THE CSTE WASHINGTON REPORT

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EDITOR'S NOTE: Water in the drinking water system for the Tarawa Terrace family housing area at U.S. Marine Corps Base Camp Lejeune, North Carolina, affecting possibly 75,000 residents, was contaminated with tetrachloroethylene (PCE), a dry cleaning solvent, during the period November 1957 through February 1987, an analysis by the Agency for Toxic Substances and Disease Registry (ATSDR) concludes. The Department of Health and Human Services (HHS) has determined that PCE may be a carcinogen. But the effects of consumers´ exposure to drinking water contaminated with PCE are not known. Some health studies have found adverse effects in occupational settings. However, exposure to PCE alone typically does not mean a person will experience adverse health effects. Many factors determine whether people experience adverse health effects due to chemical exposure, such as dose, the duration of exposure, exposures to other chemicals in a lifetime, and overall state of health. -- 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

APPROPRIATIONS BILLS FUND SOME INCREASES FOR PUBLIC HEALTH PROGRAMS – In the past two weeks, both the House and the Senate Labor-HHS-Education Appropriations Subcommittees marked up their respective FY 2008 bills. While many details are not available yet, some good news is emerging. CDC received an overall $246 million increase (+3.9%) over FY 2007 in the House bill and $466 million over the President's budget request. An increase of $85 million over FY 2007 is provided for Bioterrorism; NIOSH received a $56.8 million increase (+22.4%) over FY 2007 which includes $50 million for World Trade Center health monitoring and treatment, doubling the amount proposed by the Administration. The Environmental health lab received a $13.5 million increase (+50%), the National Center for Infectious Diseases received $108,071 (+6%), the Preventive Health-Health Services Block Grant received a $10 million increase; Environmental Health Tracking grants received a $2.4 million increase.

The Senate Labor-HHS-Education Appropriations bill provides +$20 million (+2.1%) for CDC's health promotion and chronic diseases; an additional $91 million (+5.9%) for terrorism preparedness; and an increase of $18 million (+7.2%) for NIOSH.

EFFORT TO LIFT FDA TURTLE REGULATIONS IN HOUSE STIFLED FOR NOW -- An expected amendment to the House version of legislation reauthorizing the Food and Drug Administration's user fee programs that would lift the in-place ban on the sale of small, pet turtles will not be offered during the Energy and Commerce Committee mark up of the bill today (June 21st). CSTE and the National Association of State Public Health Veterinarians sent a detailed letter to key Energy and Commerce Committee Members opposing lifting the ban which the letter states is the best protection against Salmonella illness in children. CSTE leadership also contacted key Representatives in their state delegations urging opposition to lifting the ban. The Senate version of the bill does include a provision lifting the ban through an amendment sponsored by Sen. Mary Landrieu (D-LA). CSTE, and fellow advocates, will need to pressure conferees appointed to reconcile differences in the two bills to reject inclusion of the Senate provision.

DISCUSSION DRAFT OF CSTE SURVEILLANCE BILL DONE – CSTE has developed a bill entitled, "National Integrated Public Health Surveillance Systems and Reportable Conditions Act." CSTE worked closely on the bill with the Association of Public Health Laboratories (APHL) and the National Association of State Public Health Veterinarians (NASPHV) and also the offices of Senator Chuck Hagel (R-NE) and Rep. Lee Terry (R-NE). CSTE has also contacted leading Democrats who have expressed interest in supporting the effort; it is expected the introduced bill will be bipartisan. A key impetus for developing the bill were efforts in the 109th Congress to federalize the

current local-state-federal disease and surveillance system. Another impetus has been the steady de-funding in recent years of core CDC grant programs to support state and local infrastructure to address, for example, the challenge of emerging infections. The discussion draft is now circulating to fellow public health associations for review and endorsement. Key elements include authorizing, including increasing funding, for existing CDC grant programs to improve electronic disease reporting and surveillance, electronic lab reporting, and fellowship programs in applied epidemiology (CSTE), laboratory fellowship (APHL), and Health Informatics. A CDC Committee will examine best practices in surveillance and will work to identify solutions to better coordinate human and animal disease surveillance. A national Commission will examine coordination of disease reporting and surveillance activities across federal agencies.

CDC REPORTS HIGH LYME DISEASE RATES IN 10 STATES -- Reported cases of Lyme disease have more than doubled since 1991, when Lyme became a nationally notifiable disease, according to a report by the Centers for Disease Control and Prevention (CDC). The report also said 93 percent of reported cases were concentrated in 10 states.

