THE CSTE WASHINGTON REPORT

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EDITOR'S NOTE: Important news in the reduction of food-borne illnesses was released by CDC which reported a 23 percent overall drop in bacterial illnesses since 1996. According to the new data, the four major bacterial foodborne illnesses -- Campylobacter, Salmonella, Listeria, and E. coli O157 -- posted a 21 percent decline in the past six years. Campylobacter infections dropped 27 percent, infections from Listeria fell 35 percent, and Salmonella infections decreased by 15 percent. E. coli O157 infections dropped 21 percent, but all of that decline occurred since 2000. These declines signify important progress toward meeting HHS' Healthy People 2010 objectives for reducing the incidence of disease caused by these bacterial infections. Although much work remains to achieve further reductions in food-borne illness, the current reductions are welcome progress.

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

LEGISLATIVE UPDATE -- House Government Reform Technology and Procurement Policy Subcommittee Chairman Tom Davis (R-VA) publicly announced that he plans to introduce legislation this week designed to organize and speed up the government's evaluation and implementation of various technologies for homeland security and anti-terrorism efforts. Rep. Davis stated that the impetus for the legislation is complaint from both government and the private sector that there is insufficient staff within the Office of Homeland Security to appropriately review the mass of technology ideas flooding the Office of Homeland Security. The bill would create a review program within the General Services Administration's Office of Procurement Policy. CSTE President-Elect Gianfranco Pezzino testified before Rep. Davis' Subcommittee last December about public health surveillance needs, and developing technologies and systems to address those needs. He also provided similar information at a Congressional briefing on April 17th sponsored by the Congressional Steering Committee on Telehealth and Health Care Informatics entitled: "Using Information Technology Tools to Prepare for and Respond to Health Aspects of Biological and Chemical Terrorism."

APPROPRIATIONS – The House leadership is calling for budget discipline that is likely to result in a deeming resolution added to the first appropriations bill to come to the House floor that will cap the FY 2003 appropriations level at $759 billion – essentially the level of the President's budget request. Effort will also be made to extend the statutory budget caps that expire this year. This will make increasing health programs above the President's request level for FY 2003 and funding new programs extremely difficult. An FY 2002 emergency supplemental appropriations bill is also moving through Congress with mark up in the House Appropriations Committee now moved to next week. House Majority Leader Dick Armey (R-TX) hopes to also bring the measure to the House floor next week. The emergency supplemental bill contains increased funding for ATSDR and for building state environmental health capacity – an effort led by CSTE and supported by 8 other public health organizations.

FOODBORNE ILLNESSES POST DRAMATIC SIX-YEAR DECLINE --HHS Secretary Tommy G. Thompson April 18 released new data from the Centers for Disease Control and Prevention (CDC) that show a 23 percent overall drop in bacterial foodborne illnesses since 1996. The data come from the Foodborne Diseases Active Surveillance Network (FoodNet) and are published in the April 19 issue of Morbidity and Mortality Weekly Report (MMWR).

"These findings represent a true reduction in the number of Americans suffering from foodborne illness," said Secretary Thompson. "However, foodborne disease remains a substantial public health burden, and we must continue to expand our efforts to keep America's food supply the safest it can be."

FoodNet is a joint effort by HHS, state health departments, and the U.S. Department of Agriculture (USDA) to capture a more accurate and complete picture of trends in the occurrence of foodborne illness. Within HHS, the network involves the CDC and the Food and Drug Administration (FDA).

"These data demonstrate that we are on the right track," said Agriculture Secretary Ann M. Veneman. "Modern, science-based food inspection systems have contributed to our ability to control pathogens during food processing. Further reduction continues to be a top priority for the Bush administration."

According to the new data, the four major bacterial foodborne illnesses -- Campylobacter, Salmonella, Listeria, and E. coli O157 -- posted a 21 percent decline in the past six years. Campylobacter infections dropped 27 percent, infections from Listeria fell 35 percent, and Salmonella infections decreased by 15 percent. E. coli O157 infections dropped 21 percent, but all of that decline occurred since 2000. These declines signify important progress toward meeting HHS' Healthy People 2010 objectives for reducing the incidence of disease caused by these bacterial infections.

Other less common bacterial foodborne illnesses also showed significant declines since 1996. Yersinia infections decreased 49 percent, and Shigella infections dropped by 35 percent.

Several factors have contributed to the decline in foodborne illnesses. Enhanced surveillance and outbreak investigations have identified new control measures and focused attention on preventing foodborne diseases. The USDA has implemented the Pathogen Reduction/Hazard Analysis Critical Control Point (HACCP) regulations in meat and poultry plants. Other interventions include the FDA's egg safety programs to prevent Salmonella Enteritidis infections, HACCP regulation of fruit and vegetable juices, seafood HACCP, extensive food safety education, publication and outreach of good agricultural practices for fresh produce and increased regulation of imported food. Furthermore, infants and young children account for the highest incidence of foodborne diseases. Many studies have shown that breast-feeding is important in preventing foodborne diseases among infants, and a study is currently being conducted of sporadic cases of Salmonella and Campylobacter among young children to identify opportunities for prevention of these diseases.

