

THE CSTE WASHINGTON REPORT

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EDITOR'S NOTE: Add chemical terrorism to the long list of public health terrorism issues which must be addressed by the Administration and Congress. Unfortunately, the public health response to chemical terrorism has not had the same prominence in Washington as bioterrorism. As a consequence, local environmental health capacity to respond to chemical terrorism preparedness has received nowhere near the same funding levels nor the attention of key members of Congress and Administration officials. Work is underway to remedy the situation, with efforts by CSTE's Dr. Henry Anderson of particular note. One home for chemical terrorism is the Agency for Toxic Substances and Disease Registry, which must compete with other federal agencies for funding in an increasingly tight fiscal budget. Hopefully, efforts now underway by CSTE and other public health groups will remedy the woeful lack of local environmental health capacity resources for responding to chemical terrorism as well as everyday environmental health threats.

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>

HEALTH TRACKING BILLS READIED FOR INTRODUCTION -- Sen. Hillary Clinton (D-NY) and Rep. Nancy Pelosi (D-CA) are both preparing to introduce legislation based on the Trust for America's Health (TFAH) model legislation addressing environmental health exposures and their possible link to chronic diseases, including cancer. TFAH is an advocacy outgrowth of the Pew Charitable Trusts' recent environmental health initiative. The bill's main provisions are as follows:

- **Continues and expands existing CDC state pilot programs from FY 2003-2007** to develop improved tracking methods for collecting, analyzing, and sharing data and identifying, understanding prevention and responding to regional concerns regarding chronic health conditions and relevant environmental, behavioral and other factors.
- **Creates a National Commission on Nationwide Health Tracking** to provide advice and recommendations to the HHS Secretary and EPA Administrator

concerning: 1) the establishment and operation of the nationwide network; 2) the use of the nationwide and state networks (to inform communities, public health, etc. about chronic conditions and relevant environmental, behavioral and other factors); 3) the awarding and use of State grants; 4) the establishment and duties of the National Environmental Health Rapid Response Service; 5) the expansion of biomonitoring and other research tools; 6) the most effective approaches for supporting national priorities in the all of the above, while providing appropriate state flexibility.

- **Creates new State Health Tracking Network Grants in FY 2005-2009 and provides \$100 million each year.** Grants will be used to: 1) conduct surveillance activities, building and expanding on existing systems where appropriate, collect and report data, make data available to researchers and the public; 2) collect data through biomonitoring; 3) analyze collected data to identify populations at high risk, examine and respond to health concerns, recognize and address relevant environmental, behavioral and other factors, communicate risk, assess efficacy of medical and public health intervention efforts, implement prevention strategies; 4) establish capacity to respond to actual or perceived incidence rates of priority chronic diseases that are higher than expected, acute environmental exposures, and other community environmental health concerns; 5) establish an early warning system to detect, investigate and respond to emergent public health concerns detected through the State Network; 6) recruit public health employees, including Environmental Health Investigators; 7) train public health employees in epidemiology, environmental health, risk communication, and other relevant field; 8) pay for staffing, operations, etc.; 9) enhance public health infrastructure including laboratories, outreach and communication programs; 10) other duties identified by the HHS Secretary.
- **Establishes a Nationwide Health Tracking Network** – three years after enactment, the HHS Secretary via the CDC, in consultation with EPA Administrator, States, localities, etc., shall establish a Nationwide Health Tracking Network. In establishing the Nationwide Network, the Secretary shall – 1) build on, expand, coordinate existing data systems, surveys, registries, etc. including NEDSS, State birth defects surveillance systems, State cancer registries, State asthma surveillance systems, NHANES, BRFSS, Substance Release/Health Effects Database, Hazardous Substances Emergency Events Surveillance System, National Exposure Registry, HAN, etc.; 2) build, operate and maintain a national database that accepts data from State Networks on the occurrence, including incidence and prevalence, of priority chronic conditions and relevant environmental, behavioral, and other factors; 3) coordinate State Networks; 4) establish minimum standards for data collection and reporting.
- **Establishes a National Environmental Health Rapid Response Service** within the Epidemic Intelligence Service within CDC to work with states and communities to provide rapid response to acute or higher than expected incidence

of priority conditions. The bill provides \$5 million for each of FY 2003-2007 for this purpose.

