THE CSTE WASHINGTON REPORT

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INSIDE THIS ISSUE

EDITOR'S NOTE: -- The Centers for Disease Control and Prevention (CDC) announced September 8 the award of a seven-year, $73 million contract to provide a single point of contact for consumers and health professionals to access comprehensive, timely, and credible health information. "Communicating directly with the American public has become a vital part of CDC's role in protecting the nation's health and safety," said CDC Director Dr. Julie Gerberding. "With this unified approach, we will get the right health information to the right people at the right time." The new service will integrate more than 40 hotlines, clearinghouses, automated voice and facsimile response systems into one comprehensive contact service center available 24 hours a day, 365 days a year. The contact center will cover telephone, facsimile, e-mail, postal mail, and web-based contacts and responses and include multilingual and hearing-impaired services -- 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

SENATE COMMITTEE ACTS ON LABOR-HHS-EDUCATION APPROPRIATIONS – The FY 2005 Senate Labor-HHS-Education Appropriations bill was voted out of the full Appropriations Committee last week (S. 2810;Report 108-345). Some of the details of the bill are provided in this report, but comparison with the House bill's funding levels is not possible since the two bills present information very differently. The Senate bill reflects part of the new re-organization of CDC, while the House bill does not. To obtain more detailed information about specific programs read the Senate report at:
http://thomas.loc.gov/cgi-bin/cpquery/2?cp108:./temp/~cp108KGP4l&sid=cp108KGP4l&item=2&sel=TOCLIST&hd_count=2&xform_type=3&r_n=sr345.108&&r_t=a&&dbname=cp108&&db_id=cp108&&sid=cp108KGP4l&&

The Senate bill, for the most part, provides somewhat higher funding levels for a number of health programs than the House bill due to a controversial gimmick – putting off until the first two days of FY 2006 $3.2 billion in Supplemental Security Income payments, a mandatory program for the poor elderly and disabled. This gimmick may not be accepted by the White House and fiscal conservatives in both the House and Senate.

The House passed its version of the FY 2005 Labor-HHS-Educations Appropriations bill earlier this month (H.R. 5006). However, the full Senate is not expected to take up the bill before adjournment of the 108th Congress in early October. The Senate is unlikely to finish a number of appropriations bills; only the FY 2005 Defense Appropriations bill has been enacted. To keep the federal government operating, Congress is preparing a Continuing Resolution which is likely to fund programs at the FY 2004 level for two weeks after the end of the federal fiscal year on September 30th. Whatever appropriations bills have not been enacted during the CR will be wrapped into a longer CR – expected to fund programs at the FY 2004 level through November. The Labor-HHS-Ed Appropriations bill, which contains a number of non-health related contentious issues, is not expected to be enacted during either CR. A lame-duck session is likely to be attempted to be convened on November 25th, but if Republicans win the White House and keep or add seats in Congress, a lame-duck session may fail to assemble, or if assembled, fail to pass any Appropriations bills. This would require yet another CR that would fund the federal government well into February when the new 109th Congress, and new Appropriations leadership, including very possibly the House Labor-HHS-Education Subcommittee chairmanship, assumes power. Conference negotiations between House and Senate Labor-HHS-Ed Appropriators are taking place and efforts to gain the highest possible funding level before the new Congress convenes is a priority for public health

groups. A year long CR, funding the government at FY 2004 levels, is a strong possibility in this environment.

TOTAL CDC

FY 2004	$ 4,579,299,000
FY 2005 Pres Reqst	$ 4,462,654,000
Senate Committee	$ 4,807,692,000
Difference '04	$ +228,393,000

Infectious Disease (includes Immunization, STD, TB, HIV)

FY 2004	$1,641,600.000
FY 2005 Pres. Request	$1,643,599,000
Senate Committee	$1,675,800,000
Difference '04	$ + 34,200,000

Health Promotion (includes National Center for Chronic Disease Prevention and Health Promotion and the National Center for Birth Defects and Developmental Disabilities)

