**THE CSTE WASHINGTON REPORT**

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

June 4, 2003 Volume 7, Number 12

**INSIDE THIS ISSUE**



**EDITOR'S NOTE:** In an important new study on smoking, findings from the Lung Health Study (LHS) indicate that, in general, women's lung function improves significantly more than men's after sustained smoking cessation. LHS researchers previously published results showing that both men and women benefit from smoking cessation; this new analysis indicates that the benefits to the lungs are greater in women than in men. Supported by the National Heart, Lung, and Blood Institute (NHLBI), the study followed more than 5,300 middle-aged smokers for five years. All participants had mild or moderate chronic obstructive pulmonary disease (COPD). In the first year after quitting, women's lung function improved more than twice that of the men's. Among those who quit, improved lung function remained greater for women than for men

throughout the study, although the differences between the genders narrowed over time. The decline in lung function in those who continued to smoke was on average similar for men and women. 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

**BILLS TO COMBAT OBESITY INTRODUCED** – As expected, **Sen. Frist introduced the IMPACT bill (S. 1172) on June 3rd.** The bill authorizes CDC demonstration grants to states and community based organizations, including schools, to improve nutrition and physical activity; authorize NHANES to collect and assess fitness levels among children; authorize a study by the Institute of Medicine of the nutritional value of the Department of Agriculture's food supplement programs with regard to obesity prevalence among low-income populations; adds obesity prevention to the list of authorized state uses of Preventive Health and Health Services Block Grant funds. A similar House bill (H.R. 716) was introduced earlier this year. In introducing the bill Sen. Frist made the following comments:

> "Mr. President, I rise today to discuss a particular public health problem--the growing rates of obesity. This epidemic has steadily increased to a level twice what it was thirty years ago. Obesity now affects over sixty percent of adults and thirteen percent of children and adolescents. Among young people, it is escalating at an alarming rate. This condition causes three hundred thousand deaths a year and is second only to smoking as the Nation's leading cause of preventable death. Overweight and obesity are associated with increased risk for heart disease, the leading cause of death, cancer, the second leading cause of death, diabetes, the seventh leading cause of death, and musculoskeletal disorders. Anyone with this condition has at least a 50 percent chance of a premature death.
>
> As obesity continues to mount, the morbidity, mortality and health care costs associated with these disorders will skyrocket. Just this last month, a Health Affairs article estimated that nearly one-tenth of U.S. health care costs are attributable to conditions resulting from obesity or being overweight. In 2002 dollars, the authors of this article estimate that obesity and overweight-related conditions cost $92.6 billion. Of which, half is financed by Medicare and Medicaid."

Other bills addressing obesity include: **H.R. 2225, introduced on May 22 by Rep. Lois Capps (D-CA),** authorizes $100 million for the Director of the Centers for Disease Control and Prevention to make grants to local educational agencies to support the purchase or lease and use of vending machines that offer for sale healthy foods and beverages in schools; **H.R. 2227, introduced on May 22nd by Rep. Mike Castle (D-Del)** provides over $35 million in grants primarily to states via the school lunch program, after school programs and SCHIP to encourage innovative school-based activities to help

reduce and prevent obesity among children. The IMPACT bills are the most likely to move, but sections of other bills may be incorporated as amendments during the Congressional process.

**COMPREHENSIVE HEPATITIS C BILL INTRODUCED – Sen. Kay Bailey Hutchison (R-TX) introduced the Hepatitis C Epidemic Control and Prevention Act on May 23rd (S. 1143).** The bill amends the Public Health Service Act to direct the Secretary of Health and Human Services to establish, promote, and support a comprehensive prevention, research, and medical management referral program for hepatitis C virus infection. Under the bill's provisions, the HHS Secretary must develop and implement a plan for the prevention, control, and medical management of hepatitis C which includes strategies for education and training, surveillance and early detection, and research taking into account, among other things, the CDC's existing recommendations on Hepatitis C. A total of $90 million per year is authorized for FY 2004-08. The following is the section on surveillance and epidemiology:

(c) SURVEILLANCE AND EPIDEMIOLOGY-

(1) IN GENERAL- The Secretary shall promote and support the establishment and maintenance of State HCV surveillance databases, in order to--
(A) identify risk factors for HCV infection;
(B) identify trends in the incidence of acute and chronic HCV;
(C) identify trends in the prevalence of HCV infection among groups that may be disproportionately affected by hepatitis C, including individuals living with HIV, military veterans, emergency first responders, racial or ethnic minorities, and individuals who engage in high risk behaviors, such as intravenous drug use; and
(D) assess and improve HCV infection prevention programs.