- **Expands biomonitoring:** increases NHANES to collect and analyze state level data; creates 5 regional biomonitoring labs; provides \$50 million each year FY 2003-2007.
- **Creates five new Centers of Excellence in accredited Schools of Public Health** for the establishment, maintenance, and operation of centers for research and demonstration with respect to chronic conditions and relevant environmental factors. Provides \$5 million for each year FY 2003-2007.
- **Creates John H. Chafee public health scholar program.** Scholars must agree to spend one year for every year education was supported in a State, local, or Federal public health agency. \$2.5 million for each year FY 2004-2007 is provided.

NIAID UNVEILS BIOTERRORISM RESEARCH AGENDA -- The National Institute of Allergy and Infectious Diseases (NIAID) March 14 released the NIAID Counter-Bioterrorism Research Agenda for CDC Category A Agents, a document describing the Institute's accelerated research plan for the most threatening agents of bioterrorism. The agenda outlines the research NIAID will undertake to help protect civilian populations from diseases such as smallpox, anthrax and plague should they be unleashed intentionally by those who wish to do harm. The comprehensive plan includes short-, intermediate- and long-term research goals and describes specifically how bioterrorism countermeasures will be developed for each microbe. The document also contains a copy of the Strategic Plan for Counter-Bioterrorism Research of the NIAID, which provides a general overview of the Institute's broad plans for attacking the full range of potential bioterrorism pathogens.

"Research is a vital element of bioterrorism defense," says HHS Secretary Tommy G. Thompson. "The NIAID Counter-Bioterrorism Research Agenda describes the highest priorities of an accelerated program to expand research on bioterrorism agents and to quickly develop new diagnostics, drugs and vaccines to protect the public."

The Research Agenda was developed by NIAID scientists and reviewed by an outside panel of experts from academia, industry and government in early February. The plan focuses on the Category A diseases as described by the Centers for Disease Control and Prevention (CDC): anthrax, smallpox, plague, tularemia, viral hemorrhagic fevers and botulism. Those diseases cause high death rates or serious illness, are relatively easy to spread, could cause public panic or require special steps for public health preparedness. NIAID plans to develop research plans for CDC Category B and C agents in the near future.

As the National Institutes of Health's lead institute on immunology and infectious diseases research, NIAID has made many key contributions to bioterrorism research over

the years. In fiscal year 2003, the President proposes a \$1.2 billion increase in bioterrorism funding for NIAID. The government's renewed focus on bioterrorism research will enable NIAID to expand ongoing projects and to establish much-needed new initiatives to prepare for potential bioterrorism attacks. New programs will involve traditional grants with academic researchers and institutions plus new models for government-industry partnerships.

According to NIAID Director Anthony S. Fauci, M.D., the proposed increase in research funding will also pay big benefits to other research. "In recent years, we have witnessed several emerging and re-emerging infectious diseases that have presented us with many of the same challenges as bioterrorism, namely identifying changing threats and preparing for them to appear at any time," he says. "In addition, people lack immunity to emerging diseases, and effective treatments are not always known. The influx of resources and renewed energy into infectious diseases research will no doubt help us enormously in tackling naturally occurring illnesses such as drug-resistant tuberculosis and influenza."

Dr. Fauci also describes how increased basic research in immunology, including studies of the body's broadly protective innate immune system, should lead to additional advances in many non-infectious diseases such as cancer and autoimmune diseases. The Research Agenda describes two separate but necessary arms of biomedical research. Basic research will continue to provide the framework for scientific and medical advances, and applied research will move laboratory developments into products that can be used to protect the public from disease. The agenda divides research on each Category A microbe into six key elements:

- * Microbial biology. Increased basic research will help scientists acquire comprehensive information on the biology and disease-causing mechanisms of potential bioterror pathogens. Such information, which includes sequencing of each microbe's genome, will provide the information needed to develop new drugs and vaccines to combat possible bioterrorism-caused diseases.

- * Human immune response. Increased research on the basic components of the human immune system will enable scientists to develop safe and potent vaccines, highly accurate diagnostic tests, and broadly acting drugs that boost overall immunity to a range of pathogens.

- * Vaccines. Vaccines are one of the most effective ways to protect people from infectious diseases, and accelerated research on new vaccines is underway. New Ebola and anthrax vaccines will soon enter human testing, and research on improved smallpox and tularemia vaccines is ongoing. Additional research has been conducted on ways to stretch current smallpox vaccine stockpiles for the short term.

