THE CSTE WASHINGTON REPORT

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EDITOR'S NOTE: The Centers for Disease Control and Prevention (CDC), for the first time, has state-by-state data on the percentage of mothers who are breastfeeding their babies and for how long. "There are many benefits from breastfeeding and we want to encourage new and expectant moms across the country to nurse their babies if at all possible," said Donna Stroup, Ph.D., M.Sc., acting director of CDC's Coordinating Center for Health Promotion. "With this new information, state health departments can compare the breastfeeding rates in their states and communities to national objectives. The information will help agencies concentrate their efforts where they are most needed and develop targeted programs to promote breastfeeding."-- 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

CHILDHOOD IMMUNIZATION RATES AT RECORD HIGH LEVELS -- The U. S. Department of Health and Human Services July 28 announced that the nation's childhood immunization rates are at record high levels, including significant increases in rates of immunization for chickenpox and pneumococcal pneumonia, the two most recent additions to the childhood immunization schedule.

National coverage with chickenpox vaccine increased from 80.6 percent in 2002 to 84.8 percent in 2003. Coverage for three or more doses of pneumococcal conjugate vaccine increased from 40.9 percent in 2002 to 68.1 percent in 2003. Coverage for four or more doses of pneumococcal conjugate vaccine, reported for the first time this year, was 36.7 percent. Coverage for all other childhood vaccines and series, increased significantly in 2003 compared with 2002.
The findings were reported by the Centers for Disease Control and Prevention (CDC) at a news conference sponsored by The National Partnership for Immunization (NPI) to kick off August as National Immunization Awareness Month.

"We need to thank everyone who has helped put childhood vaccination rates at an all-time high -- and then we all need to get back to work and help make this rate go even higher," HHS Secretary Tommy G. Thompson said. "Childhood vaccination is a key element of equal opportunity for Americans, and we need to reach all children and protect them."
In 2003, coverage for the 4:3:1:3:3 series, which includes four doses of Diphtheria, Tetanus and Pertussis, (DTaP), three doses of polio vaccine, one dose of measles-containing vaccine, three doses of Hib vaccine, and three doses of hepatitis B vaccine, increased to 79.4 percent, compared to 74.8 percent in 2002 and 73.7 percent in 2001 and 72.9 percent in 2000.

In 2003, as in previous years, urban areas reported lower immunization rates than states mostly due to large concentrations of lower socio-economically displaced persons. Among the 28 urban areas, the highest estimated coverage for the 4:3:1:3:3 series was 88.8 percent in Boston, Massachusetts, and the lowest was 69.2 percent in Houston, Texas. The estimated coverage with the 4:3:1:3:3 series ranged from 94.0 percent in Connecticut to 67.5 percent in Colorado.

"A substantial number of children in the United States still aren't adequately protected from vaccine-preventable diseases," said CDC Director Dr. Julie Gerberding. "The suffering or death of even one individual from a vaccine-preventable disease is an unnecessary human tragedy. Let us renew our efforts during National Immunization Awareness Month to ensure that no child, adolescent or adult will have to needlessly suffer from a vaccine-preventable disease."

The National Immunization Survey (NIS) provides estimates of vaccination coverage among children ages 19-35 months for each of the 50 states and 28 selected urban areas. CDC uses a quarterly random-digit-dialing sample of telephone numbers for each of the 78 survey areas to collect vaccination data for all age-eligible children. In 2003, vaccination data were obtained for 21,210 children.

The complete 2003 National Immunization Survey data will be released with the CDC's Morbidity Mortality Weekly Report (MMWR) at the following Web address: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5329a3.htm.

CDC'S NEW STATE-SPECIFIC BREASTFEEDING DATA WILL HELP STATES BETTER TARGET PROGRAMS -- The Centers for Disease Control and Prevention (CDC), for the first time, has state-by-state data on the percentage of mothers who are breastfeeding their babies and for how long.

"There are many benefits from breastfeeding and we want to encourage new and expectant moms across the country to nurse their babies if at all possible," said Donna Stroup, Ph.D., M.Sc., acting director of CDC's Coordinating Center for Health Promotion. "With this new information, state health departments can compare the breastfeeding rates in their states and communities to national objectives. The information will help agencies concentrate their efforts where they are most needed and develop targeted programs to promote breastfeeding."

The American Academy of Pediatrics recommends that babies be fed nothing but breast milk for the first six months of life. The national average for mothers who exclusively breastfeed their babies for at least six months is low – 14.2 percent. Only Oregon had an exclusive breastfeeding rate of over 25 percent at six months.