"This increase in cases is most likely the result of both a true increase in the frequency of the disease as well as better recognition and reporting due to enhanced detection of cases," said Dr. Paul Mead, a medical epidemiologist with the CDC Division of Vector-Borne Infectious Diseases.

Lyme disease is the most common of all the diseases in the United States transmitted by mosquitoes, ticks and fleas, with approximately 20,000 cases reported each year. It most commonly occurs in the Northeastern, Mid-Atlantic, and North-Central states. Connecticut, Delaware, Maryland, Massachusetts, Minnesota, New Jersey, New York, Pennsylvania, Rhode Island and Wisconsin had the most cases. The report says that during 2003-2005, a total of 64,382 Lyme disease cases were reported to CDC from 46 states and the District of Columbia.

In 1991 fewer than 10,000 cases of Lyme disease were reported.

Most illnesses occurred in June, July and August, when the infected ticks that carry the disease are most active. Lyme disease is caused by the spirochete Borrelia burgdorferi which is transmitted to humans by tick bite.

From 2003-2005, the incidence of Lyme disease in the cases reported higher rates among two age groups-children aged 5 to 14 years (10 cases per 100,000 population per year) and adults aged 55 to 64 years (9.9 cases per 100,000 population per year).

Early symptoms of infection include fever, headache, fatigue, and a characteristic skin rash called erythema migrans. Left untreated, infection can spread to joints, the heart, and the nervous system.

People should watch for symptoms especially in these areas with intense Lyme disease

transmission, and see a health care provider if these develop. Prompt diagnosis and treatment are important to prevent serious illness and long-term complications.

"While this increase is of concern, these rates highlight the need to focus on prevention of this disease. People living in areas where Lyme disease is most frequently reported can take proactive steps to reduce their risk of infection," Dr. Mead said.
Prevention steps include daily tick checks (self examination for ticks), use of repellent containing 20 percent or more DEET, selective use of insecticides that target ticks, and the avoidance of tick-infested areas. Removing ticks within 24 hours of attachment greatly reduces the likelihood of disease transmission. Tick populations around homes and in recreational areas can be reduced 50 to 90 percent through simple landscaping practices such as removing brush and leaf litter, and creating a buffer zone of wood chips or gravel between forest and lawn or recreational areas.

The full report, "Lyme Disease - United States, 2003-2005," appears in this week′s Morbidity and Mortality Weekly Report (June 14, 2007) and is available online at www.cdc.gov/mmwr.

Additional information about Lyme disease can be found on the CDC website at www.cdc.gov/lyme, and about other tick-borne diseases at http://www.cdc.gov/Features/StopTicks/.

MARINE-BASE HOUSING CONTAINED DRINKING WATER CONTAMINATED WITH TETRACHLOROETHYLENE (PCE) FOR NEARLY 30 YEARS SAYS FEDERAL HEALTH AGENCY - Water in the drinking water system for the Tarawa Terrace family housing area at U.S. Marine Corps Base Camp Lejeune, North Carolina, affecting possibly 75,000 residents, was contaminated with tetrachloroethylene (PCE), a dry cleaning solvent, during the period November 1957 through February 1987, an analysis by the Agency for Toxic Substances and Disease Registry (ATSDR) concludes.

The Department of Health and Human Services (HHS) has determined that PCE may be a carcinogen. But the effects of consumers´ exposure to drinking water contaminated with PCE are not known. Some health studies have found adverse effects in occupational settings. However, exposure to PCE alone typically does not mean a person will experience adverse health effects. Many factors determine whether people experience adverse health effects due to chemical exposure, such as dose, the duration of exposure, exposures to other chemicals in a lifetime, and overall state of health.

ATSDR estimates as many as 75,000 residents lived in the family housing units. On average, families lived in base housing about two years.

The maximum concentration of PCE in Tarawa Terrace drinking water was estimated to be about 200 micrograms per liter. The U.S. Environmental Protection Agency´s (EPA) maximum contaminant level of five micrograms per liter during the period.

The contamination occurred because the solvent leaked into the Tarawa Terrace drinking water system from an off-base dry-cleaner. In 1987, the Tarawa Terrace water treatment plant was disconnected from the base´s drinking water supply system because of contamination.

