THE CSTE WASHINGTON REPORT

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

October 8, 2003 Volume 7, Number 19

INSIDE THIS ISSUE

EDITOR'S NOTE: The two newest sets of findings from the Guide to Community Preventive Services (Community Guide) add new depth to what is known about strategies to prevent violence. Information released October 2 in one set of findings indicates that home visitations by trained personnel play an effective role in the reduction of child maltreatment, including abuse and/or neglect. In the other findings, there is insufficient scientific evidence on whether firearms laws have impact on violence rates. These findings raise important questions and issues about how children can and should be protected in the home from violence and should serve as important reference points in

public debates in the months and years ahead. Additional details 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. Legislation cited in the report can be accessed via http://www.thomas.loc.gov Regulations cited can be accessed via http://www.gpo.gov

HOUSE AND SENATE IN NEGOTIATIONS – The House and Senate are still negotiating differences in their respective versions of the FY 2004 Labor-HHS-Education bills which fund public health programs and agencies, including all of CDC. The House recently passed a motion to instruct the conferees to accept the Senate's amendment to prohibit all funding to implement controversial new Labor overtime rules. The President has said he would veto a final bill that included the prohibition. Other issues concern how to pay for $1.2 billion in added funding for education programs provided in the Senate bill. The added funding is also opposed by the White House. Meanwhile, a new federal fiscal year began on October 1st. Congress passed a continuing resolution on September 25th to fund all government programs at current levels through October 31, 2003. It is anybody's guess when the Labor-HHS-Education Appropriations bill will be finished, either as a stand alone bill, or wrapped into a giant omnibus appropriations bill which often happened in recent years. However, most experienced Hill observers feel the appropriations work should be finished before the end of the calendar year, and most likely before Thanksgiving. Last year the process did not finish until February.

UPDATE ON LEGISLATION GRANTING FDA AUTHORITY TO REGULATE TOBACCO – The Senate Health, Education, Labor and Pensions Committee had hoped to mark up a bill granting the FDA authority to regulate tobacco and tobacco products on September 25th. However, the HELP Committee Chairman, Sen. Judd Gregg (R-NH) cancelled the mark up due to the death of his father. Meanwhile, draft legislation that Sen. Gregg and Sen. DeWine (R-OH) had been circulating prior to the 9/25 mark up is opposed by public health groups led by Tobacco Free Kids, American Cancer Society, American Heart Association, and the American Lung Association. The following provides a good summary of the many issues that concern public health groups:

> While negotiations with Senator Gregg, Senator Edward Kennedy (D-MA) and Senator Mike DeWine (R-OH) continued late yesterday, there remain a number of serious problems with the current draft legislation that we have so far been unable to resolve. TFK, ACS, AHA and ALA have made it clear that we would not support the latest draft of the legislation. Problems with the draft include, but are not limited to, restrictions it places on the FDA's authority to require changes in tobacco products to reduce the harm they cause; its failure to provide the FDA with authority to monitor the impact of new tobacco products after they are placed on the market; its lack of clear authority for the FDA to implement its 1996 rule restricting youth access and tobacco marketing that impacts youth; its preemption of state authority to regulate tobacco products if the FDA fails to act; and its failure to

repeal the current federal preemption of state and local authority to regulate local forms of tobacco advertising and marketing.

Other issues of concern to public health groups is an initial agreement reached with tobacco farmers, tobacco state legislators, and the public health community to link a $13 billion tobacco farmer buy-out (provided by tobacco companies) in concert with the FDA bill. Neither bill has enough votes to pass on its own, but both could pass if linked. The commitment on process by legislators, which would help protect a strong FDA bill, has not been adequately made and the FDA bill itself is considered unacceptably weak. At this writing, negotiations among all parties are continuing.

