THE CSTE WASHINGTON REPORT

Marcia S. Mabee, MPH, PhD
Editor
11479 Waterview
Reston, Virginia 20190
mmabee@ix.netcom.com
703-709-3001

September 20, 2002 Volume 6, Number 17

INSIDE THIS ISSUE

EDITOR'S NOTE: Much work remains to be done in preparing front line health workers for responding to a bioterrorist attack, according to the a new survey of family practice physicians. In the survey, roughly 18 percent of the 614 family physicians said that they had previous bioterrorism training, and these doctors were much more likely than the others to report having the skills and knowledge necessary for responding to a bioterrrorist attack. Nearly all the family physicians agreed that it was important to be trained to identify a bioterrorist attack, and 93 percent said they would like to have such training. Family physicians felt more comfortable responding to natural disasters and public health emergencies such as natural infectious disease outbreaks involving well-known pathogens. But being familiar with the public health system for such events did not prepare them for knowing what to do in case of a bioterrorist attack. While 93 percent of the doctors said that they report notifiable infectious disease cases to their health department, only 57 percent reported knowing at the time of the survey whom to call to report a suspected bioterrorism case. Details of the survey are provided in this Washington Report.

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

APPROPRIATIONS UPDATE -- The entire Appropriations process has reached an impasse over the House Labor-HHS-Education Appropriations. Prior to the August Congressional recess, conservative Republican Members of the House won an agreement from the House leadership to have the Labor-HHS-Education Appropriations bill dealt with in Committee and on the House floor before taking up all other remaining appropriations bills. This strategy was designed to head off the outcome in previous years of the large and popular Labor-HHS-Education bill going last, loaning allocation to other smaller appropriations bills to ensure their passage, and then being plussed up with significant additional allocation at the end causing final overall discretionary spending to total at levels well above the limits of the annual Budget Resolution. However, with the strong support of public health and education advocacy groups, House Moderates have refused to support a Labor-HHS-Education bill that is $6 billion less than the Senate Labor-HHS-Education bill. The leadership is working to find a configuration of program funding that will attract 218 votes to pass, but within the tight allocation limits set by the Budget Resolution. So far, this strategy is failing. Now the House and Senate, recognizing the need to pass a Continuing Resolution (CR) to keep the federal government operating beyond the looming October 1st fiscal year deadline, are debating how long the CR should last and at what level of spending. One scenario that is gaining some ground is a short-term, two week CR to last until Congress recesses to prepare for the November 5th election, followed by a six month CR that would last until March, 2003. The Missouri special election for the Senate seat now occupied by Jean Carnahan (D) adds further complication. If her Republican opponent, James Talent, wins he is seated immediately which means the Senate would switch again – this time from a Democratic Majority to Republican Majority – in any post-election lame duck session.

HOMELAND SECURITY UPDATE – The Senate is stalled in a debate that has gone over legislation establishing the new Department of Homeland Security that has gone on for three weeks. At issue are competing proposals for employment rules for the new Departments federal employees. The House passed bill and the Senate committee passed bill both exempt transfer CDC's bioterrorism grant program activities to the new Department. Efforts at compromise are proceeding. The Senate is split almost 50-50 on many proposals and it may take a tie-breaking vote from the Vice President to resolve the impasse.

SURVEY ON EVE OF ANTHRAX ATTACKS SHOWED NEED FOR BIOTERRORISM TRAINING -- A survey taken shortly after September 11, 2001, showed that on the eve of last year's anthrax attacks, primary care doctors felt unprepared for bioterror incidents that could expose their patients to the unusual diseases that might be spread by terrorists. The survey was sponsored by the Agency for Healthcare Research and Quality (AHRQ), which is an agency of the Department of Health and Human Services (HHS), and the American Academy of Family Physicians (AAFP).

Researchers led by the AAFP's John Hickner, M.D., and Frederick M. Chen, M.D., of AHRQ, found that three-quarters of doctors said at that time they felt unprepared to recognize bioterrorism-related illnesses in their own patients. The national survey of family physicians, conducted in October 2001, also found that 38 percent rated their knowledge of the diagnosis and management of bioterrorism-related illnesses as poor. "Physicians today need to be ready to recognize and respond to unusual symptoms that might signal a bioterror attack," said HHS Secretary Tommy G. Thompson. "In the event of a surreptitious release, primary care doctors might be the first to spot the danger signs, and their knowledge and rapid action could be crucial for the nation."
Thompson said HHS is supporting wide new training, information and communication resources throughout the nation's public health and health care systems. Earlier this year, HHS provided more than $1 billion in new grants to states and major metropolitan areas to support training, communications, disease surveillance and epidemiology networks as well as hospital improvements.

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Family physicians felt more comfortable responding to natural disasters and public health emergencies such as natural infectious disease outbreaks involving well-known pathogens. But being familiar with the public health system for such events did not prepare them for knowing what to do in case of a bioterrorist attack. While 93 percent of the doctors said that they report notifiable infectious disease cases to their health department, only 57 percent reported knowing at the time of the survey whom to call to report a suspected bioterrorism case.

The findings underscore the importance of preparedness for primary care physicians. Because the symptoms caused by many bioterrorism agents mimic those of common illnesses, patients may seek care first from their primary care physicians. The AAFP, which represents more than 93,500 physicians and medical students, promotes Web-based training resources for physicians through its Web site (www.aafp.org/btresponse). AHRQ is expanding the medical providers' bioterrorism training Web site that it sponsors at the University of Alabama at Birmingham (www.bioterrorism.uab.edu) to include courses for the nation's 265,000 primary care physicians.

