THE CSTE WASHINGTON REPORT

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INSIDE THIS ISSUE…

EDITOR'S NOTE: HHS Secretary Tommy G. Thompson July 3 named Julie L. Gerberding, M.D., M.P.H., to be director of the Centers for Disease Control and Prevention (CDC) and administrator for the Agency for Toxic Substances and Disease Registry (ATSDR). Dr. Gerberding brings an excellent record of achievement to the post. She won high praise for her performance at CDC during the post 9/11/01 period at the agency, keeping her focus on responding to the anthrax crisis and establishing herself under fire. With credentials as an infectious disease expert, Dr. Gerberding takes over CDC at an opportune time for building the agency's capacity to respond to bioterrorism and other threats to the nation's health. Public health groups around the nation look forward to working with her in the months and years ahead.

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

HOMELAND SECURITY UPDATE: Congress is moving quickly to enact legislation to create the new Department of Homeland Security. The House Government Reform Committee will mark up its bill today (7/10) and the Energy and Commerce Committee

plans to mark up its bill tomorrow (7/11). Public Health groups are hopeful that the Energy and Commerce Committee's bill will include provisions keeping control and funding for public health bioterrorism preparedness activities at CDC. Energy and Commerce Committee Chairman Billy Tauzin (R-LA) recently vocalized concerns about the wisdom of transferring these activities to the new department after Congress so recently enacted major bioterrorism legislation that recognized the integral relationship between bioterrorism preparedness and strengthening public health infrastructure. Many public health groups, including CSTE, sent letters in the last several weeks to the Energy and Commerce and Government Reform Committees, as well as respective Senate Committees and the Bush Administration, expressing these same concerns. Once the relevant House Committees vote on their legislative versions of the new Homeland Security Department, a select Committee of appointed House leadership Members will meld the versions together into one bill. The House hopes to have the final bill on the floor late next week. The Senate has given the Government Affairs Committee, Chaired by Joseph Lieberman (D-CT), the lead role in structuring the Senate bill on Homeland Security. The Chairman's Mark is expected to be ready by Friday (7/12) for review by the Committee's Members. The Senate hopes to have a bill on the floor before the start of the August recess on July 29th. It is still unclear, as yet, whether the Lieberman bill will include public health bioterrorism activities in the new Department, or leave these within HHS/CDC.

BUDGET AND APPROPRIATIONS UPDATE: The House and Senate Labor-HHS-Education Subcommittees on Appropriations have received their respective funding allocations for FY 2003. The allocation for the Senate was $6.6 billion above the FY 2002 appropriation and $4 billion above the House FY 2003 allocation. The House allocation for all health, education and labor discretionary programs is only $2.6 billion above the FY 2002 appropriation. Given that the President, and many Appropriations Subcommittee Members, want to provide a $3.7 billion increase for the NIH in FY 2003, there will have to be cuts in other programs to accommodate this in the House bill. The House Subcommittee is not likely to mark up until very late, possibly even after the election as expectations grow that there will be a lameduck session of Congress. The Senate Subcommittee is planning to mark up on either July 18th or July 25th.

In other appropriations news, the much delayed FY 2002 supplemental appropriations bill is finally being conferenced by House and Senate Members and is expected to be finished by Friday (7/12). The bill became the focus of political wrangling over whether it should or would become the vehicle for enacting legislation to raise the debt limit to accommodate the growing federal budget deficit. At stake in the supplemental appropriations conference is an $11 million increase in the House version of the bill for ATSDR, with fully $9.5 million of the increase slated for state cooperative agreements to bolster environmental health capacity to prepare for chemical terrorism. This amount would double the current $9+ million now going to states under ATSDR's cooperative agreement. CSTE has had a lead role in effecting the House bill's increase and has been working to ensure that the increase is included in the final conferenced bill

JULIE L. GERBERDING, M.D., M.P.H., NAMED CDC DIRECTOR AND ATSDR ADMINISTRATOR -- HHS Secretary Tommy G. Thompson July 3 named Julie L. Gerberding, M.D., M.P.H., to be director of the Centers for Disease Control and Prevention (CDC) and administrator for the Agency for Toxic Substances and Disease Registry (ATSDR). Dr. Gerberding is an infectious disease expert and has been leading CDC's efforts to prepare for and counter terrorism. She assumes the post immediately. Dr. Gerberding, 46, has been acting principal deputy director of CDC, and has served as part of the leadership team named to direct the agency since former director Dr. Jeffrey Koplan resigned March 31. She has also served as acting deputy director of CDC's National Center for Infectious Diseases.

"Dr. Gerberding knows public health, she knows infectious diseases, and she knows bioterrorism preparedness," Secretary Thompson said. "She brings the right mix of professional experience and leadership skills to ensure the CDC continues to meet the nation's public health needs."

