THE CSTE WASHINGTON REPORT

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January 19, 2006 Volume 10, Number 2

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EDITOR'S NOTE: Keeping medications out of the easy grasp of children four and younger in the home is a significant health issue in the United States because they are more likely to be hospitalized for unintentionally swallowing medications than other causes of unintentional injury, according to the Centers for Disease Control and Prevention (CDC) in a report released January 12. From 2001-2003, an estimated 53,500 children four years and younger were treated in hospital emergency departments each year after swallowing medications not intended for them or given in error. Almost three-fourths of these children were one to two years old and 75 percent of the incidents occurred in the home. The report also indicated that children four and younger who are treated for medication exposure in the emergency room are nearly four times more likely to be hospitalized or transferred to specialized care than for other unintentional injuries. -- 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

CDC ANNOUNCES CHANGE IN RECOMMENDATIONS FOR USE OF ANTIVIRALS; CLINICIANS SHOULD NOT PRESCRIBE TWO COMMON ANTIVIRALS--The Centers for Disease Control and Prevention (CDC) announced January 14 that clinicians should not prescribe two common antivirals (amantadine and rimantadine) to treat or prevent influenza during the 2005-2006 influenza season. Laboratory testing by CDC on the predominant strain of influenza (H3N2) currently circulating in the United States shows that it is resistant to these drugs.

CDC has tested 120 influenza A (H3N2) virus isolates and found that 109 (or 91 percent) were resistant to amantadine and rimantadine. This represents a sharp increase from last year when only 11 percent of isolates tested were resistant and 1.9 percent were resistant the year before that. However, all H3 and H1 influenza viruses tested to date are susceptible to the other commonly used antivirals (oseltamivir and zanamivir).

"This is certainly unexpected news as we now have to remove a few tools from our tool box that we use to combat influenza," said CDC Director Dr. Julie Gerberding. "Thankfully we still have antivirals available that work but this new development serves as a reminder of the importance of getting people vaccinated to prevent them from getting influenza in the first place."

During this period CDC recommends oseltamivir (Tamiflu) and zanamivir (Relenza) be prescribed if an antiviral medication is needed for the treatment or prevention of influenza.

Influenza activity is starting to pick up across the country as eighteen states are reporting either widespread or regional activity. Individuals who have not been vaccinated against influenza can still get vaccinated especially since influenza will continue to circulate for several more months. This year over 80 million doses of vaccine have been distributed but remaining supplies vary from state to state so individuals may have to check with more than one provider to receive vaccine. Also, CDC will have available 3.5 million doses from its stockpile to sell through manufacturers as soon as possible. In addition there are doses of vaccine presently available for sale by manufacturers and distributors.

Testing of influenza isolates for resistance to antivirals will continue throughout the 2005-2006 influenza season and recommendations will be updated as needed. In addition, CDC is working with state and local health departments and clinicians across the country to monitor drug resistance in influenza viruses.

For more information please visit www.cdc.gov/flu.

CHILDREN FOUR AND YOUNGER MORE LIKELY TO BE HOSPITALIZED AFTER UNINTENTIONALLY SWALLOWING MEDICINES THAN ALL

OTHER UNINTENTIONAL INJURIES -- Keeping medications out of the easy grasp of children four and younger in the home is a significant health issue in the United States because they are more likely to be hospitalized for unintentionally swallowing medications than other causes of unintentional injury, according to the Centers for Disease Control and Prevention (CDC) in a report released January 12.

From 2001-2003, an estimated 53,500 children four years and younger were treated in hospital emergency departments each year after swallowing medications not intended for them or given in error. Almost three-fourths of these children were one to two years old and 75 percent of the incidents occurred in the home. The report also indicated that children four and younger who are treated for medication exposure in the emergency room are nearly four times more likely to be hospitalized or transferred to specialized care than for other unintentional injuries.
National estimates for this study were based upon data from 3,600 sample cases from U.S. hospitals. About 40 percent of the ingestions involved common over-the-counter drugs like acetaminophen, cold and cough medications, non-steroid anti-inflammatory medications, antihistamines, and vitamins. Prescription drugs accounted for most of the remaining medication ingestions. The types of medications most commonly leading to hospitalization or transfer to specialized care were anti-seizure medications, calcium channel blockers, anti-depressants, and oral diabetes medications.

Although specific information about how these incidents occurred was available for only about 15 percent of the cases, in most of these cases medications were not properly stored in their original containers, according to Dr. Dan Budnitz, one of the CDC study authors.

“Emergency room reports often do not provide detailed information on the circumstances surrounding the incidents,” said Budnitz, “But the information available suggests that it’s important to keep medications out of sight and reach of young children.”

Unintentional incidents involving medication by young children can also result in death; while not part of this study, information from death certificates in 2002 indicated that 35 children ages four years and younger died of poisoning after swallowing medications. Also, over 550,000 incidents involving medications are reported each year for children under age six. For these reasons parents and others who are responsible for supervising children should remain vigilant in protecting children from inadvertent access to medications. Here are several prevention recommendations:

• Store all medications in secured cabinets and out of reach of children. When possible, keep the medicines in their original containers. If medicines are transferred to other containers, be extra vigilant to ensure children do not have access to them. If you store medicines in your purse or a pill box, make sure that children do not have access.

