THE CSTE WASHINGTON REPORT

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INSIDE THIS ISSUE

EDITOR'S NOTE: Using new and improved statistical models, CDC scientists estimate that an average of 36,000 people (up from 20,000 in previous estimates) die from influenza related complicated each year in the United States. In addition, about 11,000 people die per year from respiratory syncytial virus (RSV), a virus that causes upper and lower respiratory tract infections primarily in young children and older adults. The study demonstrates that most deaths caused by RSV occur in the elderly. This nearly doubling of the estimated death rate from flu is cause for some concern for public health officials, and underscores the need for preventive measures. Details are included 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. Legislation cited in the report can be

accessed via http://www.thomas.loc.gov Regulations cited can be accessed via http://www.gpo.gov

LABOR-HHS-EDUCATION APPROPRIATIONS UPDATE – After resolving a dispute over the allocation of committee resources between Republicans, who hold the majority in the Senate by one vote, and Democrats, the Senate has finally begun serious debate this week on an omnibus appropriations bill that wraps together all 11 unfinished FY 2003 appropriations bills. Republicans are hopeful that debate will finish today, but Democrats are skeptical. For the Labor-HHS-Education Appropriations section of the giant bill, the Senate restores most of the $430 million cut for CDC proposed in the President's budget, as does the House proposed bill that Subcommittee Chairman Regula (R-OH) introduced last week. However, as of last evening with the adoption during the Senate debate of an amendment boosting education funding, two across the board cuts, if they remain in the final Senate bill, erode efforts to restore funding for many public health agencies. The House will not take up its own bill out of concern by the leadership that it might not pass. Instead, appropriations principals in both chambers will conference the final Senate omnibus bill for final action in each chamber. This procedure precludes the opportunity for amendments which has been bitterly opposed by House Democrats.

Below are some selected programs from the House proposed FY 2003 Labor-HHS-Education Appropriations bill. You can view the whole table at: http://www.house.gov/appropriations/info/2003_lhsub.pdf

CDC

Birth Defects/Developmental Disabilities and Health

FY 02	$	89,878,000
President Reqst	$	89,323,000
House Bill	$	94,655,000
Diff House Bill/02	$	4,777,000

Chronic Disease Prevention and Health Promotion

FY 02	$	746,953,000
President Reqst	$	690,230,000
House Bill	$	773,928,000
Diff House Bill/02	$	26,975,000

Environmental Health

FY 02	$	152,607,000
President Reqst	$	152,155,000
House Bill	$	174,917,000*
Diff House Bill/02	$	22,310,000

* Most of increase due to transfer of Health Track from PH Improvement. Health Track provided $20 million, up from $17.5 for FY 02. Slight, $500,000 increase for Asthma over FY 02.

Epidemic Services and Response

FY 02	$ 80,056,000
President Reqst	$ 78,001,000
House Bill	$ 78,001,000
Diff House Bill/02	$ - 2,055,000

HIV/AIDS, STD and TB Prevention

FY 02	$ 1,159,680,000
President Reqst	$ 1,235,000,000
House Bill	$ 1,175,000,000*
Diff House Bill/02	$ 15,320,000

* Domestic HIV within this amount is basically level funded from FY 02.

Immunization

FY 02	$ 627,453,000
President Reqst	$ 627,601,000
House Bill	$ 634,601,000*
Diff House Bill/02	$ 7,148,000

* House intends, without specifying, that the increase provided should be evenly divided between vaccine purchase and state, Sect. 317, operations.

Infectious Disease Control

FY 02	$ 344,103,000
President Reqst	$ 334,471,000
House Bill	$ 353,961,000*
Diff House Bill/02	$ 9,858,000

* Includes $15 million increase for West Nile Virus over FY 02; $2 million increase over FY 02 for Hepatitis C.

