

THE CSTE WASHINGTON REPORT

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

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EDITOR'S NOTE Life expectancy for Americans has reached an all-time high, according to the latest U.S. mortality statistics released February 28 by the Centers for Disease Control and Prevention (CDC). The report, "Deaths: Preliminary Data for 2003," prepared by CDC's National Center for Health Statistics (NCHS), shows life expectancy at 77.6 years in 2003, up from 77.3 in 2002. The gap between male and female life expectancy closed from 5.4 years in 2002 to 5.3 years in 2003, continuing a trend toward narrowing since the peak gap of 7.8 years in 1979. Record-high life expectancies were found for white males (75.4 years) and black males (69.2 males), as well as for white females (80.5 years) and black females (76.1 years). :— 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>

BUDGET UPDATE – The House and Senate are finishing up their respective versions of the FY 2006 Budget Resolution (BR). While the legislation addresses only FY 2006, legally, it also provides a budget blueprint for succeeding years through FY 2010. Key features: the House (H. Con. Res. 95) cuts mandatory spending by \$69 billion over five years with a significant portion of that comprised of Medicaid cuts. The Senate BR (S. Con. Res. 18) also proposes to cut Medicaid funding, but much less -- \$14 billion over five years. The Senate BR caps discretionary spending in a hard freeze for three years, which would result in cuts in real dollar terms, when inflation is accounted for, of up to 9 percent. The House does not cap discretionary spending, so this would be a major difference that would need to be reconciled when the bills are in conference negotiations. One key public health amendment is being offered by Sen. Kennedy (D-MA) (co-sponsors are Senators Mikulski (D-MD), Murray (D-WA), Lautenberg (D-NJ), and Obama (D-IL). The amendment provides an increase of \$3.5 billion for CDC, NIH, and at least five other public health agencies, over the amount provided in S. Con. Res., which cuts these public health service agencies by a total of \$1 billion below FY 2005 funding levels. The amendment is not expected to pass, but has the backing of a broad array of public health groups. An amendment to increase funding for NIH by \$1.5 billion did pass on a vote of 63-37 on March 16th.

PUBLIC HEALTH 101 CONGRESSIONAL BRIEFING – In an effort to educate new Members of Congress and their staffs, and veteran Members who do not have good knowledge of public health, a broad array of 43 health groups and nine senior Senators and Representatives sponsored a Congressional Briefing entitled: Public Health 101. The description of the briefing that went out to the entire Congress stated that the briefing would provide attendees with the basics of public health – what it is, what difference it makes, and the importance of the Federal role. Speakers were: Kristine Gebbe, Dr.PH, RN, former Health Commissioner for the State of Washington and current Director, Center for Health Policy, Columbia University School of Nursing, served as Moderator and also made key remarks about federal public health programs; Michael Caldwell, MD, MPH, Commissioner of Health, Dutchess County, New York and President of the National Association of County and City Health Officials, and Fitzhugh Mullan, MD, Clinical Professor of Pediatrics and Public Health, George Washington University. The briefing, held in the Capitol Building, was attended by 50 Congressional staff from both parties and both Houses of Congress. Congressional Sponsors were: Rep. Michael Castle (R-DE), Sen. Tom Harkin (D-IA), Rep. Charlie Norwood (R-GA), Rep. Mike Simpson (R-ID), Rep. David Obey (D-WI), Sen. Ted Kennedy (D-MA), Rep. Michael Bilirakis (R-FL), Rep. Ralph Regula (R-OH), Sen. Orrin Hatch (R-UT).

FUTURE BIOTERRORISM PREPARATION CAN BE IMPROVED THROUGH LESSONS LEARNED FROM THE NATIONAL SMALLPOX VACCINATION EFFORT

-- In future efforts to prepare for bioterrorism, U.S. public health officials and policy-makers should develop strategies to balance national security imperatives -- such as protecting classified information -- with the need to give appropriate information to the individuals involved, and also define clear criteria for preparedness at the outset of any initiative. The national smallpox vaccination program offers these and other useful lessons, says the final report in a series from the Institute of Medicine of the National Academies that provided guidance to the U.S. Centers for Disease Control and Prevention during the implementation of the smallpox campaign.

Concluding that the nation's readiness to handle a smallpox attack is indeterminate, the committee that wrote the report called for regular, comprehensive assessments of preparedness for bioterrorism at the national and state levels to help jurisdictions continuously learn from and improve the process of preparing for public health emergencies and to inform Americans about the public health system's ability to protect their health. Such systematic assessments are necessary to determine the nation's readiness to handle an outbreak of smallpox or any other biological threat, the report says.

