THE CSTE WASHINGTON REPORT

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

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EDITOR'S NOTE: HHS Secretary Tommy G. Thompson September 12 announced $26.6 million in new grants to strengthen bioterrorism training and education for the nation's health professions workforce. The grants are the first in HHS' Bioterrorism Training and Curriculum Development Program. The grantees are in 23 states.

The program includes two components: continuing education for health professionals, funded at $22,344,500, and curriculum development in health professions schools, funded at $4,221,541. It is designed to provide bioterrorism-related continuing education and training opportunities for practicing health care providers and support new emergency preparedness curricula in health professions schools. The program will provide for training of at least 38,000 health professionals to better respond to an emergency.

The new program is part of a total federal investment of $4.4 billion in fiscal year 2003 for bioterrorism preparedness. 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 CONFERENCE ON SPENDING – The House and Senate are currently engaged in conferencing differences between their respective FY 2004 Labor-HHS-Education Appropriations bills. However, two major stumbling blocks, $1.2 billion in added funding for education programs and elimination of funding for new overtime Labor regulations, have slowed efforts to reach agreement before the end of the federal fiscal year on September 30th. A Continuing Resolution to fund the government through October 31st is already in process, but there is now discussion of wrapping many unfinished bills, including the Labor-HHS-Education bill, into an omnibus appropriations measure. CSTE forwarded its concerns to Labor-HHS-Education conferees about a number of priority programs earlier this month.

FDA TOBACCO REGULATION BILL BEING READIED FOR MARK UP – The Senate Health, Education, Labor and Pensions Committee is scheduled to mark up Chairman Judd Gregg's (R-NH) draft bill granting the FDA authority to regulate tobacco on September 25th. A U.S. Supreme Court decision a few years ago ruled that, under current law, FDA does not now have that authority. Public health groups, led by Tobacco Free Kids, the American Heart Association, the American Cancer Society, and American Lung Association have been diligently working to get strong legislation granting the FDA the needed authority introduced and through Congress. The draft Senate bill is criticized by these groups as providing too many loopholes for tobacco companies to tie the FDA up in litigation. Examples are language that prevents the FDA from "directly, or indirectly" banning any type of tobacco product, and requiring the FDA to explicitly approve the use of "reduced risk" designations for labels that tobacco companies may use such as "light" and "low tar." Public health groups also want commitments from the House and Senate leadership and tobacco-state lawmakers that a separate bill providing a $13 billion buy-out for tobacco farmers, unable to pass on its own, will not be combined with the FDA bill unless it is acceptably strong to public health groups.

HHS, PUBLIC HEALTH PARTNERS UNVEIL NEW CAMPAIGN TO PROMOTE AWARENESS OF PROPER ANTIBIOTIC USE -- The Department of Health and Human Services and a consortium of national health organizations September 17 urged consumers to be cautious about their use of antibiotics as the cold and flu season approaches. Officials stressed that antibiotics are ineffective treatment for viruses, such as those that cause colds and flu, and that inappropriate antibiotic use -- particularly among children -- is contributing to an alarming growth of global antibiotic resistance.

"Antibiotics show amazing results when used to treat bacterial infections, but they won't help at all against the common cold or flu," Surgeon General Richard Carmona said. "What's worse, if people take antibiotics when they don't need them, it can make these important drugs less effective in the future. This is part of health literacy and closing the gap between what health care professionals know and what Americans understand." The message is part of a new national campaign unveiled by HHS' Centers for Disease Control and Prevention (CDC) and Food and Drug Administration (FDA) and major national health organizations in Chicago.

"Antibiotics are powerful drugs. In fact, sometimes we imagine they are wonder drugs that can treat any infections," said CDC Director Julie Gerberding, M.D. "But the truth is antibiotics only work against bacteria, not the viruses that cause colds and flu," she added. "It's so important to get smart about antibiotic use and work with your doctor to get the right remedy during this cold and flu season."