* Discard all unused medicines by flushing down the toilet.

* Avoid taking medicines in front of children, because they tend to imitate adults. Do not call any medicine “candy.”

* Make sure your visitors do not leave their medicines where children can easily find them.

* Post the poison control number 1-800-222-1222 on or near every phone at home. Put it in your speed dial on your mobile phone.

For more information about poisoning prevention, visit the CDC Injury Center's website at www.cdc.gov/injury.

AHRQ RELEASES 2005 NATIONAL HEALTHCARE QUALITY AND DISPARITIES REPORTS --Quality of health care for Americans has continued to improve at a modest pace, and health care disparities are narrowing overall for many minority Americans. But for Hispanics, disparities have widened in both quality of care and access to care, according to reports by HHS' Agency for Healthcare Research and Quality (AHRQ).

The findings are contained in the *2005 National Healthcare Quality Report* and its companion document, the *2005 National Healthcare Disparities Report*. These reports, issued annually, measure quality and disparities in four key areas of health care: effectiveness, patient safety, timeliness, and patient centeredness.

The quality report employs a wide range of measures, including health care outcomes such as hospital-acquired infections and reductions in deaths from certain diseases. It also measures how well the health care system is using specific treatments that are known to work most effectively. The disparities report compares these measures by race and ethnicity and by income. It also measures access to care, using indicators such as health insurance status and frequency of visits to a physician. This year, for the first time, the report also shows trends in health care disparities from year to year.

The 2005 *National Healthcare Quality Report* finds that overall quality of care for all Americans improved at a rate of 2.8 percent, the same increase shown in last year's report. However, the report notes there has been much more rapid improvement in some measures, especially where there have been focused efforts to improve care.

The 2005 *National Healthcare Disparities Report* finds that many of the largest disparities in measures of quality and access are observed for low-income people regardless of race or ethnicity, with some signs of improvement. Overall, more racial disparities in quality of care were narrowing than were widening, and most racial disparities in access to care were narrowing (affecting blacks, Asians and American Indians/Alaska Natives). But for Hispanics, the majority of disparities for both quality and access were growing wider.

"The quality report finds modest overall progress in quality of care for Americans and areas where we must continue to work to close health care gaps. Faster progress is especially apparent where focused efforts, including public reporting of quality results,

have taken place," said AHRQ Director Carolyn Clancy, M.D. "It is clear that the need for action to improve quality of care for all Americans continues to be great."

Examples of findings in the AHRQ disparities report include:

* Rates of late-stage breast cancer decreased more rapidly from 1992 to 2002 among black women (169 to 161 per 100,000 women) than among white women (152 to 151 per 100,000), resulting in a narrowing disparity.
* Treatment of heart failure improved more rapidly from 2002 to 2003 among American Indian Medicare beneficiaries (69 percent to 74 percent) than among white Medicare beneficiaries (73 percent to 74 percent), resulting in an elimination of this disparity.
* The quality of diabetes care declined from 2000 to 2002 among Hispanic adults (44 percent to 38 percent) as it improved among white adults (50 percent to 55 percent).
* The quality of patient-provider communication (as reported by patients themselves) declined from 2000 to 2002 among Hispanic adults (87 percent to 84 percent) as it improved among white adults (93 percent to 94 percent).
* Access to a usual source of care increased slightly from 1999 to 2003 for Hispanics (77 percent to 78 percent) and whites (88 percent to 90 percent), with Hispanics less likely to have access to a usual source of care.

The report finds a 10.2 percent annual improvement in the five core measures of patient safety. These are areas where coordinated national efforts are underway to improve the delivery of specific "best practice" treatments to improve patient safety and reduce medical errors.

"In many areas, we know the specific treatment steps and procedures that are needed to improve quality. These reports indicate that when we focus on those best practices, we can make rapid improvement, especially when results are publicly reported," Dr. Clancy said.

Improvements were greatest in quality measures for diabetes, heart disease, respiratory conditions, nursing home care, and maternal and child health care. The overall rate of change for these measures was 5.4 percent.

Dr. Clancy said the findings in the report can help target efforts more effectively to improve quality and reduce disparities. "These reports are a complex picture of our progress so far. They can help target where improvement is most needed and help show us how to bring those improvements about," she said.

The reports were issued today at the National Leadership Summit on Eliminating Racial and Ethnic Disparities in Health, sponsored by the HHS Office of Minority Health. The summit marks the 20th anniversary of the issuance of the Report of the Secretary's Task Force on Black and Minority Health, which led to new efforts to improve the health and health care of minority Americans.

The AHRQ reports are available online at www.qualitytools.ahrq.gov, by calling 1-800-358-9295 or by sending an E-mail to ahrqpubs@ahrq.gov.

