

THE CSTE WASHINGTON REPORT

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

April 15, 2004

Volume 8, Number 8

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EDITOR'S NOTE: Americans' vulnerability to foodborne illness has been highlighted by large outbreaks over the last two years. To increase awareness, a new educational guide for health care professionals on how to identify and treat foodborne illnesses, as well as consumer tips for patients, was released April 7 at a news conference in the nation's capital. "Approximately 76 million Americans suffer from a foodborne illness every year, and 5,000 deaths each year are attributed to foodborne illness," said Cecil B. Wilson, M.D., American Medical Association Trustee. "Health care professionals are the front-line of prevention. Arming physicians with the latest information on foodborne illnesses helps them better diagnose and treat their patients"— 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>

CHILDREN'S VACCINE BILL INTRODUCED – Senators Bingaman (D-NM) and Smith (R-OR) introduced the Children's Vaccine Access Act of 2004 (S. 2272) on April 1st. The legislation has been proposed in the President's budget request for the past two years and is supported by CDC. The bill is designed to expand the Vaccines for Children Program (VFC) to allow children whose private insurance does not cover vaccinations to receive vaccines in State and local public health clinics. The bill also lifts the price caps on tetanus and diphtheria in an effort to increase the supply of these vaccines. Finally, the bill includes new authorizing language to allow the CDC to sell the VFC purchased stockpile vaccines to its grantees or back to manufacturers for use in the private sector in the event that the stockpiled vaccines are needed by non VFC-eligible children. CDC estimates that an additional 200,000 children would be served through the VFC if the changes S. 2272 authorizes are adopted. The President's budget request, however, calls for a \$108 million decrease in Section 317 funding with the enactment of the new legislation – which ASTHO opposes. ASTHO's analysis of the President's proposal, which this bill encompasses can be seen at: <http://www.astho.org/pubs/FactSheetImmunInitiative.pdf>

In introducing the bill, Senator Bingaman made the following statement:

Immunizations are critical to both children's health and the public health care system. The VFC program began on October 1, 1994, to improve vaccine availability to children nationwide by providing vaccines free-of-charge to Medicaid-eligible, uninsured, underinsured, American Indian, or Alaska Native children through both public and private providers. The VFC program automatically covers vaccines recommended by the Advisory Committee on Immunization Practices, or ACIP, and approved by the CDC.

VFC has had an enormous impact on improving the immunization rates among our Nation's children. According to the Children's Defense Fund, "Between 1993 and 1999, there was nearly a 20 percent increase in the number of fully immunized two year-olds."

However, the goal of achieving a 90 percent immunization coverage rate, with the complete series of recommended vaccines, has still not been achieved. According to the National Immunization Survey (NIS), the nationwide vaccination coverage levels among children 19-35 months of age for the 4:3:1:3:3 series of childhood immunizations was 74.8 percent in 2002. Unfortunately, the immunization rate in New Mexico was just 64.6 percent in 2002 and second worst in the Nation to only Colorado. To address that problem, in December 2001, I requested the CDC to work with the State of New Mexico on improving its immunization rate and a number of positive developments have taken place, including the creation of an Immunization Task Force at the state level and the passage of legislation to create an immunization registry by the New Mexico Legislature this past month.

It is my belief that the strides the Nation and New Mexico continue to make to further improve the childhood immunization rate is assisted by this legislation. I would like to thank the CDC for their fine work on the VFC program and their assistance with this legislation and in its assistance directly to the State of New Mexico. I would also like to thank Senator **SMITH** for his dedication and support for this initiative to improve the health of our Nation's children.

**MOTOR VEHICLE CRASHES CLAIM MORE THAN A MILLION LIVES
WORLDWIDE** --Throughout the world, more than a million people die each year

because of transportation-related crashes. To highlight this problem that crosses national boundaries and threatens the safety and health of people worldwide, the Centers for Disease Control and Prevention (CDC) joined forces with the World Health Organization (WHO), other U.S. federal agencies, and public health and transportation partners for World Health Day 2004 on April 7th.

In the United States, nearly 44,000 people die each year from transportation-related crashes and the price society pays is considerable. For the United States in 2000, motor vehicle-related medical costs exceeded \$21 billion, accounting for almost 20 percent of all medical costs attributed to injuries. While there have been great strides to confront the public health problems of road traffic safety and injuries, there needs to be increased awareness that there are ways to prevent these deaths and injuries.