The bill has been referred to the Senate Health, Education, Labor and Pensions Committee, has a dozen bipartisan co-sponsors, but does not currently have a House companion bill.

**TOBACCO POLICY BEGINS TO HEAT UP AGAIN –** In possible preparation for tobacco industry supported legislation to require the FDA to regulate tobacco, two House Subcommittees held hearings on the subject yesterday. The subject of the Subcommittee on Commerce, Trade and Consumer Protection was harm reduction, "Can Tobacco Cure Smoking? – A Review of Tobacco Harm Reduction." Phillip Morris, the nation's largest tobacco company, is working on a "safer cigarette" and hopes FDA regulation will allow them to market their product using claims they are less harmful to health. Surgeon General Carmona testifying at the hearing made several declarations that no tobacco products, including smokeless tobacco, can be described as safe and that all should be banned. His comments made headlines as a significant departure from the more cautious statements of previous surgeons general that avoided calling for outright ban of tobacco products. The second hearing was held by the House Government Reform Committee, chaired by Rep. Tom Davis (R-VA), who sponsored industry supported legislation last Congress calling for FDA regulation of tobacco. However, during the hearing, Rep. Davis expressed concern that a "safer" cigarette may induce more Americans to smoke.

Meanwhile, Sen. Ted Kennedy (D-MA) is working with Republicans to craft compromise legislation.

**EXPERIMENTAL LABORATORY TEST FOR SARS VIRUS MADE AVAILABLE TO ABOUT 100 LABS NATIONWIDE --**HHS' Centers for Disease Control and Prevention (CDC) June 2 offered a new experimental laboratory test for patients suspected of being infected with the SARS virus to about 100 specialized laboratories around the country. The experimental diagnostic test was rapidly developed by CDC over the past few months in an urgent effort to address this pressing public health need. HHS' Food and Drug Administration (FDA) worked closely with CDC to develop appropriate information for patients and health professionals in order to make the test available on an investigational basis. Because information about the test's performance is still being collected, patients will be asked for written consent before the test is used.
"Because of the special efforts of the dedicated professionals at these two agencies to respond effectively to SARS, we now have a needed SARS diagnostic test for use at a growing number of laboratories," HHS Secretary Tommy G. Thompson said. "This experimental test marks a significant step forward in our ability to confront and ultimately overcome this new disease, and its development embodies the commitment of our department to protecting the public health."

The new test uses polymerase chain reaction technology to detect evidence of the presence of the coronavirus. Polymerase chain reaction is a way to detect the genetic material of an organism in a couple of hours. The standard method of growing the organism in cell culture takes several days or up to several weeks.

As part of the wider distribution of the new test, patients and practitioners will receive clear information about how the test may assist in diagnosing SARS. The CDC and FDA are also cooperating on further scientific evaluation of the new test's accuracy and reliability.

In addition, through the evaluation of the test in more patients and settings, more will be learned about the accuracy and reliability of the test, and how it can be improved. This information will support the development of approved diagnostic tests as quickly as possible.

**STUDY FINDS MAJOR GAPS IN CHEMICAL TERRORISM PREPAREDNESS --**A report released June 4 by Trust for America’s Health (TFAH) finds that, despite warnings by homeland security officials that a Chemical terrorist attack in the U.S. is a real possibility, state public health laboratories – a crucial component of our defense and response system – are dangerously unprepared to meet this challenge.

The report “Public Health Laboratories: Unprepared and Overwhelmed” examines the capabilities of the nation’s state and local public health laboratories. Together with hospitals and local health departments, public health labs serve as front-line defenders in

the case of a terrorist attack.

“Public health labs are responsible for identifying the chemical weapon used in an assault, which then drives the critical treatment, containment, and clean-up decisions,” said Shelley A. Hearne, DrPH, executive director of TFAH. “Nearly two years after being overwhelmed during the anthrax attacks, labs still haven’t received the real investment needed to fix many of their deficiencies. These are not theoretical problems. Taking action toward better preparedness is key to saving lives.”

“This report is further evidence that 20 months after September 11, we are still not prepared to deal with a chemical attack,” said U.S. Senator Jon S. Corzine of New Jersey. “We need better protections in place to prevent terrorists from releasing dangerous chemicals. But we also need to be prepared to respond quickly and effectively to any attacks that do occur. As the report shows, our public health laboratories clearly need help if we expect them to be up to the task.”