HOUSE DEAR COLLEAGUE WARNS THAT FLU SHOTS WITH THIMEROSAL ARE DANGEROUS – Rep. Dan Burton (R-ID) is circulating a Dear Colleague letter to all Members of the House of Representatives that provides misinformation about the health dangers of thimerosal used in flu shots. He also made a statement in the Congressional Record to the same effect yesterday. Here is an excerpt from his Dear Colleague letter:

"As we approach the flu season, many of you will visit the doctor's office and receive an annual influenza vaccine. This might prevent the flu, but what else will it do? You should be aware that the vaccine you are about to receive contains THIMEROSAL-a mercury-laden preservative. Scientific evidence continues to accumulate regarding the biologically-plausible connection between this preservative and certain neurological disorders.

The influenza vaccine is not the only vaccine that contains thimerosal. According to the Food and Drug Administration (FDA), several currently-manufactured U.S. licensed vaccines also contain thimerosal. From Anthrax to Hepatitis, from Influenza to Lyme disease, numerous vaccines exist that contain this preservative. For your information, I have attached on the back a chart entitled, "Thimerosal Content in Some Currently Manufactured U.S. Licensed Vaccines."

During my Chairmanship of the Government Reform Committee (1997-2002), we held numerous hearings on the adverse effects of thimerosal. According to scientists, these hearings clearly demonstrated the potentially dangerous effects of vaccines containing mercury, and how easy it would be to save thousands of victims from the preservative's effects. Furthermore, some scientists have attributed the growth in Alzheimer's Disease and autism to the mercury found in these vaccines. In April of 2000, when the Committee on Government Reform held its first hearing on the dramatic rise in the rates of autism, Federal agencies were estimating that autism affected 1 in 500 children in the United States. A recent study reported in the Journal of the American Medical Association indicates that ratio may actually be as high as one in every 150 children, and the problem continues to grow."

Efforts are currently underway by both CDC and other Members of Congress to find effective ways to counter Rep. Burton's communications and correct the record.

HHS ISSUES REPORT CHARTING STEADY GAINS IN AMERICANS' HEALTH,
THOUGH DIABETES REMAINS GROWING CONCERN -- Life expectancy in the United States reached an all time high in 2001, and the gap between blacks and whites

has narrowed, according to the U.S. Department of Health and Human Services' (HHS) annual report on the nation's health. The report also finds evidence that the diabetes epidemic is getting worse; between 1997 and 2002, the percent of Americans diagnosed with diabetes increased by 27 percent.

"While this report shows we're continuing to make progress in improving Americans' health, we know that we can do much more to reduce the impact of diabetes and other chronic, preventable diseases," HHS Secretary Tommy G. Thompson said. "There are simple steps we can all take, such as eating wisely and staying active, that can reduce the toll that diabetes, obesity and heart disease take on our lives."
Health United States, 2003 is a comprehensive report with the latest statistics from federal health agencies, the U.S. Census Bureau, population surveys and other data. The report was prepared by the National Center for Health Statistics (NCHS) in HHS' Centers for Disease Control and Prevention and is the 27th annual report to the President and Congress, as required by The Public Health Service Act.

In a special section on diabetes, the report notes that 6.5 percent of American adults were diagnosed with diabetes in 2002 compared to 5.1 percent in 1997. Another recent study shows that about 12 million adults have been diagnosed with diabetes and an additional 5 million adults have the condition but don't know it.

An estimated 12 million adults have impaired fasting glucose tolerance and many of these will go on to develop diabetes unless they successfully adopt changes in weight management and physical activity -- steps that can prevent and reduce obesity, which is a major risk factor for type 2 diabetes. In addition, visits to physician offices and hospitals for diabetes have increased dramatically since the mid-1990's.
Diabetes was the fifth leading cause of death among women and sixth among men in 2001. People with diabetes run the risk of severe complications, including heart disease, chronic kidney disease, blindness and amputations.

"Prevention is the only sure way to stem this epidemic," said Dr. Julie Gerberding, CDC director. "By eating a healthy diet and engaging in regular physical activity, individuals can greatly reduce their risk of developing type 2 diabetes."

Other milestones noted in this year's *Health United States* Report include:

Life and Death

* Average life expectancy reached a record high of 77.2 years in 2001, rising nearly two years since 1990. The life expectancy for women was 79.8 years, an increase of one year from 1990. Men's life expectancy was 74.4 years in 2001, an increase of over two years since 1990.
* The gap in life expectancy between blacks and whites has narrowed significantly since 1990, when whites on average lived seven years longer. The gap in 2001 was 5.5 years, down from 5.7 in 2000.