“America is a very mobile society, but we pay a price. Every hour almost five people die in the United States because of vehicle crashes,” said CDC Director Dr. Julie Gerberding. “Let us re-energize our efforts on World Health Day and encourage people to choose health and safety – as they drive to school and work, as they run errands or drive on the job, and as they pursue leisure activities – by wearing seat belts, honoring speed limits, and not drinking and driving.”

Each year, the WHO designates a critical public health issue as the focus of World Health Day. This year marks the first time in WHO’s history that world-wide road safety and prevention efforts will be highlighted. The CDC public health theme for this year’s event is “Family Road Safety: Protect the Ones You Love.” Key public health and transportation partners will be among hundreds of organizations working to raise awareness that these types of traffic related injuries and deaths can be prevented. Here are several public health highlights for “Family Road Safety: Protect the Ones You Love.”

- * WHO rolls out its “World Report on Road Traffic Injury Prevention” on April 7th in Paris. CDC scientists and researchers took part in developing this report.

- * Last week’s CDC MMWR features two studies highlighting the critical issue of road traffic safety.

- * The first study examined safety belt use in the United States and found that belt use averaged 85 percent in states with primary enforcement safety belt laws compared with 74 percent in states with secondary laws. Primary laws allow police officers to ticket motorists solely for being unbelted. Secondary laws permit ticketing for failure to use a seat belt only if a motorist is stopped for another traffic violation. Safety belts are the best protection against serious injury or death in a crash. CDC recommends primary enforcement safety belt laws as an effective strategy to increase belt use. Currently, 20 states and Washington, DC have primary laws in place.

- * The second study found that at work, more people die in motor vehicle crashes than from any other cause of injury. CDC recommends that employers establish and

enforce workplace driver safety policies as a key step in preventing such fatalities. Occupational safety and health professionals also can help promote awareness of occupational driving issues, and effective strategies for reducing motor-vehicle related crash injuries in the general public can also reduce work-related crash injuries. Between 1992 and 2001, 13,337 people in the civilian work force died from injuries in work-related motor vehicle crashes. The highest number and rate of fatal work-related crashes occurred deaths per 100,000 employees).

- CDC injury prevention researchers collaborated with the University of North Carolina in conducting public health grand rounds to reach out to state public health and injury prevention partners on March 26th. Entitled, "On the Road Again: Promoting Safe Travel and the Public's Health," the session is now available on the web at: <http://www.publichealthgrandrounds.unc.edu/pastprograms.htm>

**PHYSICIANS, NURSES AND U.S. GOVERNMENT RELEASE NEW
FOODBORNE ILLNESS GUIDE** -- Americans' vulnerability to foodborne illness has been highlighted by large outbreaks over the last two years. To increase awareness, a new educational guide for health care professionals on how to identify and treat foodborne illnesses, as well as consumer tips for patients, was released April 7 at a news conference in the nation's capital.

"Approximately 76 million Americans suffer from a foodborne illness every year, and 5,000 deaths each year are attributed to foodborne illness," said Cecil B. Wilson, M.D., American Medical Association Trustee. "Health care professionals are the front-line of prevention. Arming physicians with the latest information on foodborne illnesses helps them better diagnose and treat their patients."

The easy to read primer, "Diagnosis and Management of Foodborne Illnesses: A Primer for Physicians and Other Health Care Professionals" contains charts, scenarios and a continuing medical education section and is free to health care professionals. The primer, initially introduced in 2001, contains five new sections on new and re-emerging foodborne illnesses and was written with an emphasis on living in the post 9-11 environment.

"Recent concerns about hepatitis A and norovirus outbreaks have emphasized the need for health professionals to be vigilant for foodborne pathogens, and this need is further emphasized by concerns about intentional contamination of food," said David Acheson, M.D., Director of the Office of Food Safety at FDA's Center for Food Safety and Applied Nutrition.

"The new primer will assist physicians and other health care professionals to be aware of what to look for in relation to foodborne disease, whether accidental or deliberate." More than 75 percent of foodborne illness deaths are caused by just three pathogens: salmonella, listeria and toxoplasma. Information on both salmonella and toxoplasma has been added to the new primer, and the listeria section has been updated. Other new sections are: hepatitis A, norovirus and unexplained illness.