The AHRQ effort is part of a broad initiative by several HHS agencies to provide training and information for health care providers:

* The Centers for Disease Control and Prevention (CDC) supports the Centers for Public Health Preparedness program. It funds centers, based at universities and elsewhere, to train state and local health care providers and public health officials. More than 200,000 have received training so far. In addition, CDC is collaborating with the Association of American Medical Colleges to launch a new program

called "First Contact, First Response" that will provide curricula through medical schools for medical students and physicians. CDC is also working with the Association of Public Health Laboratories to provide more training and information to public health lab workers in dealing with biothreat agents.

* The National Institutes of Health (NIH) has been working to educate physicians about biodefense through a variety of efforts, including educational conferences in the Washington, D.C. area, providing monthly biodefense lectures to internal medicine residents who rotate through the NIH inpatient ward and providing technical assistance to physicians on an ad hoc basis.

* HHS has also provided training in emergency care for first-responders through its National Disaster Medical System.

* The Health Resources and Services Administration plans to launch a $60 million training program aimed at hospital workers next year.

* CDC's Health Alert Network also links over 1 million medical, public health and emergency workers with up-to-date information on any disease outbreaks. The network reaches all 50 states and is being further expanded to reach every county health department in the nation.

HHS ISSUES REPORT SHOWING DRAMATIC IMPROVEMENTS IN AMERICANS' HEALTH OVER PAST 50 YEARS -- HHS Secretary Tommy G. Thompson September 12 issued a new report showing how Americans' health has changed dramatically for the better over the past 50 years, with men and women both living longer, fewer babies dying in infancy and the gap between white and black life expectancy narrowing in the past decade.

"When you take the long view, you see clearly how far we've come in combating diseases, making workplaces safer and avoiding risks such as smoking," Secretary Thompson said. "As we take better care of ourselves and medical treatments continue to improve, the illnesses and behaviors that once cost us the lives of our grandparents will become even less threatening to the lives of our grandchildren."

By 2000, infant mortality had dropped to a record low and life expectancy hit a record high, according to Health, United States, 2002, the 26th annual statistical report on the nation's health prepared by HHS' Centers for Disease Control and Prevention (CDC). This 430-page report takes an extended look at trends in fighting illness, chronic diseases and mortality going back to 1950. The report presents the latest findings from health surveys and other sources in 147 tables and 28 graphs and charts. The publication examines where Americans get their health care and how much it costs. It also describes disparities in health care access and outcomes, by race, ethnicity and income.
The country has gained significant ground in fighting heart disease, stroke and injuries. AIDS emerged as a major killer in the 1980s, but deaths dropped after 1995 due to

powerful new anti-viral drugs. However, new AIDS cases are still being reported -- about 40,000 cases in 2000.

Among the key findings of the report:

* During the past half century, death rates among children and adults up to age 24 were cut in half. Mortality among adults 25-64 fell nearly as much, and dropped among those 65 and older by a third.

* In 2000, Americans enjoyed the longest life expectancy in U.S. history -- almost 77 years, based on preliminary figures. The life expectancy of men was 74 and for women almost 80. A century earlier, life expectancy was 48 for men and 51 for women.

* The infant mortality rate -- deaths before the first birthday -- has plummeted 75 percent since 1950. It dropped to a record low of 6.9 deaths per 1,000 live births in 2000, down from 7.1 the year before.

* Men and women who reach age 65 now live, on average, to age 81 and 84 respectively.

* The gap in life expectancy between blacks and whites narrowed during the 1990s. The life expectancy of white babies was about six years longer than for black babies in 2000, an improvement from the seven-year gap in 1990.

* Homicide rates among young black and Hispanic males aged 15-24 dropped almost 50 percent in the 1990s. Homicide remains the leading cause of death for young black men and the second leading cause of death for young Hispanic men.

* More than 40 percent of adults were smokers in 1965, compared with 23 percent in 2000. Those without a high school education were still almost three times as likely to smoke cigarettes as college graduates.

* Infectious disease rates have declined. The syphilis rate in 2000 -- 2.2 cases per 100,000 people -- was the lowest since national reporting began in 1941.

"Effective public health efforts, greater knowledge among Americans about healthier lifestyles and improved health care all have contributed to these steady gains in the nation's health," CDC Director Julie L. Gerberding, M.D., said.

Deaths among children and young adults from unintentional injuries, cancer and heart disease are down sharply. Among working-age adults, fewer are dying from unintentional injuries, heart disease and stroke. For older Americans, the increase in life expectancy is largely due to the drop in deaths from heart disease and stroke.

This report also noted that three in five adults ages 20-74 are overweight. One in four Americans is considered obese. Almost 40 percent engaged in no physical activity during leisure time, and women were more sedentary than men. One in 10 Americans age 45-54, one in five of those 55-64, one in four of those 65-74, and one in three of those 75 and older reported being in fair or poor health.

The report also noted that Americans spent $1.3 trillion on health care in 2000, or 13.2 percent of the gross domestic product, far more than any other nation. A third of the health care dollar was spent on hospital care, about one-fifth on physicians, and almost one-tenth on prescription drugs. The cost of prescription drugs increased 15 percent a year from 1995-2000 -- faster than any other category of spending.

More information, including an electronic version of the report that may be downloaded, is available on CDC Web site: http://www.cdc.gov/nchs.