THE CSTE WASHINGTON REPORT

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November 17, 2005 Volume 9, Number 22

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EDITOR'S NOTE: HHS Secretary Mike Leavitt and Gao Qiang, Minister of Health for the People's Republic of China, signed a Memorandum of Understanding last week to establish a collaborative program to address emerging and re-emerging infectious diseases, beginning with influenza. The two sides reached agreement to promote closer cooperation, capacity-building and exchange of information in the field of infectious diseases, specifically identifying Severe Acute Respiratory Syndrome (SARS) and influenza, including avian influenza, as two priority areas of focus—additional information is 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

CONGRESS CUTS FUNDING FOR HEALTH PROGRAMS – The House-Senate conference on the FY 2006 Labor-HHS-Education Appropriations bill (H.R. 3010) has finished its work. While details are still emerging, the conference report cuts funding below FY 2005 for many health programs and completely eliminates 10. Health programs, overall, were cut $376 million, but the actual reduction is closer to $1.2 billion because $900 million in administrative costs to implement the new Medicare prescription drug benefit was transferred to discretionary accounts from mandatory spending. CDC was cut a total of $383 million, or 8 percent. But this was an improvement over the President's requested cut of $455 million. Within CDC, State and Local Terrorism funding was cut $87 million, or 9.5 percent, better than the President's requested cut of $130 million, or 14 percent. The Prevention Block Grant was cut to $100 million, down from $131 million appropriated in FY 2005. Some additional details are provided below. To achieve even this outcome, conferees agreed to forego all Congressional earmarks in the bill, totaling about $1 billion. This was a very controversial action and deeply regretted by Senator Specter and other Appropriators.

The conference report is expected to pass the House and Senate by this Friday, the target Thanksgiving recess date. Congress will return in early December.

CONFERENCE AGREEMENT
Centers for Disease Control and Prevention

Infectious Diseases, Immunization, AIDS, STDs, TB

FY2005	$1,674,700,000
FY 2006 Conference	$1,709,400,000
Difference	$ 35,500,000

Chronic Diseases, Birth Defects and Disabilities

FY2005	$1,021,700,000
FY 2006 Conference	$ 971,200,000
Difference	-$ 50,600,000

Environmental Health and Injury Prevention and Control

FY2005	$ 285,700,000
FY 2006 Conference	$ 287,700,000
Difference	$ 2,000,000

Occupational Safety and Health

FY2005	$ 286,000,000
FY 2006 Conference	$ 257,000,000
Difference	-$ 29,100,000

Public Health Improvement and Leadership

FY2005	$	266,800,000
FY 2006 Conference	$	206,500,000
Difference	-$	60,300,000

Preventive Health and Health Services Block Grant

FY2005	$	118,500,000
FY 2006 Conference	$	100,000,000
Difference	-$	18,500,000

Public Health and Bioterrorism State Preparedness Funds

FY2005	$	919,100,000
FY 2006 Conference	$	831,994,000
Difference	-$	87,200,000

Note: The FY2005 enacted level was $926.7 million before a subsequent reprogramming. The conference agreement cuts state preparedness funds $94.7 million (10.2 percent) below this level.

PANDEMIC FLU UPDATE – Sen. Harkin's amendment to add $8 billion in emergency spending to prepare for a possible pandemic flu was not successfully added to the FY 2006 Labor-HHS-Education conference report. Instead, funding will be provided as part of the next Katrina supplemental appropriations measure, expected in early December. The Administration is proposing $7.1 billion in emergency spending, but provides only $100 million, over a four year period, for state and local preparedness efforts versus $600 million in the Harkin amendment. The Administration request also requires states to foot 75 percent of the cost of purchasing avian flu antivirals as part of their stockpiles. Complicating this picture are public statements and sentiments expressed by Energy and Commerce Committee Chairman Joe Barton (R-TX) and other House conservatives who say the nation cannot afford to spend billions preparing for a pandemic flu that may never happen.