Injury Prevention and Control

FY 02	$ 149,380,000
President Reqst	$ 144,764,000
House Bill	$ 148,654,000
Diff House Bill/02	$ - 916,000

Preventive Health and Health Services Block Grant

FY 02	$ 134,958,000
President Reqst	$ 134,966,000
House Bill	$ 134,966,000
Diff House Bill/02	$ 8,000

Public Health Improvement

FY 02	$ 148,149,000

President Reqst	$ 116,819,000
House Bill	$ 114,581,000
Diff House Bill/02	$ - 33,568,000

Occupational Safety and Health

FY 02	$ 275,737,000
President Reqst	$ 247,318,000
House bill	$ 275,161,000
Diff House Bill/02	$ - 576,000

TOTAL CDC

FY 02	$ 4,364,089,000
President Reqst	$ 3,974,444,000
House Bill	$ 4,288,857,000
Diff House Bill/02	$ - 75,232,000

HEALTH RESOURCES AND SERVICES ADMINISTRATION

Health Professions

FY 02	$ 662,444,000
President Reqst	$ 294,502,000
House Bill	$ 669,582,000
Diff House Bill/02	$ 7,138,000

Maternal and Child Health Block Grant

FY 02	$ 731,244,000
President Reqst	$ 731,531,000
House Bill	$ 726,931,000
Diff House Bill/02	$ - 4,313,000

Ryan White AIDS Programs

FY 02	$ 1,910,204,000
President Reqst	$ 1,910,725,000
House Bill	$ 1,930,204,000
Diff House Bill/02	$ 20,000,000

TOTAL HEALTH RESOURCES AND SERVICES ADMINISTRATION

FY 02	$ 6,075,499,000
President Reqst	$ 5,365,404,000
House Bill	$ 5,885,497,000
Diff House Bill/02	$- 189,952,000

SMALLPOX UPDATE – As tension mounts around the nation about the liability protections for hospitals and compensation benefits for health care workers with regard to vaccination of smallpox emergency response teams, the Bush Administration continues to refuse to create a federal, no-fault compensation system for emergency response

volunteers. Democrats in the House, led by Rep. Henry Waxman (D-CA), and in the Senate led by Sen. Ted Kennedy (D-MA) are drafting legislation that addresses gaps in liability protections provided under Section 304 of the Homeland Security Act (P.L. 107-296) establishes a no-fault compensation fund for those that suffer adverse reactions from the smallpox vaccine, provides separate funding for conducting smallpox vaccinations, and extends Medicaid coverage for victims not currently eligible. Whether Senator Frist (R-TN), a leading public health voice in the Senate as well as the newly installed Majority Leader, will support these or other legislative efforts is still unknown at this time. He has expressed concern about liability protections and compensation benefits in the past. Garnering Republican support in the face of Administration inaction is likely to be difficult. The Administration has tried to ease hospital liability concerns by issuing a Department of Justice interpretation of Section 304 that states hospitals are covered entities under Section 304. The Department of Health and Human Services has also just issued guidance that notes Secretary Thompson will include, as part of his emergency declaration to initiate the smallpox vaccination effort later this month, a statement that hospitals are covered entities under Section 304. While helpful, an ASTHO/NACCHO working group on liability gaps and compensation, has concluded that legislation would be a much more secure fix for hospitals.

CDC FINDS ANNUAL FLU DEATHS HIGHER THAN PREVIOUSLY ESTIMATED -- The Centers for Disease Control and Prevention (CDC) January 7 released data indicating that the estimated number of people who die from influenza and respiratory syncytial virus (RSV) per year in the United States is substantially higher than previous estimates. The data are published in the January 8 issue of the *Journal of the American Medical Association* (JAMA).

Using new and improved statistical models, CDC scientists estimate that an average of 36,000 people (up from 20,000 in previous estimates) die from influenza related complicated each year in the United States. In addition, about 11,000 people die per year from respiratory syncytial virus (RSV), a virus that causes upper and lower respiratory tract infections primarily in young children and older adults. The study demonstrates that most deaths caused by RSV occur in the elderly.

“We’ve known for sometime that influenza and RSV have a profound impact on public health,” said CDC Director Dr. Julie Gerberding. “However, these data indicate that the magnitude of the problem is larger than we once thought.”