The analysis of the Tarawa Terrace drinking water system is part of ATSDR´s epidemiological study at Camp Lejeune. The study will focus on babies born during the period 1968-1985 up to the time that they were one year old.

PCE is in a class of chemicals known as volatile organic compounds, or VOCs. Some scientific literature has associated VOCs with birth defects and childhood cancers, such as spina bifida, anencephaly, cleft lip, cleft palate, leukemia and non-Hodgkin´s lymphoma.

Former Camp Lejeune Marines and their families who resided in family housing at the base are encouraged to get routine physicals and monitor their health for any changes.

Former Camp Lejeune Marines and their families can find the levels of PCE and PCE degradation by-products in the drinking water serving their homes in Tarawa Terrace by visiting the ATSDR Web site at www.atsdr.cdc.gov/sites/lejeune and entering the dates they lived in Tarawa Terrace housing from 1951 to 1987.

For more information about ATSDR´s Tarawa Terrace drinking-water system analyses and current epidemiologic study, call 1-800-CDC-INFO and ATSDR´s website.

AHRQ'S ANNUAL STATE SNAPSHOTS HIGHLIGHT STATES' GAINS AND LAGS IN HEALTH CARE QUALITY -- New *State Snapshots* released June 11 by the federal Agency for Healthcare Research and Quality (AHRQ) show States have made promising gains in health care quality while identifying needed improvements in areas ranging from cancer screening to treatments of heart attack patients.

AHRQ's *State Snapshots* Web tool was launched in 2005. It is an application that helps State health leaders, researchers, consumers, and others understand the status of health care quality in individual States, including each State's strengths and weaknesses.

The 51 *State Snapshots*—every State plus Washington, D.C.—are based on 129 quality measures, each of which evaluates a different segment of health care performance. While the measures are the products of complex statistical formulas, they are expressed on the Web site as simple, five-color "performance meter" illustrations.

For a subset of 15 "State Rankings for Selected Measures," chosen to represent a broad range of common diseases, the *State Snapshots* highlight specific State strengths. New York, for example, ranks best for its low suicide rate. Montana ranks first for pneumonia vaccinations for seniors. Utah ranks first for its low colorectal cancer death rate. No State is good at everything, however, and the State Snapshots point out areas in which States need improvement.

"It is clear that the Nation must continue pursuing important opportunities to improve the quality of health care," said AHRQ Director Carolyn M. Clancy, M.D. "The *State*

Snapshots help policymakers understand the breadth of those problems and how their States compare with others. With that knowledge, they are better equipped to take vital steps that will improve the health of people in their States."

The data, drawn from AHRQ's 2006 *National Healthcare Quality Report*, come from various data sources that cover multiple years. The statistics provide State-specific information but also underscore the reality that some shortcomings in health care quality are widespread. On average, for example, States reported that only about 59 percent of adult surgery patients insured by Medicare receive appropriate timing of antibiotics. Only about 54 percent of men over 50 reported they ever had a flexible sigmoidoscopy or colonoscopy, according to the all-State average. Only about 54 percent of Medicare managed care patients said their health providers always listened carefully, explained things clearly, showed respect for what they had to say, and spent enough time with them.

The State Snapshots provide summaries that measure health care quality in three different contexts: by types of care (such as preventive, acute, or chronic care), by settings of care (such as nursing homes or hospitals), and care by clinical area (such as care for patients with cancer or respiratory diseases). After selecting a State on a national map, users may view whether that State has improved or worsened compared to other States in a particular area of health care delivery. The 129 measures range from preventing bed sores to screening for diabetes-related foot problems to providing antibiotics quickly to hospitalized pneumonia patients. The State Snapshots also allow users to compare a State's performance against other States in the same region, plus how a State compares against "best performing States."

The State Snapshots Web site also offers these options for data searches:

Strongest and Weakest Measures: This section summarizes areas in which a State has performed well compared to other States, plus areas in which a State's scores are comparatively low.

Focus on Diabetes: Underscoring the need to confront a disease now afflicting more than 18 million Americans, this section illustrates how States compare in quality of care, treatment variations, and health care spending for diabetes.

All-State Data Table for All Measures: With more than 5,000 entries, this downloadable spreadsheet includes all 129 individual performance measures for each State.

AHRQ's annual *State Snapshots* is based on data drawn from more than 30 sources, including government surveys, health care facilities and health care organizations. To access this year's State Snapshots tool, go to http://statesnapshots.ahrq.gov.