Dr. Gerberding played a major role in leading CDC's response to the anthrax bioterrorism attacks last fall. "The events of last fall made clear to all of us that this cannot be a time of business-as-usual," Dr. Gerberding said. "In a time of rapid change and growing responsibilities, CDC will ensure excellence in public health science, excellence in service to our public health partners and a sound organizational system to ensure that we fulfill our mission."

Dr. Gerberding joined the CDC in 1998 as director of the Division of Healthcare Quality Promotion, where she developed CDC's patient safety initiatives and other programs to prevent infections, antimicrobial resistance and medical errors in healthcare settings. Previously, she headed the Prevention Epicenter -- a multidisciplinary service, teaching, and research program that focused on preventing infections in patients and their healthcare providers at the University of California, San Francisco (UCSF).
Dr. Gerberding earned her B.A. degree in chemistry and biology and M.D. degree at Case Western Reserve University in Cleveland, Ohio. She completed her internship and residency in internal medicine at UCSF, where she also served as chief medical resident at San Francisco General Hospital before completing her National Institutes of Health (NIH) training fellowship in clinical pharmacology and infectious diseases at UCSF. She earned her Masters of Public Health (MPH) degree at the University of California, Berkeley, in 1990.

Dr. Gerberding is also a tenured associate professor of medicine and epidemiology and biostatistics at UCSF and an associate clinical professor of medicine at Emory University. She is a native of South Dakota and is married to David A. Rose.

Secretary Thompson also praised the interim leadership team that steered CDC during the past three months. "During these months, the CDC remained focused on its essential missions, including an unprecedented rapid review of state bioterrorism preparedness plans required in issuing some $1.1 billion in grants to states," he said. "David Fleming

and the other members of the interim team all deserve credit for making the transition a smooth one."

THOMPSON NAMES HAUER TO NEW ASSISTANT SECRETARY POST -- HHS Secretary Tommy G. Thompson announced the appointment of Jerome M. Hauer as acting Assistant Secretary for Public Health Emergency Preparedness. The position was created when President Bush signed the Public Health Security and Bioterrorism Preparedness and Response Act of 2002 on June 12.

"We live in a different world. A world with new threats and new dangers," Secretary Thompson said in announcing Hauer as the first Assistant Secretary for Public Health Emergency Preparedness. "Jerry Hauer will lead HHS' efforts to strengthen our nation's ability to respond to acts of terrorism and, simultaneously, our nation's public health infrastructure. Jerry's experience and actions over the past few months here at HHS and his efforts throughout his career speak volumes for his abilities. We are fortunate to have him."

Hauer has been serving as HHS' director of the Office of Public Health Preparedness since May 3, when he took over for D.A. Henderson. Henderson had completed a six-month term while the office was developed and currently serves Secretary Thompson as the senior science advisor to the Secretary for Public Health Preparedness.

Prior to coming to HHS, Hauer served as the director of the Office of Emergency Management in New York City, where he became highly respected for his work in developing the country's first bioterrorism response plans. He led efforts to develop public health surveillance systems in the United States, an experience he will draw on as he works with HHS' Centers for Disease Control and Prevention (CDC) in upgrading HHS' nationwide surveillance system and the Health Alert Network (HAN).

Secretary Thompson continued, "Our work with the states has just begun. As we continue to assist them as they expand and enhance their public health infrastructure we will work together to build a national comprehensive preparedness and response strategy. Our goal is to build the strongest public health infrastructure the world has ever seen."
Hauer has served on the National Academy of Sciences Institute of Medicine's Committee to Evaluate R&D Needs for Improved Civilian Medical Response to Chemical and Biological Terrorism, as a member of the Johns Hopkins Center for Civilian Biodefense's Working Group, and on the Johns Hopkins School of Public Health's health advisory board. He also is an advisor to Columbia University's School of Public Health.

YOUTH RISK BEHAVIORS SURVEILLANCE SURVEY -- Compared to the early '90s, high-school students are practicing fewer unhealthy behaviors such as tobacco use, marijuana use, risky sexual behaviors, and other potentially dangerous behaviors that increase their risk for injury, illness, and death. However, too many high school students continue to practice behaviors that place them at risk for serious injury, sexually transmitted diseases, including HIV infection, and chronic diseases such as heart disease

and cancer according to data released June 27 from the 2001 Youth Risk Behavior Surveillance System (YRBSS) in a report from the Centers for Disease Control and Prevention. The YRBSS is the most comprehensive source of data on the health risk behaviors of high school students. The report contains information about high school students nationwide, in 34 states, and in 18 large cities.

Among high school students nationwide:

Behaviors that contribute to unintentional injuries and violence

* 14% rarely or never wore a seat belt when riding in a car.
* 85% of students who had ridden a bicycle during the 12 months preceding the survey rarely or never wore a helmet.
* 31% rode with a driver who had been drinking alcohol during the 30 days preceding the survey.
* 17% carried a weapon during the 30 days preceding the survey.
* 33% were in a physical fight during the 12 months preceding the survey.
* 9% attempted suicide during the 12 months preceding the survey.

