there are two mini-HANES state vans that are not being utilized due to a lack of resources. These vans need significant levels of funding to enable them to collect comprehensive data in a timely fashion. Underfunding the vans will result in overwhelming demand and inefficient, untimely data collection.

CSTE also supports efforts by the Trust for America's Health, and Members of Congress, to enact legislation to establish a nationwide Health Tracking Network. This effort stresses enhancement of environmental health capacity in states to effect the goal of assessing the health impact of a range of environmental exposures and the development of chronic diseases and conditions.

BUILDING CHRONIC DISEASE CAPACITY IN STATES

CSTE recommends $5 million in annual funding for the National Center for Chronic Disease Prevention and Health Promotion to support Chronic Disease Epidemiology in states.

Building Epidemiology Capacity in States: The leading causes of death and disability are chronic diseases and associated risk factors. Many states have poorly developed surveillance systems and lack essential epidemiologic capacity to support chronic disease programs. CSTE has worked collaboratively with CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) and the Association of State and Territorial Chronic Disease Program Directors (ASTCDPD) to increase chronic disease epidemiology capacity and ensure that by 2004, each state health department has a state chronic disease epidemiologist (SCDE). At the

current rate of capacity development it will be approximately the year 2010 before all states have even a single full-time chronic disease epidemiologist, a pace of progress which lags behind the Healthy People 2010 public health infrastructure objectives to provide "access to comprehensive epidemiology services" [1] and "increase the number of states and local jurisdictions that incorporate specific competencies for public health workers into their public health personnel system."[1]

Successes:

- In collaboration with NCCDPHP and ASTCDPD, CSTE developed the strategic plan for "Developing State-Based Chronic Disease Epidemiology Capacity Nationwide". This report describes steps to enable each state health department to establish a state chronic disease epidemiology position.

- Currently, the number of states and territories that have state chronic disease epidemiology support is approximately 34.

- In the "Evaluation of State-Based Chronic Disease Epidemiology Placement Activity" written by Dr. Patrick Remington (December, 2001), many states reported an increase in their overall chronic epidemiology capacity due to federal placements and funding provided by CSTE to hire a state chronic disease epidemiologist.

Challenges:

- Despite many efforts to increase capacity, 22 states and territories still report having no state chronic disease epidemiologist.

- The Epidemiology Capacity Assessment conducted by CSTE last year (2001) revealed that approximately half of the states responded that their overall chronic disease epidemiology capacity was non-existent to minimal.

- The Assessment also showed that less than 15% of epidemiologists in state health departments work in chronic disease epidemiology programs.

The Council of State and Territorial Epidemiologists appreciates the support the Subcommittee has provided to many public health programs in the past and looks forward to working with the Subcommittee during the FY 2003 appropriations cycle.

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[1] *U.S. Dept of Health and Human Services. Healthy People 2010 Objectives: Draft for Public Comment*