The new breastfeeding data were gathered as part of CDC's 2003 National Immunization Survey (NIS), which surveyed mothers in 50 states, the District of Columbia, and selected geographic areas within the states. The survey revealed that six states – Hawaii, Idaho, Oregon, Utah, Vermont, and Washington – met all of the Healthy People 2010 objectives for breastfeeding:

* Seventy-five percent of new mothers initiate breastfeeding;
* Fifty percent continued to breastfeed for at least six months;
* Twenty-five percent continued to breastfeed for at least 12 months.

Fourteen states achieved the 75 percent initiation rate – the top five states in this category were Oregon (88 percent), Washington (88 percent), Utah (85.5 percent), Idaho (83.8 percent, and California (83.7 percent).

Eight states met or exceeded the objective of 25 percent of mothers continuing to breastfeed for at least 12 months – the top three states were Hawaii (31 percent), Vermont (30 percent) and Alaska (28.9 percent).

The survey also confirmed previous findings that lower-income mothers and non-Hispanic black mothers had consistently lower breastfeeding rates.

"It's important for new and expectant mothers to know that breast milk is the ideal food for newborns and young babies. It's inexpensive, convenient, and it's uniquely tailored to

meet all of a baby's nutritional needs for the first six months of life," said Dr. William Dietz, director of CDC's division of nutrition and physical activity. "Also, breastfed babies tend to gain less unnecessary weight that can contribute to overweight and obesity later in life."

Both babies and mothers gain other benefits from breastfeeding according to CDC experts. Breast milk is easy to digest and contains antibodies that can protect infants from bacterial and viral infections. Breastfed babies have fewer bouts of diarrhea, ear infections and respiratory infections. Research indicates that women who breastfeed their babies may also have lower rates of certain breast and ovarian cancers. Nursing mothers also burn more calories, making it easier for them to return to their pre-pregnancy weight. The NIS breastfeeding data is being released in conjunction with World Breastfeeding Week. For more information visit CDC's Web site at www.cdc.gov/breastfeeding/NIS_data/.

U.S. LATINOS HAVE HIGH RATES OF EYE DISEASE AND VISUAL IMPAIRMENT -- Latinos living in the United States have high rates of eye disease and visual impairment, according to a research study, and a significant number may be unaware of their eye disease. This study, called the Los Angeles Latino Eye Study (LALES), is the largest, most comprehensive epidemiological analysis of visual impairment in Latinos conducted in the U.S. It was funded by the National Eye Institute (NEI) and the National Center on Minority Health and Health Disparities (NCMHD), two components of the Federal government's National Institutes of Health (NIH). Study results are published in the June, July and August 2004 issues of the journal *Ophthalmology*.

Researchers found that Latinos had high rates of diabetic retinopathy, an eye complication of diabetes; and open-angle glaucoma, a disease that damages the optic nerve.
Study investigators gave a detailed health interview and clinical examination to more than 6,300 Latinos, primarily Mexican-Americans, aged 40 and older from the Los Angeles area, assessing their risk factors for eye disease and measuring health-related and vision-related quality of life. Each participant received a blood test for diabetes and a comprehensive eye exam that included photographs of the back of the eye.

"This research has provided much needed data on eye disease among the fastest growing minority group in the United States," said Elias A. Zerhouni, M.D., director of the NIH. "Several epidemiological studies have been conducted on the prevalence and severity of major eye diseases in White and Black populations, however there have been relatively few such studies in Latino populations," said Paul A. Sieving, M.D., Ph.D., director of the NEI. "This study highlights the importance of providing health education and vision care to Latinos."

The researchers noted that many study participants did not know they had an eye disease. One in five individuals with diabetes was newly diagnosed during the LALES clinic exam, and 25 percent of these individuals were found to have diabetic retinopathy.

Overall, almost half of all Latinos with diabetes had diabetic retinopathy. Among those with any signs of age-related macular degeneration (AMD), a condition that can lead to a loss of central vision, only 57 percent reported ever visiting an eye care practitioner, and only 21 percent did so annually. Seventy-five percent of Latinos with glaucoma and ocular hypertension (high pressure in the eye) were undiagnosed before participating in LALES.

"Because vision loss can often be reduced with regular comprehensive eye exams and timely treatment, there is an increasing need to implement culturally appropriate programs to detect and manage eye diseases in this population," said Rohit Varma, M.D., M.P.H., associate professor of ophthalmology and preventive medicine at the Keck School of Medicine's Doheny Eye Institute at the University of Southern California, and director of the study. "This is especially true when you consider that Latinos, compared with other ethnic groups in the U.S., have a high prevalence of low vision, diabetic retinopathy and glaucoma. Overall, Latinos were much more likely to have received general medical care than to have received eye care."