Tobacco use

* 29% smoked cigarettes during the 30 days preceding the survey.
* 14% smoked cigarettes on 20 or more days during the 30 days preceding the survey.
* 8% used smokeless tobacco during the 30 days preceding the survey.

Alcohol and other drug use

* 47% had at least one drink of alcohol during the 30 days preceding the survey.
* 30% had 5 or more drinks of alcohol on at least one occasion during the 30 days preceding the survey.
* 24% used marijuana during the 30 days preceding the survey.
* 4% used cocaine during the 30 days preceding the survey.
* 15% used inhalants during their lifetime.
* 10% used methamphetamines during their lifetime.

Sexual behaviors

* 46% had sexual intercourse during their lifetime.
* 14% had sexual intercourse with 4 or more partners during their lifetime.
* 33% had sexual intercourse during the 3 months preceding the survey.
* 58% of currently sexually active students used a condom during last sexual intercourse.
* 18% of currently sexually active students used birth control pills before last sexual intercourse.

Dietary behaviors

* 11% were overweight (at or above the 95th percentile for body mass index by age and sex).
* 14% were at risk for becoming overweight (at or above the 85th percentile and below the 95th percentile for body mass index by age and sex).
* 79% did not eat 5 or more servings of fruits and vegetables during the 7 days preceding the survey.
* 5% took laxatives or vomited to lose weight during the 30 days preceding the survey.

Physical activity

* 35% did not participate in sufficient vigorous physical activity for at least 20 minutes on 3 or more of the 7 days preceding the survey.
* 48% were not enrolled in physical education class.
* 68% did not attend physical education class daily.

Injury- and violence-related behaviors that decreased between 1991-2001 include the percentage of students who never or rarely wore seatbelts (from 26 percent to 14 percent); rode with a driver who had been drinking alcohol (from 40 percent to 31 percent); seriously considered suicide (from 29 percent to 19 percent); and planned a suicide attempt (from 19 percent to 15 percent). In addition, the percentage of students who carried a weapon decreased from 1991-1997 (from 26 percent to 18 percent) and then remained constant from 1997-2001 (18 percent to 17 percent).
The percentage of students who reported current and frequent cigarette use increased from 1991-1997 (from 28 percent to 36 percent for current use and from 13 percent to 17 percent for frequent use) and then decreased by 2001 (to 29 percent for current use and to 14 percent for frequent use. Similarly, the percentage of students who reported lifetime and current marijuana use increased from 1991-1997 (from 31 percent to 47 percent for lifetime use and from 15 percent to 26 percent, for current use) and then decreased by 2001 (to 42 percent for lifetime use and 24 percent for current use). However, lifetime and current cocaine use increased from 1991-2001 (from 6 percent to 9 percent for lifetime use, and from 2 percent to 4 percent for current use).

From 1991-2002, the percentage of students who ever had sexual intercourse decreased from 54 to 46 percent, and the percentage who had four or more sexual partners decreased from 19 percent to 14 percent. Simultaneously, the percentage of sexually active students who used a condom at last sexual intercourse increased from 1991-1999 (from 46 percent to 58 percent) and then leveled by 2001 (to 58 percent).

While the percentage of students enrolled in physical education (PE) class remained constant from 1991-2001 (49 percent to 52 percent), the percentage of students enrolled in daily PE classes decreased from 1991-1995 (from 42 percent to 25 percent) and then

increased from 1995-2001 (from 25 percent to 32 percent), but still remained far below the 1991 level.
Considerable variation in the prevalence of risk behaviors occurs from state to state. The following ten behaviors had a five-fold or greater variation among the states:
Behaviors that contribute to unintentional and intentional injuries

* Felt too unsafe to go to school - 3.0% to 16.9%
* Tobacco, alcohol, and other drug use
* Smoked more than 10 cigarettes per day - 1.0% to 7.3%
* Current smokeless tobacco use - 2.9% to 18.1%
* Current cigar use - 4.1% to 19.3%
* Purchased cigarettes at a store or gas station - 4.4% to 39.1%
* Lifetime injection-drug use - 1.1% to 6.9%
* Cigarette use on school property - 2.7% to 16.0%
* Smokeless tobacco use on school property - 0.9% to 11.5%

Sexual behaviors

* Initiated sexual intercourse before 13 years of age - 3.1% to 14.0%

Physical activity

* Attended physical education class daily - 3.6% to 70.6%

The YRBS, which began in 1991 and has been conducted biennially since, includes questions on a wide variety of health-related risk behaviors. YRBSS findings are available at http://www.cdc.gov/yrbss.