FY 2004	$ 932,067,000
FY 2005 Pres. Request	$ 989,780,000
Senate Committee	$ 988,090,000
Difference '04	$ + 56,023,000

Environmental Health and Injury

FY 2004	$ 282,296,000
FY 2005 Pres. Request	$ 282,296,000
Senate Committee	$ 290,126,000
Difference '04	$ + 7,200,000

Occupational Safety and Health

FY 2004	$ 276,988,000
FY 2005 Pres. Request	$ 278,587,000
Senate Committee	$ 294,587,000
Difference '04	$ + 17,599,000

Global Health

FY 2004	$ 279,944,000
FY 2005 Pres. Request	$ 304,444,000
Senate Committee	$ 305,239,000
Difference '04	$ +25,295,000

Public Health Research

FY 2004	$ 29,107,000
FY 2005 Pres. Request	$ 15,000,000
Senate Committee	$ 35,000,000
Difference '04	$ + 5,893,000

Preventive Health and Health Services Block Grant

FY 2004	$	131,814,000
FY 2005 Pres. Request	$	131,814.000
Senate Committee	$	131,814,000
Difference '04	$	0

CDC INVESTS $73 MILLION TO IMPROVE HEALTH INFORMATION SERVICES FOR THE PUBLIC -- The Centers for Disease Control and Prevention (CDC) announced September 8 the award of a seven-year, $73 million contract to provide a single point of contact for consumers and health professionals to access comprehensive, timely, and credible health information.

"Communicating directly with the American public has become a vital part of CDC's role in protecting the nation's health and safety," said CDC Director Dr. Julie Gerberding. "With this unified approach, we will get the right health information to the right people at the right time."

The new service will integrate more than 40 hotlines, clearinghouses, automated voice and facsimile response systems into one comprehensive contact service center available 24 hours a day, 365 days a year. The contact center will cover telephone, facsimile, e-mail, postal mail, and web-based contacts and responses and include multilingual and hearing-impaired services.

"Pearson Government Solutions has been contracted by CDC to use the industry's leading approaches and technologies to provide the best consumer experience possible," said CDC Chief Operating Officer Bill Gimson. "Through this action, we increase the level of service and breadth of health information available to the consumer at one phone number."

Pearson provides consumer information services for more than 32 federal programs, including the Department of Health and Human Services and the U.S. Department of Education.

CDC currently responds to more than 3 million public inquiries a year on such topics as international travel, childhood immunizations, obesity, heart disease and stroke, adolescent health, terrorism preparedness, disease outbreaks, injuries, birth defects, HIV/AIDS and other sexually transmitted diseases, and environmental threats.

"We are very excited about this new opportunity to improve CDC's service to the public and health professionals," said Jim Seligman, CDC Chief Information Officer. "Accurate health information is vitally important for people to make good health choices. While CDC's website has grown dramatically to over 10 million visitors a month, many consumers need other means to get health information or want an integrated approach between direct person-to-person and electronic interactions."

The new toll-free consolidated consumer response service will be phased in during the next few months. Callers can continue to use existing CDC hotline numbers. As the new contract is implemented, calls from existing hotlines will automatically be transferred to the new number.

FIRST REPORTS OF HEALTH EFFECTS IN WORLD TRADE CENTER RESCUE AND RECOVERY WORKERS FIND HIGH RATES OF RESPIRATORY AND MENTAL HEALTH PROBLEMS -- Nearly half of more than 1,000 screened rescue and recovery workers and volunteers who responded to the World Trade Center attacks have new and persistent respiratory problems, and more than half have persistent psychological symptoms, according to preliminary data from a medical screening program funded by the Centers for Disease Control and Prevention and administered by the Mount Sinai Medical Center, New York City.

"These findings suggest that specialized medical monitoring programs for rescue and recovery workers that identify potential problems and make appropriate referrals for treatment should be part of all emergency preparedness plans," said Dr. John Howard, director of the CDC's National Institute for Occupational Safety and Health (NIOSH). "Early provision of respiratory and other protective equipment is also crucial for preventing physical and mental health effects."