CDC researchers believe that the increase can be explained in part by the aging of the U.S population. Over the past several decades, the number of persons aged 85 or older has doubled. Also, the most virulent of influenza viruses in recent years, influenza A (H3N2), has been the most common strain circulating during the last decade.

Vaccinating individuals who are at greatest risk of serious complications from influenza will continue to be the primary strategy for preventing influenza associated deaths. The U.S. Department of Health and Human Services (DHHS) recently announced a new

policy that allows nursing homes, hospitals and home health agencies that serve Medicare and Medicaid beneficiaries to remind patients when it is time for an annual vaccination and ask if they want to receive a shot.

“More high risk people than ever before are getting their flu shots and that is certainly good news,” Dr. Gerberding said. “However, it is crucial that we continue to get the message out regarding the importance of high risk people getting their flu shots each and every year.”

In addition, the study points out that research is needed to develop better influenza vaccines that are more protective in the elderly and RSV vaccines that are effective in both young children and elderly persons.

Influenza season usually peaks in the United States sometime between December and March. So far this year only a few states have reported widespread activity. “It is still quite early in our influenza season and we expect activity to pick up in the coming weeks,” said CDC Epidemiologist Dr. Keiji Fukuda. “It is definitely not too late to get your flu shot if you have not received one.”

The CDC recommends influenza vaccination for those at high risk for complications from the flu, including individuals aged 65 and older and others with chronic medical conditions such as heart and lung disease and diabetes, as well as health care workers. All other groups, including household members of high-risk persons, healthy people ages 50-64, and others who wish to decrease their risk of getting the flu should begin receiving vaccinations in November. CDC also encourages children aged 6 months to 23 months to receive influenza vaccinations.

HHS ANNOUNCES RESEARCH PLAN TO FIGHT AUTOIMMUNE DISEASES -- HHS Secretary Tommy G. Thompson January 10 announced the release of a comprehensive research plan from HHS' National Institutes of Health (NIH) to fight autoimmune diseases, a collection of disorders including multiple sclerosis and rheumatoid arthritis that affect an estimated 14 to 22 million Americans. The plan will foster research to identify genetic, environmental and infectious causes of autoimmune diseases and to develop new treatments and prevention strategies.

"Each year, millions of Americans suffer pain, illness and even death as a result of multiple sclerosis, rheumatoid arthritis and other autoimmune diseases," Secretary Thompson said. "This new research plan will guide our efforts to understand the causes of these diseases and how we can better treat and prevent them to improve people's lives."

The Autoimmune Diseases Research Plan provides specific recommendations on future research directions and demonstrates the commitment of HHS to continue a robust program of autoimmune disease research. The plan also calls for educating the medical community and the public about autoimmune diseases.

"This plan highlights many unprecedented opportunities to increase our understanding of autoimmune diseases at the population, individual and molecular levels, with a conceptual focus on the underlying mechanisms shared among many autoimmune diseases," said Elias Zerhouni, M.D., director of the National Institutes of Health. "This strategy should ultimately allow the translation of new knowledge into more effective treatments and prevention strategies."

Autoimmune diseases result when the immune system attacks the body's own organs, tissues and cells. Physicians and scientists have identified more than 80 different autoimmune diseases. Some are well known, such as rheumatoid arthritis, multiple sclerosis, type 1 diabetes and systemic lupus; others are less familiar, such as autoimmune hepatitis, Sjögren's syndrome and pemphigus.

"The social and financial burdens imposed by these chronic, debilitating diseases include poor quality of life, high health care costs and substantial loss of productivity," said Anthony S. Fauci, M.D., director of the National Institute of Allergy and Infectious Diseases (NIAID). "In addition, the majority of autoimmune diseases disproportionately affect women, and the NIH is committed to addressing this health disparity."

The plan was created at the request of Congress as part of the Children's Health Act of 2000, and it was prepared by the NIH Autoimmune Diseases Coordinating Committee, a body of government and outside experts under the direction of NIAID. This committee, established in 1998, facilitates collaboration among the NIH institutes, other federal agencies such as the Centers for Disease Control and Prevention and the Food and Drug Administration, and private organizations. In developing the plan, the committee analyzed the existing NIH research program and sought the advice of non-federal scientists.