"By diagnosing cases of foodborne illness quickly and accurately, the health care community can help prevent the spread of illnesses associated with pathogens such as salmonella," said USDA Food Safety and Inspection Service Acting Administrator Barbara Masters, D.V.M. "In addition to arming physicians with vital information, the new primer also gives doctors a way to help their patients protect themselves and their loved ones from foodborne illnesses."

Greater understanding of foodborne illnesses by nurses, and other front line health care providers, is also important to early detection.

"The release of this educational primer is likely to change the way that nurses conduct assessments of their patients," said Pamela C. Hagan, MSN, RN, Chief Programs Officer, American Nurses Association. "It will help educate nurses that common symptoms may be the first signs of foodborne illness, and it will reinforce the importance of identifying and reporting these illnesses early."

Reporting cases of foodborne illness are just as important as identifying and treating the illness. Currently, foodborne illnesses are underreported in the United States by both patients and health care professionals.

"Our systems to identify foodborne illness rely on the clinicians and state health officials who report clusters of unusual illness," said Art Liang, M.D., Director of CDC's Food Safety Office. "Foodborne disease remains a substantial public health concern, and with diligent reporting, we can rapidly identify the source of an outbreak and prevent additional people from getting sick. We may even prevent children or immune-compromised people from contracting serious infections from contaminated foods and dying."

The primer was created through a partnership of the American Medical Association (AMA) and the American Nurses Association (ANA) - American Nurses Foundation (ANF) in conjunction with the Centers for Disease Control and Prevention's (CDC) Food Safety Office, the Food and Drug Administration's (FDA) Center for Food Safety and Applied Nutrition and the U.S. Department of Agriculture's (USDA) Food Safety and Inspection Service.

Health care professionals can request a free copy of the primer by visiting the AMA Web site at www.ama-assn.org/go/foodborne. The consumer tips to food safety are also available at this site.

CDC ANNOUNCES NEW AWARDS FOR LYME DISEASE RESEARCH -- The Centers for Disease Control and Prevention (CDC) April 5 announced that more than \$3.5 million will be awarded to 10 institutions for new research on Lyme disease. The studies are designed to improve understanding of the disease and to examine new methods for testing, prevention, and control.

Lyme disease is a bacterial infection spread through the bite of an infected tick. It is the most prevalent vector-borne infectious disease in the United States, with more than 23,000 cases reported in 2002.

“We know that early diagnosis is crucial to enable prompt treatment to prevent long-term complications from Lyme disease,” said Dr. James M. Hughes, Director of CDC’s National Center for Infectious Diseases. “These awards will lead to improvements in surveillance, clinical testing, tick control and community-based prevention programs.” Brief descriptions of the studies along with the names of the principal investigators and institutions are included below:

Diagnosis, Immunology, and Pathogenesis Research

* *Diagnosis and Pathogenesis of Early Lyme Disease*, Allen C. Steere, M.D., Massachusetts General Hospital, Boston, Massachusetts. The goals of this project are to improve the accuracy of serodiagnostic testing for Lyme disease, and to identify bacterial and host factors that lead to more severe disease. Laboratory markers for patients who would benefit from more intensive treatment may be developed.

* *Pathogenesis of Lyme Borreliosis in the Rhesus Monkey*, Mario T. Philipp, Ph.D., Tulane University Health Sciences Center, New Orleans, Louisiana. This proposal will advance understanding of the effects of Lyme disease on the central nervous systems. Mechanisms of neural injury will be determined using primate cells in culture.

* *Analysis of pgf 54 Members in Lyme Disease Serodiagnosis*, James A. Carroll, Ph.D., University of Pittsburgh, Pittsburgh, Pennsylvania. This study will identify and evaluate proteins that vary as Lyme disease bacteria cycle between ticks and mammals. These variably expressed proteins will be evaluated in diagnostic tests and as vaccine candidates.

* *Innate Immunity in Vector-Borne Lyme Borreliosis*, Linda Bockenstedt, M.D., Yale University, New Haven, Connecticut. This study will explore factors that contribute to susceptibility to infection. It also will examine the characteristics of Lyme disease bacteria that are “crippled” by antibiotic treatment.

* *Lyme Disease Diagnosis with Host Gene Expression Arrays*, Ira Schwartz, Ph.D., New York Medical College, Valhalla, New York. This investigation will examine how cells from mice and humans respond to infection by Lyme disease bacteria. Gene expression that changes with infection will be monitored using a technique called microarray analysis. New diagnostic tests for active infection may be developed based on these changes.