- * Treatments. The increase in antibiotic resistance among bacteria and the relative scarcity of effective antiviral drugs make treatment research imperative. Scientists will use information gained from basic studies of a microbe's biology and genetic makeup to

develop compounds that specifically destroy that organism or its toxins. Research on new treatments for pathogens such as smallpox and anthrax are currently underway.

* **Diagnostics.** An effective response against a bioterrorist attack requires rapid, accurate identification of both natural and bioengineered microbes. Information on a pathogen's sensitivity to available drugs will also help doctors quickly treat anyone who has become infected. New early warning and diagnostic tests are a key part of NIAID's bioterrorism research agenda.

- **Research resources.** Research on the five general areas above requires a broad range of resources including genomic information, novel reagents, animal models of disease, and high-containment laboratories and clinical facilities. NIAID will provide those resources in part by building the necessary facilities, establishing collaborations with industry, and training new scientists with varying expertise.

CDC: GONORRHEA RATES INCREASED IN TWO-THIRDS OF HARDEST-HIT U.S. CITIES

- Gonorrhea Rates Rise in 13 of 20 Most Affected Cities
- Syphilis Rates Continue to Decline, but Local Outbreaks Remain a Concern –

Nearly two-thirds of the U.S. cities hardest hit by gonorrhea experienced increases in gonorrhea rates between 1999 and 2000, according to the Centers for Disease Control and Prevention (CDC). While the overall national gonorrhea rate remained stable, 13 of 20 cities with the highest rates in 1999 had even higher rates in 2000, indicating ongoing challenges in controlling the disease in some communities.

Data on national trends in gonorrhea and other STDs were presented today at the National STD Prevention Conference being held March 4 to 7, in San Diego.

"The increasing gonorrhea rates in some U.S. communities highlight the need to accelerate STD prevention and treatment efforts in these areas", said Ronald O. Valdiserri, M.D., M.P.H., deputy director of CDC's National Center for HIV, STD, and TB Prevention (NCHSTP). "The continued health consequences from this completely preventable STD are unacceptable. That's why we must continue to support comprehensive prevention programs that promote abstinence from sexual activity among young people, encourage mutual monogamy with an uninfected partner, and consistent and correct condom use for those with multiple partners."

According to Valdiserri, while gonorrhea can be diagnosed and treated with antibiotics, it continues to exact an inordinate toll on the health of the nation. If left untreated, the disease can facilitate HIV transmission and lead to pelvic inflammatory disease, chronic pelvic pain, and infertility.

Gonorrhea increased by more than 20 percent in five of the cities with the highest rates in 1999: Kansas City, Mo. (37.4 percent), Buffalo, N.Y. (27.5 percent), Jacksonville, Fla. (22.5 percent), Detroit (21.6 percent), and Birmingham, Ala. (21.1 percent). Nashville,

Tenn., which was not among the 20 most affected cities in 1999, had an increase of 34.6 percent and joined the list of 20 cities in 2000. ([See Table](#)).

Reasons for increases likely vary by community, but may include continued gaps in available treatment and screening services, limited access to quality health care among some populations, and reported increases in risk behavior among some populations, including gay and bisexual men.

During the same period, several communities were able to reduce their rates of gonorrhea, with rates falling in seven of the 20 cities most affected in the previous year. Atlanta, which had the fifth highest gonorrhea rate in 1999, cut infections by more than 38 percent in 2000. Washington, D.C. also saw a major improvement between 1999 and 2000, with rates falling more than 23 percent. Chicago reduced infections by 25.2 percent and dropped from the top 20 list.

On a national level, the overall rate of gonorrhea appears to have stabilized, following a nine percent increase between 1997 and 1999. In 2000, the rate of gonorrhea was 131.6 cases per 100,000 people, compared to 132 cases per 100,000 people in 1999. Prior to that upturn, national gonorrhea rates had declined each year since 1975. According to Valdiserri, analyzing the local trends is critical to direct efforts where they are most needed.

"The battle against STDs is primarily waged locally," said Valdiserri. "Accelerating progress nationally will require assisting those communities that now face the greatest threat, while maintaining our ongoing prevention efforts."