Highlights of the plan include the following.

* **The Burden of Autoimmune Diseases:** Studies will more accurately determine the incidence, prevalence and severity of autoimmune diseases in the United States as well as the number of deaths that result from these disorders.
* **Cause of Autoimmune Diseases:** The plan calls for researchers to identify the genetic and environmental factors that lead to autoimmune diseases and to investigate the relationship between them. Other studies will examine more closely what happens to the immune system during autoimmune diseases. To facilitate this research, new animal models of autoimmune disorders will be created.
* **Diagnosis, Treatment and Prevention:** The plan calls for developing centralized, broad-based clinical research centers with the capacity to test potential new treatments and diagnostics with multi-institutional, multi-disciplinary clinical studies. The plan encourages public-private partnerships in creating new treatments. Scientists are also challenged to improve the screening processes that identify at-risk individuals.
* **Training, Education and Information:** According to the plan, new training and career opportunities must be available to scientists considering a career in autoimmune

disease research. For physicians, continuing medical education materials on autoimmune diseases should be created to update them on the latest research advances. For the general public, autoimmune disease information will be made available via the internet and ongoing public education campaigns.

Print copies of the plan can be ordered by writing to the NIAID Office of Communications and Public Liaison at the following address: 31 Center Drive MSC 2520, Bethesda, Md. 20892-2520. The plan can also be found on the NIAID Web site at http://www.niaid.nih.gov/dait/pdf/ADCC_Report.pdf.

In addition to NIAID, NIH institutes and centers involved in creating the plan include the National Institute of Arthritis and Musculoskeletal and Skin Diseases; the National Institute of Neurological Disorders and Stroke; the National Institute of Diabetes and Digestive and Kidney Diseases; the National Institute of Nursing Research; the National Institute on Aging; the National Institute on Deafness and Other Communication Disorders; the National Eye Institute; the National Institute of Child Health and Human Development; the National Institute of Dental and Craniofacial Research; the National Cancer Institute; the National Heart, Lung, and Blood Institute; the National Institute of Mental Health; the National Center for Research Resources; the National Human Genome Research Institute; the National Institute on Drug Abuse; the Fogarty International Center; the National Institute of General Medical Sciences; the National Institute of Environmental Health Sciences; the Center for Scientific Review; the Office of Research on Women's Health; the Office of Rare Diseases; and the National Center for Complementary and Alternative Medicine.

AHRQ, AMERICAN ACADEMY OF PEDIATRICS ANNOUNCE PARTNERSHIP ON 20 TIPS TO HELP PREVENT MEDICAL ERRORS IN CHILDREN--The Agency for Healthcare Research and Quality and the American Academy of Pediatrics January 6 announced a partnership to help put valuable information about preventing medical errors into the hands of pediatricians and parents across the country.
AHRQ and the AAP are working together to promote a new fact sheet called *20 Tips to Help Prevent Medical Errors in Children.* It offers evidence-based, practical tips on avoiding medical errors related to prescription medicines, hospital stays, and surgery. AHRQ and AAP will distribute copies of the fact sheet to AAP's 57,000 member pediatricians, as well as to groups representing children and parents. The fact sheet is available on the AHRQ Web site at http://www.ahrq.gov/consumer/20tipkid.htm or on the AAP Web site at http://www.aap.org/visit/qualityimp.htm

Medical errors can occur when a child receives the wrong medicine, or the wrong dose for his or her weight, for example. The fact sheet encourages parents and pediatricians to talk about medication dosages, possible side effects, and any limits on food, drink, or activities that might be required when a child takes a particular medicine. Studies have shown that the rate for potential medication problems is three times higher for children than it is for adults, and the rates for hospitalized babies are even higher.

“The single most important thing parents can do to help prevent medical errors is to be active members of their child's health care team,” said Carolyn Clancy, M.D., AHRQ's acting director. “Research shows that parents who are more involved with their child's care tend to get better results.”