The two-part report includes 1) a survey of state public health laboratory directors about their ability to respond to a hypothetical chemical weapon attack and 2) an evaluation of state laboratories’ preparedness to respond to emergencies involving three industrial chemicals that could potentially be used as chemical terror agents. The report identified the following gaps in preparedness among public health laboratories:

• Lack of clear direction and formal coordination among emergency responders;
• Lack of planning, protocols, and additional support needed in the event of emergencies;
• Lack of equipment and training required to safely handle and store samples of suspected biological or chemical agents;
• Lack of security and safeguards against exposure for laboratory personnel and emergency responders;
• Limited environmental testing capacity for chemical agents; and
• Minimal ability to test the public for exposure to chemicals, including common industrial chemicals, such as phosgene, a choking agent regularly used in pharmaceuticals, metal welding and dye manufacturing, and arsine, a blood agent used in the manufacturing of computer chips and fiber optics.

“If we have to respond to a chemical terrorism event, it will be a train wreck. Only eight state public health laboratories have a chemical terrorism response plan in place. We don’t have a national plan, or testing methods, or a lead agency for many of the laboratory activities that will be needed when a crisis occurs,” said Association of Public Health Laboratories Executive Director Scott Becker.

Trust for America’s Health recommends a serious modernization effort aimed at making our nation’s public health laboratories state-of-the-art for the 21 st Century. This would require upgrading communications, staffing, equipment and facilities, and making a real commitment to increase and stabilize support at both the state and federal levels.
The report was supported by a grant from The Robert Wood Johnson Foundation. It is

available on TFAH's Web site at www.healthyamericans.org

**WOMEN BENEFIT MORE FROM QUITTING SMOKING THAN MEN --**New findings from the Lung Health Study (LHS) indicate that, in general, women's lung function improves significantly more than men's after sustained smoking cessation. LHS researchers previously published results showing that both men and women benefit from smoking cessation; this new analysis indicates that the benefits to the lungs are greater in women than in men. The results are published in the June 1 issue of the ***American Journal of Epidemiology*.**

Supported by the National Heart, Lung, and Blood Institute (NHLBI), the study followed more than 5,300 middle-aged smokers for five years. All participants had mild or moderate chronic obstructive pulmonary disease (COPD). In the first year after quitting, women's lung function improved more than twice that of the men's. Among those who quit, improved lung function remained greater for women than for men throughout the study, although the differences between the genders narrowed over time. The decline in lung function in those who continued to smoke was on average similar for men and women.

Cigarette smoking is a leading cause of COPD, a slowly progressive disease of the lung that is characterized by a gradual loss of lung function. COPD is the fourth most common and the most rapidly increasing cause of death in the United States. Emphysema, chronic bronchitis, chronic obstructive bronchitis, or a combination of emphysema and chronic bronchitis are forms of COPD.

**STATE DIABETES PROGRAMS AWARDED $27 MILLION --**The Centers for Disease Control and Prevention (CDC) has awarded 59 health departments a total of $27 million for diabetes prevention and control programs. The grants went to 50 states, the District of Columbia, and eight U.S. territories.

"With this funding states and territories will be able to increase both the level and intensity of their diabetes prevention and control programs and do more to help their citizens avoid serious diabetes-related complications – such as blindness, lower-limb amputations and kidney failure," Health and Human Services Secretary Tommy Thompson said.

CDC has been funding state diabetes programs for 25 years. Funding ranging from $400,000 to nearly $1 million each will go to 24 states this year. Nine states are receiving first-time funding. They are: Alaska, Colorado, Delaware, Florida, Kentucky, Missouri, New Mexico, Pennsylvania and South Carolina.
Diabetes is a major focus area for the Department of Health and Human Services under its new Steps to a HealthierUS initiative.

"We are facing exciting times in diabetes prevention and control right now," says Dr. Frank Vinicor, director of CDC's national diabetes program. "We know a lot about what

works to prevent diabetes complications, and we have new science to guide us in preventing type 2 diabetes among high-risk adults. States with diabetes programs play an important role in helping us to effectively use these new tools and knowledge."
The remaining states, territories and District of Columbia, will operate "capacity-building" programs that will continue to assess and monitor the diabetes problem and to initiate prevention and control activities. Funding for these programs ranges from $240,000 to $355,000 each.

CDC awarded grants using objective review panel scores and the state's diabetes burden by rank. The agency included other program factors, such as Behavioral Risk Factor Surveillance Survey (BRFSS) diabetes module as well as each program's past performance.