The study found that:

* Three percent of LALES participants were visually impaired, defined as best corrected visual acuity of 20/40 or worse in the better seeing eye, and 0.4 percent were blind, defined as best corrected visual acuity of 20/200 or worse in the better seeing eye. Prevalence rates of visual impairment in Latinos are higher than those reported in Whites and comparable to those reported in Blacks. Visual impairment increased with age. Those in their 70s and 80s were up to eight times more likely to have visual impairment than their younger counterparts. Other risk factors for visual impairment included female gender, low education, unemployment, a history of eye disease, and diabetes.

* Nearly half of all study participants with diabetes — almost a quarter of the LALES population — had some signs of diabetic retinopathy. Longer duration of diabetes was associated with a higher risk of retinopathy. In addition, more than 10 percent of participants with diabetes had macular edema (fluid buildup in the back of the eye), of whom 60 percent had cases severe enough to require laser treatment. Latinos had a higher rate of more severe vision-threatening diabetic retinopathy than Whites.

* The overall prevalence of open-angle glaucoma among Latinos in this study was nearly five percent. This rate increased with age from about eight percent for those in their 60s to 15 percent for those in their 70s. This is higher than the rate reported for Whites and similar to that for Blacks in this country. Nearly four percent of Latinos had ocular hypertension, a risk factor for glaucoma.

* About 10 percent of participants were considered to be at risk for progression to more advanced stages of AMD, and close to a quarter of these individuals had signs of AMD in both eyes. Only 25 individuals had advanced AMD, a prevalence rate of 0.5 percent. Age was a strong predictor for development of more advanced stages of AMD.

While Latinos had the early signs of AMD at rates comparable to Whites, the rates of advanced AMD were lower than seen in Whites and comparable to Blacks.

* One in five adult Latinos had cataract. Half of Latinos with cataract or other clouding of the lens were visually impaired.

* Latinos with visual impairment based on the study eye examination reported lower visual function on a questionnaire. In particular, those whose vision had worsened by two lines or more on a standard eye chart were more likely to report a lower quality of life.

"Census 2000 data show that 12.5 percent of residents in this country, or 35 million people, are Latino," said John Ruffin, Ph.D., director of the NCMHD. "That number is projected to increase to 61.4 million by the year 2025. This study re-affirms the significance of eye disease and visual impairment among Latinos, and its importance to public health," Ruffin said.

NEW TOOL HELPS STATE AND LOCAL OFFICIALS LOCATE ALTERNATE HEALTH CARE SITES DURING A POTENTIAL BIOTERRORISM EMERGENCY -- The Agency for Healthcare Research and Quality July 27 released a tool to help state and local officials quickly locate alternate health care sites if hospitals are overwhelmed by patients due to a bioterrorism attack or other public health emergency. The alternate care site selection tool is being shared with emergency response planners at the 2004 Summer Olympics in Athens, Greece.

In the aftermath of a bioterrorist event or other public health emergency, hospitals may be overwhelmed by a sudden influx of patients. The new alternate care site selection tool is designed to allow regional planners to locate and rank potential alternative sites—stadiums, schools, recreation centers, motels, and other venues—based on whether they have adequate ventilation, plumbing, food supply, and kitchen facilities, for example. "Finding a place to handle hospital overflow in an emergency situation is one of the most fundamental steps in bioterrorism preparedness," said Department of Health and Human Services Secretary Tommy G. Thompson. "The Department is proud to have played a key role in funding this important resource."

Available as an Excel spreadsheet, the new tool was produced by Denver Health, one of AHRQ's Integrated Delivery System Research Network (IDSRN) partners. AHRQ's IDSRN program links the nation's top researchers with some of the largest health care systems to conduct fast-track research on cutting-edge issues in health care.
"This new resource is the latest example of how our IDSRN partners are fast-tracking research and making new tools available as quickly as possible," said AHRQ Director Carolyn M. Clancy, M.D. "We hope no one ever needs to use this tool, but we are pleased to make it widely available."

The alternate care site selection tool is included in a new report entitled *Rocky Mountain Regional Care Model for Bioterrorist Events*. Copies of this report are available on the AHRQ Web site at www.ahrq.gov/research/altsites.htm.

The new tool and report are two of over 50 studies, workshops, conferences, and other activities funded under the Agency's bioterrorism research portfolio (www.ahrq.gov/browse/bioterbr.htm). AHRQ sponsors research that provides the evidence base for tools and resources needed in bioterrorism planning and response.