According to AAP President E. Stephen Edwards, M.D., FAAP, “Safety should be viewed as one component of a broader commitment to providing optimal care for children—a goal that the AAP membership embraces and that unites pediatricians with the families they serve.”

Copies of *20 Tips to Help Prevent Medical Errors in Children* are available by calling AHRQ's Publications Clearinghouse at 1-800-358-9295 or by sending an E-mail to ahrqpubs@ahrq.gov.

OFFICIALS SHOULD TARGET 20 KEY AREAS TO TRANSFORM HEALTH CARE SYSTEM--The United States has the know-how and technology to deliver world-class health care to the public, but often fails to translate such expertise into everyday clinical practice. For many Americans, this situation results in suffering that could be prevented. To help bring about major improvements in health care quality and delivery for all Americans, the U.S. Department of Health and Human Services and other public and private stakeholders should focus on 20 priority areas, says a new report from the Institute of Medicine of the National Academies. Collective action in these areas could help transform the entire health care system.

The committee that wrote the report developed and used an eight-step process to select the top 20 areas, which range from broad interventions to preventive services to palliative care for the dying. The selection process employed three criteria: the breadth of impact on patients, families, and communities; improvability, or the likelihood of closing large quality gaps; and inclusiveness, which deals with both the diversity of people affected and the likelihood of improvements having positive effects throughout the health care industry. The committee intentionally did not rank the priority areas.

The 20 domains should serve as a starting point to dramatically increase the level of quality across the board, says the report, which is part of the Institute's series of recent studies looking at health care quality in America. In the selected areas, low-quality care typically does not stem from a lack of effective treatments, but from inadequate systems to carry them out. Policy-makers also could use the committee's scientific framework to identify other priorities in the future.

A brief look at the 20 priority areas follows. Two of the areas listed below – care coordination and self-management/health literacy – are classified as "cross-cutting" because they cut across specific conditions and would benefit many patients. Obesity is classified as "emerging" because researchers are still working to determine which interventions are effective.

Asthma – In 2000 asthma affected 10 million adults and up to 5 million children, and each year it causes up to 500,000 people to be hospitalized. Using anti-inflammatory medications and doing a better job of treating and supporting people who have persistent mild or moderate cases would significantly improve outcomes. Caregivers should work closely with patients to develop plans for care.

Care coordination (cross-cutting area) – About 60 million Americans live with multiple chronic conditions, such as hypertension and diabetes. Clinicians and institutions should actively collaborate and communicate to ensure an appropriate exchange of information and coordination of care. This is key in the effective treatment of chronic conditions.

Children with special health care needs – Children who have a chronic physical, developmental, behavioral, or emotional condition, or who are at increased risk of developing one, require more than the typical level of pediatric care. They are an especially vulnerable population, and the costs to serve them are substantial. Caregivers should work closely with families to develop and coordinate care plans.

Diabetes – Diabetes is the fifth-leading cause of death in America, and it predisposes people to serious, long-term medical complications, including heart disease, hypertension, and blindness. There are several well-known and effective models for improving the delivery of care. The goal should be to prevent the progression of diabetes cases by properly managing the disease early on.

End of life with advanced organ system failure – Heart, lung, and liver failures account for about one-fifth of all fatalities in America. Care should minimize symptoms and reduce the rate of exacerbations of organ malfunction. Improving care requires continuity of care over time and across settings; close monitoring; and rapid responses.

Evidence-based cancer screening – Behind heart disease, cancer is the second-leading cause of death in the United States. Scientific research indicates that screening can significantly reduce death rates for several forms of cancer, especially colorectal and cervical cancer. Goals should be to increase the number of people who receive screenings and to provide timely follow-up.

Frailty associated with old age – With more Americans living longer, more people will experience the multiple mental and physical health challenges associated with advanced age. Health care efforts should focus on preventing falls and pressure ulcers, maximizing function, and developing advanced care plans.

Hypertension – This disease affects one in four adults in the United States, but nearly a third of people with high blood pressure do not know that they have it. If left untreated, it can lead to life-threatening complications, including stroke, heart attack, and kidney failure. Interventions should emphasize early detection and management.