"It's an unfortunate reality that similar efforts to prepare for bioterrorist threats may be needed in the future," said committee chair Brian Strom, professor of biostatistics and epidemiology and of medicine and pharmacology, University of Pennsylvania School of Medicine, Philadelphia. "The lessons learned from the smallpox vaccination program can help officials overcome the challenges of conducting public health campaigns within a national security context. One of the principal lessons is the importance of clear and authoritative scientific information communicated by a credible source, such as CDC, to instill confidence and buy-in from state public health officials, medical staff, and other key public health constituencies as well as the general public."

Open communication, which is crucial to the success of health campaigns that require participation by the public, may be difficult when classified information and other national security considerations come into play, the committee acknowledged. Uncertainty arose during the smallpox vaccination campaign in large part because the rationale for the initiative and its rapid implementation were not clearly explained to key constituencies, the committee said. Moreover, it appeared that CDC was constrained in its customary role as a credible, authoritative voice to communicate about the initiative to those involved and to the broader public.

In future efforts, the U.S. Department of Health and Human Services and other decision-makers should find ways to balance the reality that national security considerations may limit full disclosure of information with the need to provide the scientific evidence and public health analysis necessary to help secure the trust and acceptance of key constituents and the broader public, the report says. Steps also should be taken to ensure that CDC or any other responsible public health agency is able to provide appropriate explanations and guidance. These should always be transparent, consistent, and based on

the best available scientific and public health reasoning. Dialogue among the relevant agencies and government officials will be needed to identify ways to ensure that necessary information is made available within the context of heightened national security measures.

To avoid confusion about whether a campaign is achieving its objectives, CDC should collaborate with state and local partners to set clear goals and determine at the outset what accomplishments or markers will be used to determine when preparedness has been achieved, the report urged. The smallpox campaign at first focused solely on how many people needed to be vaccinated rather than more broadly on all the essential elements of preparation, including training health professionals to recognize and respond appropriately to an outbreak, and developing emergency response and communication plans. This led to the widespread and incorrect impression that the number of vaccine recipients is the sole measure of preparedness.

In addition, opportunities to assess and revise programs as needed should be built into future initiatives. And to maintain credibility and public support, CDC and its partners should share information with the public about the status of preparation efforts.

This study was sponsored by CDC. The Institute of Medicine is a private, nonprofit institution that provides health policy advice under a congressional charter granted to the National Academy of Sciences.

LIFE EXPECTANCY HITS RECORD HIGH -- Life expectancy for Americans has reached an all-time high, according to the latest U.S. mortality statistics released February 28 by the Centers for Disease Control and Prevention (CDC).

The report, "Deaths: Preliminary Data for 2003," prepared by CDC's National Center for Health Statistics (NCHS), shows life expectancy at 77.6 years in 2003, up from 77.3 in 2002.

The gap between male and female life expectancy closed from 5.4 years in 2002 to 5.3 years in 2003, continuing a trend toward narrowing since the peak gap of 7.8 years in 1979. Record-high life expectancies were found for white males (75.4 years) and black males (69.2 males), as well as for white females (80.5 years) and black females (76.1 years).

Other findings in the report include:

- * The preliminary age-adjusted death rate in the U.S. reached an all-time low in 2003 of 831.2 deaths per 100,000 population.

- * Age-adjusted death rates declined for eight of the 15 leading causes of death. Declines were seen for heart disease (down 3.6 percent) and cancer (down 2.2 percent), the two leading causes of death which account for more than half of all deaths in the United States each year. Declines were also documented for stroke (4.6 percent), suicide

(3.7 percent), flu/pneumonia (3.1 percent), chronic liver disease and cirrhosis (2.1 percent), and accidents/unintentional injuries (2.2. percent).

* After the first infant mortality rate increase in 44 years in 2002, the rate for 2003 did not change significantly (6.9 deaths per 1,000 live births in 2003 compared to a rate of 7.0 per 1,000 in 2002.)

* Firearm mortality dropped nearly 3 percent between 2002 and 2003.

* The preliminary age-adjusted death rate for HIV declined 4.1 percent between 2002 and 2003, continuing a downward trend observed since 1994.

* Age-adjusted death rates from alcohol dropped 4.3 percent and the rate for drug-related deaths fell 3.3 percent in 2003.