Antibiotic resistance can cause significant danger and suffering for children and adults who have common infections that were once easily treatable with antibiotics. Over the last decade, almost every type of bacteria has become stronger and less responsive to antibiotic treatment when it is really needed. These antibiotic-resistant bacteria can quickly spread to family members, school mates, and co-workers -- threatening the community with a new strain of infectious disease that is more difficult to cure and more expensive to treat.

CDC, FDA, and an alliance of partners including national health organizations, state and local health departments, managed care organizations, pharmaceutical companies, and other groups concerned about this problem, hope to reverse the public perception that 'antibiotics cure everything' by unveiling a public health campaign, *Get Smart: Know When Antibiotics Work*, today at the American Society of Microbiology's 43rd Interscience Conference on Antimicrobial Agents and Chemotherapy. The campaign relies on featuring a series of television, radio and print public service announcements and comprehensive national, state and local outreach. The campaign aims to better inform Americans about when antibiotic treatment is warranted.

"We are pleased to be partnering with CDC on this very important health message. By joining our efforts with those at the state level and private sector we hope that more people will begin to understand the importance of prudent antibiotic use. This campaign will help ensure that antibiotics continue to save lives," FDA Commissioner Dr. Mark B. McClellan said.

According to the CDC, tens of millions of the antibiotics are prescribed in doctors' offices for viral infections that are not treatable with antibiotics. Doctors cite diagnostic uncertainty, time pressure, and patient demand as the primary reasons for their tendency to over-prescribe antibiotics.

"Our first step toward correcting the problem is to build public knowledge and awareness of when antibiotics work -- and when they don't," said Richard Besser, M.D., CDC's medical director of the campaign. "We want Americans to keep their families and communities healthy by getting smart about the proper use of antibiotics."
The campaign is being supported by many public health groups, including the American Academy of Pediatrics, the American Medical Association, the American Academy of Family Physicians and the Alliance for the Prudent Use of Antibiotics and Council for Affordable Quality Healthcare.
More information about this campaign and antibiotic resistance is available at http://www.cdc.gov/drugresistance/community/.

NEW STUDY SHOWS STATE TOBACCO CONTROL PROGRAMS CUT CIGARETTE SALES -- A landmark new study finds that cigarette sales dropped more than twice as much in states that spend more on comprehensive tobacco control programs than in the United States as a whole. Between 1990 and 2000, sales fell an average of 43 percent in four key states with large program expenditures – Arizona, California, Massachusetts, and Oregon – compared with 20 percent for all states. Program funding levels accounted for a substantial portion of this difference, with increasing expenditures producing bigger and faster declines in sales.

The study is the first analysis to include cigarette sales data from all states and to isolate the impact of tobacco control program expenditures by controlling for changes in cigarette excise taxes, cross-border cigarette sales, and other state-specific factors. It appears in the September 2003 *Journal of Health Economics* and was conducted by researchers at Research Triangle Institute (RTI), the Centers for Disease Control and Prevention (CDC), and the University of Illinois-Chicago.

“Although we’ve seen improvements in preventing and controlling tobacco use, smoking remains the leading cause of preventable death and disease in our nation, said CDC Director Dr. Julie Gerberding. “This study provides our clearest evidence to date that tobacco control programs are an excellent investment in public health.”
Tobacco-attributable disease accounts for 440,000 deaths per year in the United States and remains the leading cause of preventable death and disease. Tobacco use accounts for more than $150 billion annually in direct and indirect medical costs, and at least 8.6 million Americans are living with at least one serious illness caused by tobacco use. Previous research has suggested that cigarette excise taxes lead to the largest and most immediate decline in cigarette sales, but that this effect erodes over time. While the new study confirms the strong effect of tax increases, it clearly shows that investments in tobacco control programs also have a strong effect that appears to grow as programs continue to dedicate resources to curbing tobacco use.

“It appears that sustained, well-funded programs become increasingly efficient over time,” said RTI’s Dr. Matthew Farrelly, lead author of the study. “As states build core capacity for tobacco control, they make better and better use of each additional dollar.”