Immunization – Every year diseases that can be prevented by vaccination kill about 300 children and between 50,000 and 70,000 adults. Influenza and pneumonia account for most of the adult deaths. Efforts should target nursing-home residents, who are susceptible to contagious illnesses because of advanced age and close living quarters. Also, new strategies should be developed to reach out to black and Hispanic adults, as well as low-income, inner-city children – populations that tend to have lower-than-average immunization rates.

Ischemic heart disease – This condition, also known as coronary heart disease, is the leading cause of death among adults in the United States. Efforts should focus on preventing heart disease and reducing recurrence of heart attacks through promotion of healthy lifestyle changes and use of cholesterol-lowering drugs, surgery, and timely administration of medications after a heart attack. In addition, efforts should ensure that those with heart disease are functioning at their greatest capacity.

Major depression – Treatment rates for depression are significantly lower than those for many other chronic conditions; fewer than half of individuals with depression are correctly diagnosed. National rates of screening and treatment should be improved.

Medication management – Efforts should focus on preventing medication errors, particularly through greater use of computer technology. In addition, educational interventions that warn physicians and patients about problems associated with overuse of antibiotics have been successful.

Nosocomial infections – These hospital-acquired infections kill nearly 90,000 patients in the United States each year and cost an additional $5 billion to treat. Wider implementation of the nosocomial infection guidelines from the Centers for Disease Control and Prevention would save more than 40,000 lives annually, reduce infection rates by up to 50 percent, and save nearly $2.75 billion.

Obesity (emerging area) – Each year more than 300,000 deaths can be attributed to obesity. The condition eventually could become the nation's single most preventable cause of premature death and disability. Changes in social norms and national policies to promote physical activity and healthy diets are essential. Effective national strategies for obesity prevention, treatment, and control will require a combination of public health and clinical interventions.

Pain control in advanced cancer – Twenty percent of Americans die from cancer, often after months of painful, progressive illness. Effective programs have shown that this pain typically can be controlled enough to give patients a satisfactory level of comfort. Efforts should emphasize cooperation in protocols across care settings; advance planning for changes in settings as well as heightened pain; and public education regarding the merits of opioid medications in this area.

Pregnancy and childbirth – The quality of prenatal care and care related to labor and delivery should be enhanced to boost the long-term health of women and their children. Some key goals should be to increase the number of women who start prenatal care in the first trimester and to screen more pregnant women for sexually transmitted diseases.

Self-management/health literacy (cross-cutting area) – Public and private entities should systematically provide educational programs and interventions that aim to boost patients' skills and confidence in managing and assessing their health problems. With a higher level of health literacy, more people also would have the skills to understand and act on health care information.

Severe and persistent mental illness – The goal should be to improve the quality of mental health care in the public sector, which includes state hospitals, community mental-health centers, and various federal and state programs. The federal government should play a larger role to assure higher standards of care across states.

Stroke – This is the third-leading cause of death in the United States. Efforts should focus on seamlessly integrating care across health care settings and clinical disciplines. Beginning rehabilitation as soon as possible after a stroke also helps patients regain their abilities.

Tobacco-dependence treatment in adults – Tobacco use and dependence are the nation's most preventable causes of disease and death. Many successful efforts to improve health care in this area have used multilayered interventions that include systems to remind caregivers to discuss tobacco use with patients, as well as provider-education programs centered on best practices.

The Agency for Healthcare Research and Quality, a division of the U.S. Department of Health and Human Services, should work with other organizations to monitor progress in the priority areas, oversee the collection of more detailed U.S. health data, and update the list as circumstances change, the report adds. Congress and the executive branch should provide adequate funding and support for this work.

The study was sponsored by the U.S. Department of Health and Human Services. The Institute of Medicine is a private, nonprofit organization that provides advice on health policy issues under a congressional charter to the National Academy of Sciences. A committee roster follows.

Copies of **Priority Areas for National Action: Transforming Health Care Quality** will be available this winter from the National Academies Press; tel. (202) 334-3313 or 1-800-624-6242 or order on the Internet at **http://www.nap.edu**.