* Mortality increased for the following leading causes of death: Alzheimer's disease, kidney disease, hypertension, and Parkinson's disease.

The report is based on data recorded from approximately 93 percent of state death certificates issued in 2003. "Deaths: Preliminary Data for 2003" is available at the www.cdc.gov/nchs.

CDC ANNOUNCES FIRST EVER AGENCY-WIDE RESEARCH AGENDA -- The Centers for Disease Control and Prevention and the Agency for Toxic Substance and Disease Registry March 3 announced it is developing the first agency-wide research agenda in the history of CDC/ATSDR. The new agenda will set the overall course for both research conducted within the agency, and for research conducted by external grantees and partners.

"The primary objective of CDC's research agenda will be to address the agency's health protection goals and priorities," said Dr. Robert Spengler, CDC's director of the Office of Public Health Research. "We envision a CDC-wide research agenda that can coordinate, support and promote the collective research that the agency conducts or supports."

The research agenda will identify areas that CDC should address or coordinate with other partners in protecting the nation's health; provide incentives for expanded research funding; fill critical knowledge gaps that help achieve health protection goals; and provide evidence to improve existing or establish new public health interventions.

CDC is currently spending approximately \$31 million for the protection research initiative. Last year \$21.7 million was allocated through 57 grants to promote and support research initiatives in various areas including a study of worksite fitness for African American Women with Atlanta's Emory University and a study of preventing tobacco use in young Latino workers with Houston's Baylor University.

Health protection research conducted by CDC and partners will focus on beating some of the nation's most tenacious health problems: infectious disease, birth defects, and obesity. In addition research interventions will improve public health interventions to further reduce the risk factors associated with the leading causes of death and illness, including heart disease, cancer, and diabetes—these diseases account for 7 of every 10 deaths and affect the quality of life of 90 million Americans.

"Input from our partners and the public is vital to the agenda's content development; the research agenda will provide vision and coordination and ensure that CDC's work continues to be responsive to the public health needs and priorities of the public at large," Spengler added.

The research agenda will directly influence the selection and implementation of community and national programs that protect the health of children, adolescents, adults and older adults as well as the public-at-large from terrorism, infectious, occupational, and environmental threats.

The first draft of the agenda will be developed by CDC staff, researchers, organizational partners and the public, and is expected to be available for public comment in June and completed in August.

More information on the **CDC-Wide Research Agenda** may be found on-line at the CDC Office of Public Health Research (OPHR) Website, <http://www.cdc.gov/od/ophr/>. More detailed information on **CDC Goals** established in 2004 may be found at: http://www.cdc.gov/futures/Goals_01-6-05.pdf.

COCKROACH ALLERGENS HAVE GREATEST IMPACT ON CHILDHOOD ASTHMA IN MANY U.S. CITIES -- New results from a nationwide study on factors that affect asthma in inner-city children show that cockroach allergen appears to worsen asthma symptoms more than either dust mite or pet allergens. This research, funded by the National Institute of Environmental Health Sciences (NIEHS) and the National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health, is the first large-scale study to show marked geographic differences in allergen exposure and sensitivity in inner-city children. Most homes in northeastern cities had high levels of cockroach allergens, while those in the south and northwest had dust mite allergen levels in ranges known to exacerbate asthma symptoms.

The study results are published in the March issue of the *Journal of Allergy and Clinical Immunology*.

"These data confirm that cockroach allergen is the primary contributor to childhood asthma in inner-city home environments," said NIEHS Director Kenneth Olden, Ph.D. "However, general cleaning practices, proven extermination techniques and consistent maintenance methods can bring these allergen levels under control."

Cockroach allergens come from several sources such as saliva, fecal material, secretions, cast skins, and dead bodies. People can reduce their exposure to cockroach allergen by eating only in the kitchen and dining room, putting non-refrigerated items in plastic containers or sealable bags, and taking out the garbage on a daily basis. Other measures include repairing leaky faucets, frequent vacuuming of carpeted areas and damp-mopping of hard floors, and regular cleaning of counter tops and other surfaces.

NIH provided \$7.5 million to researchers at the University of Texas Southwestern Medical Center at Dallas and seven other research institutions, including the Data Coordinating Center at Rho, Inc., for the three-year study.