The findings released today in the CDC's *Morbidity and Mortality Weekly Report* are based on evaluation of data from 1,138 participants (91% were men and the median age was 41) who voluntarily enrolled in the World Trade Center Worker and Volunteer Medical Screening Program. Through August 2004, the screening program has provided free standardized medical assessments, clinical referrals and occupational health education to nearly 12,000 workers and volunteers exposed to environmental contaminants, psychological stressors, and physical hazards. Besides respiratory and mental health effects, program participants also reported lower back and upper or lower extremity pain, heartburn, eye irritation, and frequent headache.

"These preliminary findings of the WTC Screening Program demonstrate that large numbers of workers and volunteers suffered persistent, substantial effects on their respiratory and psychological health as a result of their efforts," said Dr. Stephen Levin, Co-Director of the World Trade Center Worker and Volunteer Medical Screening Program.

Only 21% of the workers and volunteers participating in the screening program, most of whom were police officers and utility and construction workers (Fire Department of New York personnel are covered by other programs), had appropriate respiratory protection September 11-14, 2001. During that period, exposures to dust, diesel exhaust, pulverized cement, glass fibers, asbestos, and other airborne contaminants were considered to be greatest.

Of the 1,138 screened workers and volunteers whose responses were analyzed for these reports, 51% met the pre-determined criteria for risk of mental health problems. The

responses also indicated that the participants' risk for post-traumatic stress disorder (PTSD) was four times the rate of PTSD in the general male population.

CDC has provided $81 million to continue the medical screening for these responders for 5 years. When the screening indicates need for treatment, the WTC Health Effects Treatment Program at Mount Sinai Medical Center, established through philanthropic sources, provides additional clinical evaluation and treatment at no cost to participants.

In Spring 2002, Department of Health and Human Services (HHS) Secretary Tommy G. Thompson announced $10.5 million in funds for research and training to address health concerns related to the September 11, 2001, terrorist attacks and $2 million for mental health and substance abuse services for rescue workers who responded to the disaster. The Substance Abuse and Mental Health Services Administration has funds available for mental health treatment of these workers and volunteers through September 2005. Since September 2001, DHHS has provided more than $126 million to support services for affected communities, including crisis counseling, mental health services, and emergency food and shelter.

CDC's National Institute for Occupational Safety and Health has accelerated efforts to protect emergency responders from health and safety hazards in responding to terrorist incidents. NIOSH issued new criteria for testing and certifying respirators used by emergency responders against chemical, biological, radiological, and nuclear exposures (http://www.cdc.gov/niosh/npptl/standardsdev/cbrn/). NIOSH also is partnering with responders, emergency response agencies, manufacturers, and other federal agencies to improve respirators and other personal protective equipment, improve training and education for responders, and improve safety management at disaster sites (http://www.cdc.gov/niosh/npptl/guidancedocs/rand.html).

THE WORLD'S LEADING MALARIA RESEARCH SCIENTISTS PRESENT NEW FINDINGS IN THE FIGHT AGAINST MALARIA -- Malaria research scientists from around the globe have published new insights into the international burden of malaria and what can be done about it. The new data are presented in a supplement to the American Journal of Tropical Medicine and Hygiene titled "The Intolerable Burden of Malaria II: What's New What's Needed", released on September 9, 2004.

"The global burden of malaria is staggering and intolerable", says National Institute of Allergy and Infectious Diseases (NIAID) Director Anthony S. Fauci, M.D. "The articles in this important publication help to quantify this burden and describe what is being done — and what is needed — to reduce the human suffering and economic toll caused by malaria."

"This supplement comes at a critical time when agencies around the world are working harder than ever to find new solutions to the seemingly intractable problem of malaria," said Dr. Sharon Hrynkow, Acting Director of the Fogarty International Center (FIC), which led the development of the supplement on behalf of its partners. "Multilateral

efforts, including the Global Fund for AIDS, TB and malaria, as well as national efforts will benefit from the information gathered in this supplement," she added.