* Infant mortality reached a record low in 2001 of 6.8 infant deaths per 1,000 live births, down from 6.9 in 2000.
* The birth rate for teenagers was the lowest in more than six decades: 45 births per 1,000 women aged 15 to 19.

Preventive Care

* Seventy-eight percent of all toddlers (19 to 35 months) completed a series of childhood vaccinations against infectious diseases in 2002, but vaccination rates varied from 72 percent for children in poor families to 79 percent for those in families at or above the poverty level.
* Eighty-three percent of mothers received prenatal care in the first trimester in 2001, up from 76 percent in 1990.
* Two-thirds of the elderly got flu shots in 2002, matching the previous high in 1999.
* Eighty-one percent of women 18 and older in 2000 had a recent Pap smear (within three years). In 1987 the rate was 74 percent.

Behavior and Risk Factors

* Obesity has more than doubled from 15 percent in 1976-80 to 31 percent in 1999-2000. Sixty-five percent of adults ages 20 to 74 were overweight or obese in 1999-2000.
* Twenty-five percent of men and 20 percent of women were smokers in 2002, down only slightly from 1990.
* Twenty-nine percent of high school students reported smoking cigarettes in the past month in 2001, down from 36 percent in 1997. That reverses an upward trend from the early 1990s.
* Thirty-eight percent of female high school students and 24 percent of male students did not engage in recommended amounts of moderate or vigorous physical exercise in 2001.

Access to Health Care

* Thirteen percent of children younger than 18 did not visit a doctor or clinic in the past 12 months; 6 percent had no usual source of medical care in 2000-01. Hispanic and black children were more likely to be without a usual source of care.

"While the health of the nation has improved overall, some groups have been left behind. It's vitally important that we keep collecting reliable and accurate information so we can chart future trends, target resources and set priorities that lead to better health for all Americans," said Edward J. Sondik, Ph.D., NCHS director.
In addition to the printed volume, *Health United States* is available online at http://www.cdc.gov/nchs/ as an electronic edition, which is periodically updated with new data.

CDC ANNOUNCES NEW BIODEFENSE AND EMERGING INFECTIOUS DISEASE RESEARCH GRANT PROGRAM AND TRAINING GRANTS -- The Centers for Disease Control and Prevention (CDC) October 3 announced approximately $27 million in new grants to enhance biodefense and emerging infectious diseases research in the United States. The extramural grants complement ongoing bioterrorism preparedness and response program activities. The nine grantees are Purdue University, Duke University, St. Louis University, Scripps Research Institute, University of Minnesota, University of Massachusetts, Johns Hopkins University, SRI International, and Ibis Therapeutics.

"HHS is committed to supporting extramural research in biodefense and emerging infectious disease as we prepare to deal with any public health crisis, whether intentional attack with biological agents or a naturally occurring infectious disease," said HHS Secretary Tommy Thompson.

This new grant program emphasizes opportunities for research in innovative surveillance systems, enhanced detection systems, environmental sampling and pathogen detection systems, and innovative approaches for prophylaxis and treatment.
"I am committed to aligning our extramural research program with that of the NIH", said CDC Director Julie L. Gerberding, M.D., "while preserving our focus on public health research".

The program is being developed by CDC and the National Institutes of Health. These awards are part of HHS efforts to build and sustain a robust and long-term program for biodefense research.

In addition to these research grants, CDC and NIH are co-funding five training grants for scientists from developing countries to more effectively engage such countries in infectious disease research. The training grants will be awarded to U.S. academic institutions that provide training for scientists in Kenya, Mexico, Brazil, Malawi and Peru.

More information is available at http://www.cdc.gov/ncidod/oer/.