Diabetes is the sixth leading cause of death in the United States and costs about $132 billion a year in direct and indirect costs. Type 2 diabetes – previously called adult-onset diabetes – accounts for up to 95 percent of all diagnosed cases of diabetes. Risk factors include age, obesity, family history, prior history of gestational diabetes, impaired glucose tolerance, physical inactivity and race/ethnicity.
Type 1 diabetes – previously called juvenile diabetes – accounts for up to 5 percent to 10 percent of all diagnosed cases of diabetes. Autoimmune, genetic and environmental factors are involved in its development.

**TASK FORCE SAYS MORE RESEARCH IS NEEDED TO DETERMINE USEFULNESS OF ROUTINE SCREENING FOR DEMENTIA --**The U.S. Preventive Services Task Force June 2 said that the evidence is insufficient to recommend for or against routine screening for dementia in older adults. However, primary care clinicians should remain alert to signs of dementia whenever deterioration is suspected based on direct observation, patient report, or concerns raised by family members, friends, or caretakers. The Task Force recommendation appears in the June 3, 2003, issue of the Annals of Internal Medicine.

Dementia is a progressive brain dysfunction. Symptoms of dementia include loss of recent memory, difficulty performing familiar tasks, problems with words, confusion about time and place, poor judgment, problems with abstract thinking, changes in mood and personality, and loss of initiative. In its review of screening for dementia in the primary care setting, the Task Force found:

* Good evidence shows that some screening tests can successfully detect dementia. However, age and education of the patient affect the accuracy and interpretation of some tests, producing misleading results.
* Medications such as cholinesterase inhibitors can slow the rate of decline in cognitive function, but the evidence of their ability to improve key activities of daily life is less clear.

* The evidence is insufficient to determine whether the benefits observed in drug trials conducted in specialized neurological clinics can be generalized to patients in primary care settings.
* No data are available to assess the potential harms of dementia screening, such as social stigma, depression, and anxiety.

"Dementia is common in primary care practice and often unrecognized, but the Task Force did not find evidence that screening and early treatment makes an important difference in the lives of patients and their families," said Alfred O. Berg, M.D., M.P.H., chair of the Task Force. "Clearly we have much to learn about detecting and treating this devastating condition."

Dementia results from destruction of brain cells most often caused by Alzheimer's disease. People over age 65 are most at risk for dementia. Studies show that 3 percent to 11 percent of people over age 65 and 25 percent to 47 percent of people over age 85 have evidence of dementia. Between 60 percent and 70 percent of patients with dementia have Alzheimer's disease. The siblings and children of patients with Alzheimer's disease have twice the risk for the disease compared with the risk for the general public. Hypertension and other cardiovascular risk factors can also be associated with increased risk for dementia.

There is no effective prevention or cure for dementia, leading many to question the potential benefits of earlier detection. Early detection of dementia could be beneficial if it led to improved treatment through informed decisionmaking and use of medications to slow progression of the disease. However, the evidence supporting these potential benefits is of poor quality, and patients still face a risk of potential harms such as needless anxiety from false-positive test results. Thus, the Task Force found that more research is needed to determine whether any benefits of screening outweigh the potential harms.

The AHRQ-sponsored Task Force, the leading independent panel of private-sector experts in prevention and primary care, conducts rigorous, impartial assessments of all the scientific evidence for a broad range of preventive services. Its recommendations are considered the gold standard for clinical preventive services. The Task Force based its conclusion on a report from a team led by Malaz Boustani, M.D., M.P.H., from AHRQ's Evidence-based Practice Center at RTI/University of North Carolina at Chapel Hill.
The Task Force grades the strength of the evidence from "A" (strongly recommends), "B" (recommends), "C" (no recommendation for or against), "D" (recommends against) or "I" (insufficient evidence to recommend for or against screening). The Task Force found insufficient evidence to recommend for or against routine screening for dementia in older adults ("I" recommendation). This recommendation is very similar to the 1996 Task Force recommendation that found insufficient evidence to recommend for or against screening for dementia with standardized instruments in asymptomatic persons.

The recommendations and materials for clinicians will be available online at http://www.ahrq.gov/clinic/3rduspstf/dementia/dementrr.htm. Previous Task Force

recommendations, summaries of the evidence, easy-to-read fact sheets explaining the recommendations, and related materials are available from the AHRQ Publications Clearinghouse by calling (800) 358-9295 or sending an E-mail to ahrqpubs@ahrq.gov. Clinical information is also available from the National Guideline Clearinghouse™ at http://www.guideline.gov.