In the groundbreaking publication, available to researchers worldwide at no cost, it is reported that artemisinin-based combination therapy can significantly delay the development of malaria parasite resistance and are more effective than anti-malarial agents currently in use. New information on insecticide-impregnated bed nets designed to protect children, pregnant women, and newborns from the disease is also reported. "This combination therapy is just one of several approaches in clinical development that is designed to prevent or reduce the onset of malaria and promote earlier recovery," notes Dr. Kenneth Olden, director of the National Institute of Environmental Health Sciences (NIEHS). As many as 35 candidate vaccines are in clinical development, of which 16 are designed to prevent or reduce the onset of parasitemia, reduce febrile malaria attacks, and promote earlier recovery. Transmission-blocking vaccines, also called "altruistic vaccines", prevent infectious sexual stage (sporozoite) development in the salivary glands of Anopheles mosquitoes and block the transmission of malaria by infected mosquitoes, thereby protecting larger communities.

Every year, malaria kills close to two million persons and is associated with close to five billion episodes of clinical illness throughout the world. Over 50 percent of the world's population is exposed to the disease — an increase of close to 10 percent over the past decade. Those living in the most economically deprived areas receive the worst care and suffer catastrophic economic consequences from their illness. Almost three percent of disability-adjusted life years (DALYs) are due to malaria mortality globally, 10 percent in Africa.

Only the second of its kind, the new supplement contains data contributed by malaria researchers from around the world, including many in malaria-endemic areas.

"The most successful malaria control programs over the past 100 years, in the Americas and Europe, and now in Africa and Asia, have been linked to strong research activities. New antimalarial drugs, insecticides, bed nets, and other methods to control malaria have come from field research in the swamps and other mosquito breeding areas, and the laboratories, clinics and hospitals of the United States, Caribbean, and southern Europe," says Fogarty's Dr. Joel Breman, one of the editors for the supplement. Now, a growing number of scientists from Africa, the area suffering the greatest toll from malaria, are more actively involved in combating this scourge compared to a few years ago. Their contributions to understanding the socio-cultural dimensions of the burden of malaria are vital to the development of effective interventions and improving understanding of how to deploy and facilitate access to those interventions.

Input for the supplement was derived from the Multilateral Initiative on Malaria (MIM) Pan African Conference, held in Arusha, Tanzania and hosted by the MIM, an alliance of organizations and individuals working together to maximize the impact of scientific research on malaria in Africa. The supplement was supported by the Fogarty International Center, the National Institute of Allergy and Infectious Diseases, the

National Library of Medicine and the National Institute of Environmental Health Sciences of the National Institutes of Health and other partners.*

The new supplement, featuring 37 papers, was edited by Dr. Joel Breman, FIC, Dr. Martin Alilio, Academy for Educational Development (formerly of the Fogarty International Center), and Dr. Anne Mills, London School of Hygiene and Tropical Medicine. Featured papers in the malaria supplement discuss the latest findings on relationships between malaria and other morbidities, including HIV in pregnant women; malnutrition; and neurological, cognitive, and developmental sequelae. The authors explore new antimalaria treatment methods, examine methods for calculating the global burden of disease and malaria, and assess the impact of mosquito transmission on morbidity and mortality. Approaches for determining the economic toll caused by malaria are examined; and the role of urban malaria, epidemics and social and economic burdens in impeding the development of cost effective, newer malaria control methods are analyzed. Featured papers also discuss the research agenda and other focused activities that help to define malaria's toll on the world's population. Full text of the journal supplement can be accessed by visiting http://www.ajtmh.org/content/vol71/2_suppl/index.shtml.

UNRESTRICTED PUBLIC ACCESS TO PATHOGEN GENOME DATA SHOULD CONTINUE; BENEFITS TO PUBLIC HEALTH OUTWEIGH RISK OF IMPROPER USE -- Current policies that allow scientists and the public unrestricted access to genome data on microbial pathogens should not be changed, says a new report from the National Academies' National Research Council, which concludes that security against bioterrorism is better served by policies that facilitate, not limit, the free flow of this information. While individuals or nations trying to develop bioweapons may be able to obtain data on pathogens, any restrictions tight enough to impede their access would probably also hinder efforts to develop vaccines and other countermeasures to bioterrorism, as well as other valuable scientific research. The report adds, however, that an advisory board should be created to regularly review future developments in genome research in order to assess their security implications.