As outlined in CDC's *Best Practices for Comprehensive Tobacco Control Programs*, effective state-based programs generally include some or all of the following components: community and school programs and policies, counter-marketing campaigns, cessation programs including telephone quitlines, program monitoring and evaluation, and staffing and management. Currently, the overall average per capita funding for tobacco control is $1.22, far below CDC's minimum recommended level of $5.98.

"States received unprecedented funds from the 1998 Master Settlement Agreement, but in many states these funds have been used for competing needs," said Dr. Terry Pechacek, CDC's lead scientist for the study. "These new data show that robust tobacco control programs prevent and reduce tobacco use and protect people from exposure to secondhand smoke."

For a copy of the article, "The Impact of Tobacco Control Program Expenditures on Aggregate Cigarette Sales: 1981-2000," email tobaccoinfo@cdc.gov or call CDC, Office on Smoking and Health, at 770-488-5493.

$85 MILLION AWARDED FOR RESEARCH ON HUMAN IMMUNITY AND BIODEFENSE -- A better understanding of the human immune response to potential agents of bioterror and rapid development of countermeasures such as vaccines and therapies are among the objectives of a new program announced September 17 by the National Institute of Allergy and Infectious Diseases (NIAID), one of the National Institutes of Health (NIH). "NIH is dedicated to supporting research that will help in fighting the war on terror," says NIH Director Elias A. Zerhouni, M.D.

NIAID has named five Cooperative Centers for Translational Research on Human Immunology and Biodefense. Approximately $85 million over four-and-a-half years will support research at

* Baylor Research Institute (Dallas, TX)

* Dana-Farber Cancer Institute (Boston, MA)

* Emory University School of Medicine (Atlanta, GA)

* Stanford University School of Medicine (Stanford, CA)

* University of Massachusetts Medical School (Worcester, MA)

"A particular emphasis of these cooperative centers will be moving new findings about immune system function out of the lab and into clinical trials," says NIAID Director Anthony S. Fauci, M.D. "The flexibility of the program will allow research projects to be redirected quickly as new information is generated in the lab and the clinic."

Investigators funded through the new program will form a biodefense research network with a focus on the human immune system. It is much more difficult to perform studies of immunity in humans than in animal models. Human volunteers cannot be deliberately exposed to agents of bioterror to determine the effectiveness of a trial vaccine, for example. Also, differences in human age, sex, race and overall health all influence immune system function.

The absence of necessary technologies is a significant barrier in human immune function research, says Helen Quill, Ph.D., of NIAID's Division of Allergy, Immunology and Transplantation (DAIT). To overcome this obstacle, researchers at the cooperative centers will, among other measures, develop new ways to get information from single immune cells, so that very small tissue and blood samples can be tested. Imaging technologies will also be developed to allow non-invasive, real-time views of the body as it reacts to vaccine or infection, Dr. Quill notes. The improved techniques could help researchers determine the immune mechanisms responsible for strong versus weak vaccine responses. The information, in turn, will be useful in developing novel vaccines.
"One of the key features of these new centers will be the high degree of information-sharing by all the members," notes Daniel Rotrosen, M.D., director of DAIT. "Ultimately, we hope to fully characterize human immune responses to disease-causing organisms and develop therapies that strengthen these responses, whether the organisms are deliberately released or arise naturally in the environment," he says. "The cooperative centers will encourage the kind of synergy needed to meet this goal."

HHS AWARDS $26.6 MILLION IN NEW PROGRAM TO PROVIDE BIOTERRORISM TRAINING AND CURRICULUM -- HHS Secretary Tommy G. Thompson September 12 announced $26.6 million in new grants to strengthen bioterrorism training and education for the nation's health professions workforce. The grants are the first in HHS' Bioterrorism Training and Curriculum Development Program. The grantees are in 23 states.

"Our health care professionals need to be prepared for the special demands that a bioterrorism attack could make on them and on our health care system," Secretary Thompson said. "This new program is an important part of our broader efforts to prepare our public health system, develop effective medical countermeasures and stand ready to respond if bioterrorism should strike."