NEW REPORTS ON VIOLENCE PREVENTION SAY HOME VISITS CAN REDUCE CHILD ABUSE, BUT FINDS INSUFFICIENT SCIENTIFIC EVIDENCE TO DETERMINE WHETHER FIREARM LAWS IMPACT RATES OF VIOLENCE -- -The two newest sets of findings from the Guide to Community Preventive Services (Community Guide) add new depth to what is known about strategies to prevent violence. Information released October 2 in one set of findings indicates that home visitations by trained personnel play an effective role in the reduction of child maltreatment, including abuse and/or neglect. In the other findings, there is insufficient scientific evidence on whether firearms laws have impact on violence rates.

These two findings stem from reports issued October 2 by The Task Force on Community Preventive Services, published in the October 3, 2003 edition of the Centers for Disease Control and Prevention (CDC) *Morbidity and Mortality Weekly Reports (MMWR).*

"It is critical that our public health responses to violence be based on the best available science. The two reviews offer substantial support for the use of early childhood home visitation for the prevention of child abuse, and indicate that we do not yet have sufficient evidence about firearms laws to determine whether or not they affect rates of violence," said Jonathan E. Fielding, M.D., MPH, MBA, chairman of the Task Force on Community Prevention Services. "This information provides both a specific approach to reduce violence as well as identifying areas of additional needed research."
"Child maltreatment is a tragedy with far-reaching effects on our society. Besides child maltreatment hurting our children, abused and neglected children are at greater risk when they become adults to be violent or suffer from severe chronic illnesses later in life because of this physical or psychological abuse" said Sue Binder, M.D., director of the CDC National Center for Injury Prevention and Control. "The scientific evidence strongly suggests that home visitation by trained personnel offers the support parents need to provide safe homes for their children."

The full report is available on the Web at http://www.cdc.gov/mmwr. More information about the Community Guide (including links to a variety of resources) is available at http://www.thecommunityguide.org.

HHS AWARDS $21.5 MILLION TO DEVELOP HIV PREVENTION METHODS, PROVIDE TREATMENT FOR PEOPLE WITH HIV/AIDS -- HHS Secretary Tommy G. Thompson September 30 announced 58 grants totaling more than $21.5 million to develop, implement and evaluate HIV prevention approaches and provide treatment for people living with HIV/AIDS.

"We have learned much about HIV/AIDS since the 1980s, but we still have a long way to go to prevent the spread of HIV and to ensure people in need get appropriate care," Secretary Thompson said. "Armed with the knowledge learned through these grants, we will be able to share best practices and improve care in communities across the country."

The grants announcement includes:

* 27 grants totaling $10.9 million under the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act's Title III Early Intervention Services program to support outpatient HIV early intervention and primary care services for low-income, medically underserved people in existing primary care systems.

* Six grants totaling $2.15 million to support five Caribbean Peer Support Model demonstration sites and one Caribbean Evaluation and Support Center that will develop, implement and evaluate peer support interventions designed to help people from the Caribbean living in the U.S. who are HIV-positive. The grants will help patients

understand the nature of their HIV infection and HIV treatment options, and obtain HIV medical and ancillary services when needed.

* 15 grants totaling $4.5 million to select, implement and evaluate behavioral interventions in primary care settings that are designed to reduce the risk of HIV-positive individuals transmitting HIV to others.

* 10 competitive continuation grants totaling $4 million to implement the outreach models designed to bring HIV-positive individuals into comprehensive, continuous care. The models were developed and evaluated during phase 1 of the Outreach for HIV-Positive Persons program.

The behavioral intervention, outreach and Caribbean grants are funded under the CARE Act's Special Projects of National Significance Program, which supports the development of innovative HIV/AIDS service delivery models that have the potential for replication in other areas, locally and nationally. The SPNS program is considered the research and development arm of the Ryan White CARE Act.

"Many communities continue to struggle to meet the health care needs of their residents living with HIV/AIDS," said Elizabeth M. Duke, administrator of HHS' Health Resources and Services Administration. "Today's Title III grants will help extend HIV counseling and testing, medical evaluation and outpatient clinical care to more of those who need these services."

HRSA manages the grants through its HIV/AIDS Bureau. Since fiscal year 1991, Congress has appropriated $13.6 billion in CARE Act funding. Last year, Ryan White programs helped about 530,000 individuals access life-sustaining care and services. More information about Ryan White programs is available at http://hab.hrsa.gov/.