Tick-Control Research

* *Spatial Risk Model for Ixodes scapularis-borne Borrelia*, Durland Fish, Ph.D., Yale University, New Haven, Connecticut. This project will lead to the development of a

GIS-based surface map of the population density of nymphal ticks and prevalence of Lyme disease spirochete infection to estimate human infection risk in the eastern United States.

* *Assessing Community-based Tick Control for Lyme Disease Mitigation*, Thomas N. Mather, Ph.D., University of Rhode Island, Kingston, Rhode Island. This proposal will assess and evaluate tick control attitudes and practices before and after implementing an aggressive community outreach program for tick control in Rhode Island. A comprehensive training manual for implementing community-wide tick control programs throughout the Northeast also will be developed.

* *Control of Ixodes scapularis*, Eddy A. Bresnitz, M.D., New Jersey Department of Health and Senior Services, Trenton, New Jersey. This investigation will test integrated pest management strategies, assess effectiveness of a sustained deer reduction program, and evaluate effectiveness of broad-scale, seasonal acaricide (pesticide against ticks) applications to reduce tick populations and Lyme disease incidence in New Jersey. In addition, educational materials on tick management to improve tick control practices in New Jersey will be developed.

Community-based Prevention Programs

* *A School-Based Intervention to Reduce Lyme Disease*, Nancy Shadick, M.D., M.P.H., Brigham and Women's Hospital, Boston, Massachusetts. This project will evaluate the effectiveness of an efficient, cost effective, school-based intervention program in reducing the incidence of Lyme disease in endemic areas.

* *Prevention of Lyme Disease in Connecticut*, Matthew Cartter, M.D., M.P.H., Connecticut Department of Public Health, Hartford, Connecticut. This study will evaluate the effectiveness of integrated prevention measures to reduce the risk of Lyme disease in the United States, and will evaluate the costs of these interventions in relation to the number of cases prevented.

RACIAL/ETHNIC HEALTH DISPARITIES DOCUMENTED -- For too many racial and ethnic minorities in the United States, good health is elusive and access to health promotion and prevention programs and appropriate healthcare are often relative to economic status, race or ethnicity, gender, education, disability, geographic location or sexual orientation, according to a new fact sheet from the Centers for Disease Control and Prevention (CDC).

African Americans

Cancer - In 2001, the age-adjusted death rate for cancer was 25.4 percent higher for African-Americans (243.1 per 100,000 population) than for white Americans (193.9).

Diabetes - In 2001, the diabetes age-adjusted death rate for African-Americans was more than twice that for white Americans (49.2 vs. 23.0 per 100,000 population).

Adult Immunization - In 2002, influenza vaccination coverage among adults 65 years of age and older was 70.2 percent for whites and 52.0 percent for African-Americans. The

gap for pneumococcal vaccination coverage among older adults was even wider at 60.6 percent for whites and 36.1 percent for African-Americans.

Infant Mortality - In 2001, the infant mortality rate among African-Americans was 13.3 per 1,000 live births -- more than twice the rate for white Americans (5.7 per 1,000 live births).

American Indians/Alaska Natives

Chronic diseases - Heart disease and cancer are the leading causes of death among American Indians and Alaska Natives. The prevalence of diabetes is more than twice that for all adults in the United States, and the mortality rate from chronic liver disease is more than twice as high, according to 2002 data.

Infant mortality - The infant mortality rate among American Indians and Alaska Native are 1.7 times higher than non-Hispanic whites. the sudden infant death syndrome (SIDS) rate among this minority is the highest of any population group, more than double that of whites in 1999.

Sexually transmitted diseases (STDs) - In 2001, the syphilis rate among AI/AN was 6 times higher than the syphilis rate among the non-Hispanic white population, the Chlamydia rate was 5.5 times higher, the gonorrhea rate was 4 times higher and the AIDS rate was 1.5 times higher.

Injuries - Unintentional injuries are the third leading cause of AI/AN death and the leading cause for age 1-44 years. AI/AN death rates for unintentional injuries and motor vehicle crashes are 1.7 to 2.0 times higher than the rates for all racial/ethnic populations, while suicide rates for AI/AN youth are 3 times greater than rates for whites of similar age.

Asian Americans

Access to Healthcare - According to the 2000 U.S. census, Asian Americans represent 4.2 percent of the U.S. population or 11.9 million individuals. Overall, about 21 percent of Asian Americans and Pacific Islanders lack health insurance, compared to about 16 percent of the general population.