Other issues: Sen. Gregg (R-NH) is preparing an amendment that will provide additional liability protections for pharmaceutical manufacturers and distributors of vaccines and bioterrorism countermeasures and intends to attach the amendment to one of the must-pass FY 2006 appropriations bills. Alternatively, the measure could be attached to the next Katrina-pandemic flu supplemental. CSTE and other health and public health groups have expressed their concern to Members of Congress that liability protections should be deliberated by the regular authorizing committees with jurisdiction and expertise, and that liability protections should be paired with appropriate compensation measures for those who may be injured by covered vaccines and countermeasures.

HHS AWARDS CONTRACTS TO DEVELOP NATIONWIDE HEALTH INFORMATION NETWORK -- HHS Secretary Mike Leavitt announced November 10 the award of contracts totaling $18.6 million to four groups of health care and health information technology organizations to develop prototypes for a Nationwide Health Information Network (NHIN) architecture. The contracts awarded to these four consortia

will move the nation toward the President's goal of personal electronic health records by creating a uniform architecture for health care information that can follow consumers throughout their lives.

"The Nationwide Health Information Network contracts will bring together technology developers with doctors and hospitals to create innovative state-of-the-art ideas for how health information can be securely shared," Secretary Leavitt said. "This effort will help design an information network that will transform our health care system resulting in higher quality, lower costs, less hassle and better care for American consumers."

These contracts complete the foundation for an interoperable, standards-based network for the secure exchange of health care information. HHS previously has awarded contracts to create processes to harmonize health information standards, develop criteria to certify and evaluate health IT products, and develop solutions to address variations in business policies and state laws that affect privacy and security practices that may pose challenges to the secure communication of health information.

The four consortia are led respectively by Accenture, Computer Science Corporation (CSC), International Business Machines (IBM) and Northrop Grumman. Each consortium is a partnership between technology developers and health care providers in three local health care markets. Each group will develop an architecture and a prototype network for secure information sharing among hospitals, laboratories, pharmacies and physicians in the three participating markets. Additionally, all four consortia will work together to ensure that information can move seamlessly between each of the four networks to be developed, thus establishing a single infrastructure among all the consortia for the sharing of electronic health information.

"These prototypes are the key to information portability for American consumers and are a major step in our national effort to modernize health care delivery," said David J. Brailer, M.D, Ph.D., National Coordinator for Health Information Technology. "This is a critical piece of moving health IT from hope to reality."

Each of the four consortia will design and implement a standards-based network prototype during the coming year. The prototypes will test patient identification and information locator services; user authentication, access control and other security protections and specialized network functions, as well as test the feasibility of large-scale deployment. The work of the consortia will inform the deliberations of the American Health Information Community (the Community), a new federal advisory committee chaired by Secretary Leavitt, which is charged with providing input to HHS and the industry on how to make health records digital and interoperable.

The consortia will share ideas and information about the architecture and prototypes with each other and with the public in order to accelerate secure and seamless exchange of health information across the nation. Once created, the architecture design for each of the networks will be placed in the public domain to stimulate others to develop further innovative approaches to implementing health information technology.

The NHIN consortia will work closely with other HHS partners, including the Health Information Technology Standards Panel established by the American National Standards Institute, the Certification Commission for Health Information Technology, and the Health Information Security and Privacy Collaboration established by RTI and the National Governor's Association.

The four Nationwide Health Information Network Consortia consist of the following organizations:

* Accenture, working with Apelon, Cisco, CGI-AMS, Creative Computing Solutions, eTech Security Pro, Intellithought, Lucent Glow, Oakland Consulting Group, Oracle, and Quovadx. This group will work with the following health market areas: Eastern Kentucky Regional Health Community (Kentucky); CareSpark (Tennessee); and West Virginia eHealth Initiative (West Virginia)
.
* CSC, working with Browsersoft, Business Networks International, Center for Information Technology Leadership, Connecting for Health, DB Consulting Group, eHealth Initiative, Electronic Health Record Vendors Association, Microsoft, Regenstrief Institute, SiloSmashers, and Sun Microsystems. This group will work with the following health market areas: Indiana Health Information Exchange (Indiana); MA-SHARE (Massachusetts); and Mendocino HRE (California)
.
* IBM, working with Argosy, Business Innovation, Cisco, HMS Technologies, IDL Solutions, Ingenium, and VICCS. This group will work with the following health market areas: Taconic Health Information Network and Community (New York); North Carolina Healthcare Information and Communications Alliance (Research Triangle, North Carolina); and North Carolina Healthcare Information and Communications Alliance (Rockingham County, North Carolina)
.
* Northrop Grumman, working with Air Commander, Axolotl, Client/Server Software Solutions, First Consulting Group, SphereCom Enterprises, and WebMD. This group will work with the following health market areas: Santa Cruz RHIO (Santa Cruz, California); and HealthBridge (Cincinnati, Ohio); University Hospitals Health System (Cleveland, Ohio).

The four contracts result from an HHS Request for Proposals (RFP) that was announced by Secretary Leavitt and Dr. Brailer on June 6, 2005. HHS released the RFPs after receiving public comment on how best to achieve nationwide interoperability of health information through a Request for Information (RFI) published on Nov. 15, 2004.

More details on these contracts are available at http://www.hhs.gov/healthit.

HHS AND PEOPLE'S REPUBLIC OF CHINA PARTNER TO COMBAT INFECTIOUS DISEASES -- HHS Secretary Mike Leavitt and Gao Qiang, Minister of Health for the People's Republic of China, signed a Memorandum of Understanding last

week to establish a collaborative program to address emerging and re-emerging infectious diseases, beginning with influenza.

The two sides reached agreement to promote closer cooperation, capacity-building and exchange of information in the field of infectious diseases, specifically identifying Severe Acute Respiratory Syndrome (SARS) and influenza, including avian influenza, as two priority areas of focus.

President Bush and President Hu Jintao initially discussed bilateral cooperation to address infectious diseases during the height of the SARS outbreak, and former HHS Secretary Tommy G. Thompson and former Health Minister Wu Yi began detailed negotiations soon after. The new agreement is the culmination of two years of cooperative efforts between HHS and China in the aftermath of SARS.

“This is an important step in building a global network of surveillance that will help us detect disease outbreaks before they spread so we can better protect the American people and people all over the world,” Secretary Leavitt said. “It is a timely agreement, given the urgency of our efforts to prepare for a global pandemic, and it reflects the leadership of President Bush in bringing together China and nations in the International Partnership on Avian and Pandemic Influenza to address this worldwide threat.”

The pact establishes biennial Ministerial meetings between HHS and the Chinese Ministry of Health, a Collaborative Committee with 11 senior public health officials and recognized experts from both organizations, a secretariat for program management, and a program office for project implementation located in the China Center for Disease Control and Prevention, an organ of the Ministry.

The Collaborative Committee will include HHS representatives from the National Institutes of Health, the Centers for Disease Control and Prevention, the Food and Drug Administration, the Office of Public Health Emergency Preparedness and the Office of Global Health Affairs, along with representatives from similar agencies from the Ministry of Health to accomplish the following:

* support the public health laboratory network in China and strengthen its ability to monitor and detect infectious diseases;
* train professionals from both nations in biomedical research, prevention and control of infectious diseases;
* conduct joint surveillance on emerging infectious diseases;
* develop prevention and control strategies, diagnostic tests, vaccines and therapeutics;
* and enhance both countries’ capacity to rapidly respond to outbreaks with joint China-U.S. response teams through the exchange of specimens, reagents, testing protocols and equipment.

“Our doctrine for pandemic preparedness recognizes that the outbreak of disease anywhere, means risk everywhere,” Secretary Leavitt said. “No nation can afford to

ignore this threat, and we are pleased that China, by signing this agreement, will be an international partner in our pandemic preparedness and response efforts."