The program includes two components: continuing education for health professionals, funded at $22,344,500, and curriculum development in health professions schools, funded at $4,221,541. It is designed to provide bioterrorism-related continuing education and training opportunities for practicing health care providers and support new emergency preparedness curricula in health professions schools. The program will provide for training of at least 38,000 health professionals to better respond to an emergency.
The new program is part of a total federal investment of $4.4 billion in fiscal year 2003 for bioterrorism preparedness. It is administered by HHS' Health Resources and Services Administration (HRSA), which also funds other health professions programs.

"We view these grants as a vital extension of our mission to ensure that all Americans have access to high-quality health care," said Elizabeth M. Duke, Ph.D., HRSA administrator. "In the case of bioterrorism, it is even more urgent that our health professions workforce be prepared to treat all of our citizens, wherever they reside." The Bioterrorism Training and Curriculum Development Program was created with the passage of the Public Health Security and Bioterrorism Preparedness and Response Act of 2002.

More information is available at http://www.hrsa.gov/bioterrorism.htm.

HHS AWARDS $13.7 MILLION TO SUPPORT COMMUNITY PROGRAMS TO PREVENT DIABETES, ASTHMA AND OBESITY -- HHS Secretary Tommy G. Thompson September 18 announced 12 grants totaling $13.7 million to promote community initiatives to promote better health and prevent disease. The grants are funded under HHS' new Steps to a HealthierUS program, which aims to help Americans live longer, better, and healthier lives by reducing the burden of diabetes, overweight, obesity and asthma and addressing three related risk factors -- physical inactivity, poor nutrition and tobacco use.

The grants will help to implement community action plans targeting border populations, Hispanics and Latinos, Native Americans, African-Americans, Asians, immigrants, low-income populations, the disabled, youth, senior citizens, uninsured and underinsured people and people at high risk. Recipients of the grants reach 23 communities, including one tribal consortium, 15 small cities or rural communities and seven large cities. "To successfully achieve better health, we need to reach Americans in the places they live, work and go to school," Secretary Thompson said. "These twelve Steps grant programs are innovative and exciting. From the Michigan tribe increasing its knowledge of traditional foods like fish, berries and wild rice to the expanded walking program in a New York community, each grantee is using creative approaches tailored to achieve success in their individual community."

Diabetes, asthma, overweight and obesity were chosen as targets because of their rapidly increasing prevalence in the United States and the ability for individuals to control and even prevent these diseases through exercise, diet and other strategies. The number of people with diabetes in the United States has nearly doubled in the past decade to 17 million. An estimated 10 million adults and 5 million children suffer from asthma, and the number of cases of obesity in the United States has increased more than 50 percent over the past two decades.

Examples of programs in the school, community, health care, and workplace settings include organized community interventions such as walking programs, health education trainings, and media campaigns; environmental interventions like smoking cessation programs and increasing healthy food choices in schools and educational interventions like enhancing coordinated school health programs. Partners include departments of education and health, various other government agencies, school districts, health care

providers, national and local health organizations, faith-based agencies, private sector and academic institutions. Six programs include a YMCA partner and nine include a community health center partner.

The announcement builds on a series of activities this week focused on the Secretary's prevention initiative to expand and build on the President's HealthierUS goal of helping Americans live longer, healthier lives. Launched in June 2001 by President Bush, HealthierUS focuses on four core areas for improved health and wellness: physical activity, preventive screenings, balanced nutrition and healthy choices. This week, the Secretary challenged HHS employees to become more physically active through the use of the President's Challenge Web site and convened a roundtable focused on prevention with business leaders. In addition, the department held its second annual "Take A Loved One to the Doctor Day" to encourage minority communities to seek preventive health services.

The Secretary announced the creation of the new community grant program at last April's first Steps to a HealthierUS summit in Baltimore, Maryland. More information about this initiative and the grants is available at www.healthierus.gov.