“We found that a majority of homes in Chicago, New York City and the Bronx had cockroach allergen levels high enough to trigger asthma symptoms, while a majority of homes in Dallas and Seattle had dust mite allergen levels above the asthma symptom threshold,” said Dr. Rebecca Gruchalla, associate professor of internal medicine and pediatrics at the University of Texas Southwestern Medical Center and lead author of the study.

“We also discovered that the levels of both of these allergens were influenced by housing type,” noted Gruchalla. “Cockroach allergen levels were highest in high-rise apartments, while dust mite concentrations were greatest in detached homes.”

While cockroach allergen exposure did produce an increase in asthma symptoms, researchers did not find an increase in asthma symptoms as a result of exposure to dust mite and pet dander. “Children who tested positive for, and were exposed to, cockroach allergen experienced a significant increase in the number of days with cough, wheezing and chest tightness, number of nights with interrupted sleep, number of missed school days, and number of times they had to slow down or discontinue their play activity,” said Gruchalla.

While cockroaches are primarily attracted to water sources and food debris, house dust mites, microscopic spider-like creatures that feed on flakes of human skin, reside in bedding, carpets, upholstery, draperies and other “dust traps.” Dust mite allergens are proteins that come from the digestive tracts of mites and are found in mite feces.

Researchers tested 937 inner-city children with moderate to severe asthma symptoms. The children, ages 5 to 11, were given skin tests for sensitivity to cockroach and dust mite allergens, pet dander, and mold. Bedroom dust samples were analyzed for the presence of each allergen type.

This study was part of the larger Inner-City Asthma Study, a cooperative multi-center project comprised of seven asthma study centers across the country. The goal of the study was to develop and implement a comprehensive, cost-effective intervention program aimed at reducing asthma incidence among children living in low socioeconomic areas.

CDC ADVISORY COMMITTEE OFFERS GUIDANCE TO STATES ON DEVELOPING SYSTEMS FOR PUBLIC REPORTING OF HEALTHCARE-ASSOCIATED INFECTIONS -- The Centers for Disease Control and Prevention’s (CDC) Healthcare Infection Control Practices Advisory Committee (HICPAC) February 28 released recommendations for policymakers who are seeking to create mandatory public reporting systems of healthcare-associated infections.

To date, four states – Illinois, Pennsylvania, Missouri, and Florida – have passed laws requiring hospitals to publicly report healthcare-associated infections. Now, as an additional 30 states move toward mandatory public release of this information, leaders in the field of patient safety have turned to CDC for guidance about creating mandatory reporting systems.

“As the nation’s health protection agency, CDC is committed to helping ensure all Americans receive the best and safest care possible when they go to a hospital or other healthcare facility,” said CDC Director Dr. Julie Gerberding. “The recommendations released today will go a long way to helping healthcare providers focus further on the importance of infection control and prevention. We are dedicated to helping make our healthcare facilities become even safer than they are now.”

While HICPAC concluded there is currently not enough evidence to determine whether mandatory public reporting of healthcare-associated infections will reduce infection rates, the advisory committee recommended that states implementing public reporting should strive to gather meaningful infection control data and use nationally recommended infection control measures. To provide consumers and healthcare facilities with the best information, HICPAC recommends that states that are developing public reporting systems be sure to:

- * Use established public health surveillance methods.
- * Involve people with infection control expertise in the process.
- * Track practices that prevent infections, in addition to measuring infection rates.
- * Provide regular and confidential feedback to healthcare providers.

“The goal of mandatory reporting is to provide consumers with information they can use to make informed healthcare choices,” said Dr. Denise Cardo, director of CDC’s Division of Healthcare Quality Promotion. “We don’t know yet if public reporting will reduce the number of infections, but we do support collecting information that can lead to improvements in patient safety.”

CDC estimates that each year nearly 2 million patients in the United States contract infections in hospitals and about 90,000 of these patients die as a result of their infection. Bloodstream infections, urinary tract infections, pneumonia and surgical site infections comprise most of all healthcare-associated infections. The percentage of healthcare-associated infections that are preventable is unknown. However, CDC believes that adherence to recommended infection control strategies can reduce infections substantially.

“We hope this guidance will be used by lawmakers and consumer advocacy organizations as a framework for designing systems that will provide helpful information for consumers and the places that give care,” said Dr. Patrick J. Brennan, chairman of HICPAC. “The goal for everyone should be information that tells us how well we are doing in taking steps that can save lives.”

To view the guidance document, please visit
<http://www.cdc.gov/ncidod/hip/PublicReportingGuide.pdf>.