"Open access is essential if we are to maintain the progress needed to stay ahead of those who would attempt to cause harm," said Stanley Falkow, chair of the committee that wrote the report, and professor of microbiology and immunology, Stanford University, Stanford, Calif. "The current vitality of the life sciences depends on a free flow of data and ideas, which is necessary if science is to deliver new biodefense capabilities and improve our ability to fight infectious disease."

The complete genome sequences of more than 100 microbial pathogens -- including those for smallpox, anthrax, and Ebola hemorrhagic fever -- are already publicly available in Internet-accessible databases around the world, and hundreds more pathogens will be sequenced in the next few years, the report notes. The U.S. government requires that all genome data produced by federally funded research be made public, with rare exceptions. But given that data on pathogens could potentially help terrorists engineer even deadlier versions of diseases, several federal agencies are considering

whether this information should remain public. They asked the Research Council to report on how biological scientists view policies governing access, and the potential for misuse of the data.

The current policy of open access to genome information has served science and society remarkably well, the committee said, citing as an example the response to the 2003 epidemic of severe acute respiratory syndrome (SARS). Within six weeks of the outbreak, the genome of the SARS virus was sequenced and posted on the Internet, allowing scientists around the world to start work quickly on diagnostic tests and vaccines. At such times, when scientific and public health resources must be mobilized swiftly to combat a poorly understood disease, free and rapid exchange of data and ideas is essential, the report says.

Restrictions on access would slow this exchange of information, the committee said. Given the interconnections between different areas of life-science research, there is no clear way to predict which scientists need access to which genome data, so regulations could bar legitimate researchers from needed information. Deciding what data should be restricted also would be problematic, since even the gene sequences of nonpathogenic organisms -- such as humans or animals who are "hosts" for diseases -- could potentially aid a bioterrorist. If access to the sequences of all pathogens and all hosts were restricted, the report says, it would severely damage the fabric of the global scientific enterprise. The committee also considered the less-stringent option of requiring database users to register, but concluded that such a system would not stop a determined malefactor; it would, however, raise troubling questions about who could use registration data, and for what purposes.

In addition to impeding research, implementing effective curbs on access would be impractical, the report adds. Digital data are notoriously difficult to control, and files that contain entire genome sequences are small and therefore easily stored and transferred. And without a uniform international agreement, users who are denied access because of U.S. policy could simply turn elsewhere.

Instead of restricting access or classifying more data, policy-makers and researchers should focus on exploiting genome information fully to improve our defenses against infectious diseases of all types, said the committee, who noted that federal spending for biodefense has increased markedly since the 2001 terrorist attacks on the United States. It urged continued extensive genome research on threats to both human health and agricultural interests.

The ability to genetically manipulate pathogens will eventually be far more widespread than it is today, the committee said. Because of this, a new group with both scientific and security expertise should be formed to apprise government agencies of developments in genome science that may affect national security, and to review those advances for changes that may warrant additional monitoring of or restrictions on access to genome data. The committee also endorsed the creation of an international forum to work toward

a common understanding of security concerns and, eventually, an international norm against misuse of genetic information.

The report builds on the findings of last year's Research Council report **Biotechnology Research in an Age of Terrorism,** which examined how to mitigate the potential for misuse of biological agents and technologies without unduly limiting progress in the life sciences. That report recommended improved screening of experiments before they are conducted, as well as educating scientists to be aware of the risks and benefits associated with their research and to balance them responsibly.

The new report was sponsored by the National Science Foundation, National Institutes of Health, U.S. Department of Homeland Security, and the Central Intelligence Agency. The National Reseach Council is the principal operating arm of the National Academy of Sciences and National Academy of Engineering. It is a private, nonprofit institution that provides scientific advice under a congressional charter.