In 1996, the FoodNet surveillance system began collecting information about laboratory-diagnosed cases of foodborne illnesses caused by Campylobacter, Cryptosporidium, Cyclospora, E. coli O157, Listeria, Salmonella, Shigella, Yersinia, and Vibrio. Each year the surveillance area, or catchment, has expanded. The total population of the current catchment is 38 million persons, or 13 percent of the United States population.

VISITS TO THE EMERGENCY DEPARTMENT INCREASE NATIONWIDE -- The latest national data on the use of hospital emergency departments show that there were 108 million visits in 2000, up 14 percent from 95 million visits in 1997. Because the number of hospitals providing emergency care decreased from 4,005 to 3,934 between 1997 and 2000, the number of annual visits per emergency department has increased about 16 percent since 1997 from 24,000 to 27,000 and waiting time for non-urgent visits has increased 33 percent, according to a new report released today by the Centers for Disease Control and Prevention.

The most seriously ill or injured patients (with needs deemed emergent) continue to get care about as quickly as in 2000 as in 1997. However, for non-urgent visits, patients on average waited about 68 minutes to see the doctor for non-urgent visits, up from 51 minutes in 1997.

The increase in visits to the emergency department is a result of overall population growth as well as increases in the number of seniors. Older Americans, those 75 years of age and over, had the highest rate of emergency department visits—65 visits per 100 persons per year while the national average was 39 visits per 100 persons per year.

"The emergency department plays a critical role in our nation's health care system, whether for treatment of a broken bone or as the first line of defense against bio-

terrorism," said David Fleming, MD, Acting Director of the Centers for Disease Control and Prevention.

Stomach and abdominal pain, chest pain, and fever were the most commonly recorded reasons for a visit to the emergency department. Since 1997, an increase in visits with a primary diagnosis of chest pain or abdominal pain was found for women aged 45 and over. There were 1.3 million visits due to adverse drug reactions or other complications from medical care in 2000.

Persons aged 15 to 24 years had the highest injury visit rate. The most frequently recorded injury diagnoses were open wounds, 18 percent, and the most commonly mentioned body site injured was hand, wrist and fingers, 13 percent.

CDC's National Center for Health Statistics conducts this annual survey of visits to the emergency department as part of its National Health Care Survey, which also covers doctors' offices, hospitals, nursing homes, hospices and home health care.

The survey found that medications were used in 74 percent of all visits, virtually unchanged from 1999. There was an average of 1.6 drugs used or prescribed per emergency department visit. Since 1997, drug prescription rates increased for persons 15-44 years old. Medication for pain relief was the most frequent class of drugs administered.

The use of the emergency department varied by age and other patient characteristics. The African-American population used the emergency department at a rate 67 percent higher than of the white population in 2000.

About 14 percent of patients arrived at the emergency department by ambulance. About 16 percent of the visits were deemed to be emergent, that is, the patient should be seen within 15 minutes of arrival; another 31 percent of the visits were classified as urgent enough for the patient to need to see the doctor within an hour. About 12 percent of patients seen in the emergency department were admitted to the hospital.

The National Hospital Ambulatory Medical Care Survey is a national probability survey of visits to hospital emergency departments of non-Federal, short-stay and general hospitals in the United States. The report can be viewed or downloaded at www.cdc.gov/nchs.

GOVERNMENT AGENCIES LAUNCH NEW HEALTH CARE QUALITY INFORMATION WEB SITE -- The Agency for Healthcare Research and Quality (AHRQ), the Centers for Medicare & Medicaid Services (CMS), and the U. S. Office of Personnel Management (OPM) April 25 jointly announced the official launch of a new government Web site designed to help benefit managers, consumer advocates, and state officials communicate with their audiences about health care quality. The site,

http://www.TalkingQuality.gov, provides step-by-step instructions on how to implement a quality measurement and reporting project, such as a health plan report card. "This Web site is an important resource in helping organizations educate consumers about the quality of their health care," said HHS Secretary Tommy G. Thompson. "It provides them with the tools to give the American public the information they want and need to make informed decisions about their health care."

Research shows that health care quality varies widely across health plans and providers. Research also shows that Americans want and value quality care, but may lack access to information that would help them with the critical health care choices they face. The TalkingQuality Web site is designed for people and organizations trying to address that need. The Web site provides practical advice and examples on what to say about health care quality, how to say it, and how best to get that information, especially information on plans and providers, into the hands of consumers.

TalkingQuality.gov covers the entire process of quality reporting from initial planning to evaluation, with useful information for those both with and without experience in producing quality reports. Specifically, the site includes tips on getting started on a quality project, collecting and analyzing data, presenting and disseminating information, providing ongoing support for a quality reporting effort, and evaluating the project. A special feature is the Planning Workbook, a downloadable companion to the Web site. It is designed to help develop customized plans for presenting quality health care information. Throughout the site, there are Workbook icons that remind users when the Workbook may be useful.

The site was developed through the Quality Interagency Coordination (QuIC) Task Force, established to ensure that all Federal agencies with health care responsibilities are working in a coordinated way to improve quality of care.