Cancer - During 1988-1992, the highest age-adjusted incidence rate of cervical cancer occurred among Vietnamese American women (43 per 100,000), almost five times higher than the rate among non-Hispanic white women (7.5 per 100,000). During 1988-1992, the highest incidence rate of liver and intrahepatic bile duct cancer was seen in Vietnamese American men (41.8 per 100,000), more than 10 times higher than the rate among non-Hispanic white men (3.3 per 100,000).

Tuberculosis (TB) - Asian Americans and Pacific Islanders had the highest tuberculosis (TB) case rates (33 per 100,000) of any racial and ethnic population in 2001 (14 per 100,000 for non-Hispanic blacks, 12 per 100,000 for Hispanics/Latinos, 11 per 100,000 for American Indians/Alaska Natives, and 2 per 100,000 for non-Hispanic whites).

Hepatitis B Virus (HBV) - While the rate of acute hepatitis B (HBV) among Asian Americans and Pacific Islanders has been decreasing, the reported rate in 2001 was more than twice as high among Asian Americans and Pacific Islanders (2.95 per 100,000) as among white Americans (1.31 per 100,000).

Hispanic/Latino Americans

HIV/AIDS - According to the 2000 U.S. census, Hispanics/Latinos of all ethnic groups represent 13.3 percent of the U.S. population or 38.8 million individuals. In 1999 the age-adjusted death rate for HIV was 32.7 per 100,000 for Puerto Ricans living on the mainland U.S., higher than any other racial or ethnic group, more than six times the national average (5.4 per 100,000) and more than 13 times the rate for non-Hispanic whites (2.4 per 100,000).

Diabetes - Among Hispanics/Latinos, the diabetes death rate in 2000 was highest among Puerto Ricans (172 per 100,000), followed by the rates for Mexican Americans (122 per 100,000), and Cuban Americans (47 per 100,000).

Adult Immunization - In 2002, influenza vaccination coverage among adults 65 years of age and older was 70.2 percent for whites and 46.7 percent for Hispanics/Latinos. The gap for pneumococcal vaccination coverage among older adults was even wider, with 60.6 percent for whites and 23.8 percent for Hispanics/Latinos.

Asthma - During 1993-1995 in the northeast U.S., Hispanics/Latinos had an asthma death rate of 34 per million, more than twice the rate for white Americans (15.1 per million).

Work-Related Injuries - Mexican foreign born workers accounted for more than two thirds (69 percent) of the 2,440 fatally injured, foreign born workers between 1995 and 2000. Lower percentages of fatally injured workers came from Cuba (146 or 6 percent), El Salvador (131 or 5 percent), Guatemala (90 or 4 percent), and Dominican Republic (87 or 4 percent).

Native Hawaiians and Other Pacific Islanders

Access to Healthcare - According to the 2000 U.S. census, Native Hawaiian & Other Pacific Islanders represent 0.3 percent of the U.S. population or 874,000 individuals. Overall, about 21 percent of Asian Americans and Pacific Islanders lack health insurance, compared to about 16 percent of the general population.

Tuberculosis (TB) - Asian Americans and Pacific Islanders had the highest tuberculosis (TB) case rates (33 per 100,000) of any racial and ethnic population in 2001 (14 per 100,000 for non-Hispanic blacks, 12 per 100,000 for Hispanics/Latinos, 11 per 100,000 for American Indians/Alaska Natives, and 2 per 100,000 for non-Hispanic whites).

Diabetes - During 1996-2000, Native Hawaiians were 2.5 times more likely to be diagnosed with diabetes than non-Hispanic white residents of Hawaii of similar age.

Infant mortality - In 2000, infant mortality among Native Hawaiians was 9.1 per 1,000, almost 60 percent higher than among whites (5.7 per 1,000).

Hepatitis B Virus (HBV) - While the rate of acute hepatitis B (HBV) among Asian Americans and Pacific Islanders has been decreasing, the reported rate in 2001 was more than twice as high among Asian Americans and Pacific Islanders (3.0 per 100,000) as among white Americans (1.3 per 100,000).

Asthma - Native Hawaiians in Hawaii had an asthma rate of 139.5 per 1,000 in 2000, almost twice the rate for all other races in Hawaii (71.5 per 1,000).

Smoking - In 2000, 30.9 percent of Native Hawaiians in Hawaii reported smoking cigarettes, compared with 19.7 percent of Hawaii residents overall.