NEW CDC DATA SHOW SYPHILIS INCREASING IN MEN GONORRHEA CASES AT ALL TIME LOW; CHLAMYDIA TESTING POSSIBLY INCREASING -- The national syphilis rate in the United States increased for the fourth consecutive year in 2004, according to new data on nationally notifiable sexually transmitted diseases (STDs) released today by the Centers for Disease Control and Prevention (CDC). The report, which provides data on three STDs – chlamydia, gonorrhea and syphilis – also finds that in 2004, the gonorrhea rate reached an all-time low, and chlamydia rates increased, possibly due to expanded and improved screening.

Syphilis continues to increase in men

The national rate of primary and secondary (P&S) syphilis – the early stages of the disease that indicate recent infection – has increased every year since an all-time low in 2000. From 2003 to 2004, the rate of P&S syphilis increased 8 percent from 2.5 to 2.7 cases per 100,000 population. The number of cases increased from 7,177 in 2003 to 7,980 in 2004.

The rise in the national P&S syphilis rate is largely due to increases among men. Overall, the P&S syphilis rate among men increased 11.9 percent from 2003 to 2004 (4.2 cases per 100,000 to 4.7 cases per 100,000) and 81 percent since 2000 (2.6 cases per 100,000 to 4.7 cases per 100,000). While surveillance data are not available by risk behavior, a separate CDC analysis suggests that approximately 64 percent of all adult P&S syphilis cases in 2004 were among men who have sex with men, up from an estimated 5 percent in 1999.

Significant progress in addressing the syphilis epidemic has been made as a result of CDC's National Plan to Eliminate Syphilis, launched in 1999. Between 1999 and 2004, black P&S rates have decreased 37 percent (14.3 to 9.0 cases per 100,000), while rates among women overall have decreased 55 percent (2.0 to 0.9 cases per 100,000).

However, in 2004, for the first time in over a decade, the P&S syphilis rate increased in blacks, rising 16.9 percent (7.7 cases per 100,000 in 2003 to 9.0 cases per 100,000 in 2004). Mirroring overall trends, this increase was primarily due to a 22.6 percent increase in the P&S rate among black men (from 11.5 cases per 100,000 to 14.1 cases per 100,000). After years of steady decline, the P&S syphilis rate among women held steady at 0.8 per 100,000 in 2004.

"Syphilis increases, especially among men who have sex with men, demonstrate the need to continually adapt our strategies to eliminate syphilis in the United States," said Dr. Ronald O. Valdiserri, acting director of CDC's HIV, STD and TB prevention programs. "While there is no silver bullet to reduce syphilis rates, innovative screening and prevention programs around the country are having a positive impact in many areas and providing crucial lessons that will help us meet new challenges."

In 2003, CDC partnered with health departments and community groups in cities with the highest syphilis rates to implement strategies to better address the disease. The results of these efforts were recently reported in the journal Sexually Transmitted Diseases (Vol. 32, No. 10 Supplement). A wide range of approaches were evaluated and results suggest that increased syphilis awareness in the community and among health care providers caring for men who have sex with men can increase early treatment. Efforts to improve partner counseling, testing and referral services can also play a key role in outbreak control.

CDC is also working with public health and community partners to refine the National Plan to Eliminate Syphilis in order to address the resurgence of syphilis among men who have sex with men and continue the significant reductions already seen in some populations.

Gonorrhea rate reaches new low, but significant challenges persist

The national rate of gonorrhea reached an all-time low in 2004, falling 1.5 percent between 2003 and 2004 (from 115.2 to 113.5 cases per 100,000). Despite this reduction, several significant challenges remain.

CDC conducted sentinel surveillance in 28 cities and found the proportion of cases resistant to fluoroquinolone antibiotics (a first-line treatment for gonorrhea) increased from 4.1 percent in 2003 to 6.8 percent in 2004. Resistance is especially worrisome in men who have sex with men, where it was eight times higher than among heterosexuals (23.8 percent vs. 2.9 percent). In April 2004, CDC recommended that fluoroquinolones no longer be used as treatment for gonorrhea among men who have sex with men. These antibiotics were also not recommended to treat the disease in anyone in California or Hawaii, where resistance has been widespread for years. Outside of these states, the prevalence of fluoroquinolone resistance among heterosexuals remains low at 1.3 percent.

Racial disparities in gonorrhea were seen in 2004. Blacks were most affected, with a rate 19 times higher than that of whites (629.6 cases per 100,000 vs. 33.3 cases per 100,000).

Chlamydia screening efforts lead to more reported cases

Chlamydia was the most common infectious disease in the United States reported to the CDC in 2004, with 929,462 cases. The national rate increased 5.9 percent (301.7 per 100,000 in 2003 to 319.6 in 2004). The increase is likely due to screening and identification of cases of the disease rather than an actual increase in infection rates. However, experts caution that the majority of chlamydia cases remain undiagnosed. CDC estimates that 2.8 million new chlamydia infections occur each year.

“Reported cases are just the tip of the iceberg. Health care providers urgently need to step up screening for chlamydia, particularly among young, sexually active women, who are at greatest risk of infertility and other complications if the disease is not diagnosed and treated,” said Dr. John Douglas, director of CDC’s STD prevention programs.

The rate of reported chlamydia cases were 3.3 times higher among women than men in 2004 (485 cases vs. 147.1 per 100,000), most likely due to increased screening among women.

Health and Economic Impact of STDs
CDC estimates that 19 million STD infections, including HIV and other non-notifiable STDs, occur each year. In addition to their immediate and long-term health consequences, these diseases result in direct medical costs of an estimated $13 billion annually.

The full report, Sexually Transmitted Disease Surveillance 2004, is available at www.cdc.gov/std/stats.

LOWER ADULT SMOKING RATES WITH MORE ADULTS QUITTING LEVELS STILL BELOW NATION'S GOAL FOR 2010 -- The percentage of U.S. adults who smoke cigarettes continues to decline and more adults have successfully quit smoking than remain current smokers. The study estimates that 20.9 percent — 44.5 million people — are current smokers, down from 21.6 percent in 2003 and 22.5 percent in 2002, according to an article in this week's issue of CDC's *Morbidity and Mortality Weekly Report (MMWR)*.

"We are encouraged by the continued decline in cigarette smoking among U.S. adults and want to congratulate those who have successfully quit," said CDC Director Dr. Julie Gerberding. "Quitting smoking is the most important step smokers can take to improve their overall health and reduce their risk of disease. For smokers who want to quit, resources are available to help, including calling the national network of quitlines at 1-800-QUIT-NOW or going to www.smokefree.gov."

The report also indicates that the prevalence of heavy smoking (25 or more cigarettes per day) has declined over the past decade, from 19.1 percent of smokers in 1993 to 12.1 percent of smokers in 2004.

In another study in this week's MMWR, the *2004 Behavior Risk Factor Surveillance System* reports that 50 percent or more of smokers had quit in 36 states/areas. In the majority of states, most adults have never been smokers and among those who have ever smoked, the majority have quit. In four states, Connecticut, California, Vermont, and Utah, 60 percent or more of smokers have quit smoking.

This year marks the 29th American Cancer Society Great American Smokeout. In celebrating this year's *Great American Smokeout*, on November 17, 2005, CDC will formally implement its tobacco-free campus policy. The policy bans the use of all tobacco products at CDC owned facilities and grounds, and in government vehicles.

"The tobacco-free initiative fits with one of CDC's public health goals, to achieve healthy workplaces by promoting and protecting the health and safety of people who work by preventing workplace-related fatalities, illnesses, injuries, and personal health

risks. This includes preventing exposure to tobacco and promoting physical education programs," said Gerberding.

For copies of the full MMWR articles, visit www.cdc.gov/mmwr. For more information on the *Great American Smokeout*, visit the American Cancer Society http://www.cancer.org/docroot/SPC/spc_0.1.asp.