MOST BEHAVIORS PRECEDING MAJOR CAUSES OF PREVENTABLE DEATH HAVE BEGUN BY YOUNG ADULTHOOD -- By the time they reach early adulthood, a large proportion of American youth have begun the poor practices contributing to three leading causes of preventable death in the United States: smoking, overweight and obesity, and alcohol abuse. This finding is according to an NIH-funded analysis of the most comprehensive survey of adolescent health behavior undertaken to date.

The analysis also found that significant health disparities exist between racial groups, and that Americans are less likely to have access to health care when they reach adulthood than they did during the teenage years.

The analysis appears in the January 2006 *Archives of Pediatrics and Adolescent Medicine* and was conducted by researchers at the Carolina Population Center and the University of North Carolina at Chapel Hill.

"Smoking, obesity, and alcohol abuse are leading contributors to preventable death in the United States," said Duane Alexander, M.D., director of the National Institute of Child Health and Human Development, the NIH Institute that funded the analysis. "By early adulthood, a large proportion of Americans smoke, are overweight, and drink alcohol to excess."

Principal investigator Kathleen Mullan Harris, Ph.D., and her colleagues of the Carolina Population Center and the University of North Carolina at Chapel Hill, conducted their analysis using data from the National Longitudinal Study of Adolescent Health.

The National Longitudinal Study of Adolescent Health was designed to measure the effects of home, family, and school environment on behaviors that promote health. The study was undertaken in response to a mandate by Congress. Funding for the survey was provided by a grant from the NICHD with contributions from 17 other federal agencies.

"When they were young teenagers, most of the participants had fairly healthy behaviors," said Christine Bachrach, Ph.D., Chief of NICHD's Demographic and Behavioral Sciences Branch and project officer for the study. "What's really alarming is how rapidly healthy practices declined by the time the participants reached young adulthood."

For the current analysis, the researchers analyzed the responses of a nationally representative sample of more than 14,000 young adults who have been followed since early adolescence. The survey respondents, recruited from high schools and middle schools around the country, were first interviewed from 1994 to 1995, when they ranged from 12 to 19 years of age, and again in 2001 and 2002, when they were 19 to 26 years old.

The survey participants responded to questions on diet, inactivity, obesity, tobacco use, substance use, binge drinking, violence, reproductive health, mental health, and access to health care.

For nearly all groups surveyed, diet, activity level, obesity, health care access, tobacco, alcohol and illicit drug use, and likelihood of acquiring a sexually transmitted disease worsened as the youth reached adulthood, Dr. Harris said.

“These trends are quite stunning,” Dr. Harris added. “Whether or not the trends will continue as they age, we don’t know. But it doesn’t bode well for their future health, especially if these habits become established.”

By the time they had reached adulthood, Dr. Harris explained, the participants were more likely to be obese, to frequently eat fast food, and to be sedentary. They were also less likely to have health insurance, to receive health care when they needed it, or to receive regular dental and physical health examinations.

The authors reported “dramatic” increases in behaviors related to 3 leading contributors to preventable deaths. “These findings underscore the importance of ongoing preventive efforts related to smoking, poor diet and physical inactivity, and alcohol consumption, early in the life course.”

For example, among young white women, the proportion reporting no weekly physical exercise was 5 percent during the adolescent years, but was 46 percent in early adulthood. Similarly, among white males, the proportion that was obese grew from 14 percent in the teen years to 19 percent when they became adults.

The researchers added that the decline in health care coverage resulted from young adults leaving their parents’ health insurance or Medicaid coverage as they reached legal age.

On the positive side, participants were less likely to experience feelings of depression at adulthood than when they were adolescents, less likely to have suicidal thoughts, and less likely to be victims or perpetrators of violence.

For most of the indicators, Asians and whites were at lowest risk, while blacks and Native Americans were at highest risk. Racial and ethnic disparities in health as well as in access to health care also increased as the participants reached adulthood. No single racial or ethnic group, however, had a greater overall risk profile than any other group.

Whites, for example, were healthier during earlier adolescence than most other groups, but experienced the greatest declines upon reaching adulthood. By the time they reached adulthood, whites had the highest rates of smoking (31 percent for males, 28 percent for females) and white males had the highest rate of binge drinking (67 percent).

At adulthood, blacks were the least likely to smoke cigarettes (13 percent for males, 8 percent for females) to binge drink (33 percent for males, 15 percent for females) or to

use hard drugs (5 percent for males, 2 percent for females). When they were adults, blacks (18 percent) and Native Americans (16 percent) were more likely to develop asthma than were other groups.

Among female adults, blacks (55 percent) and Asians (53 percent) were the least likely to exercise, and among males, white and blacks were the least likely to exercise.

Dr. Harris explained that she and her coworkers are now doing additional research on the data in the Adolescent Health study to determine why certain groups were more at risk for a particular unhealthy behavior than other groups. She added, however, that because the groups differed in their health behaviors, intervention programs to reduce unhealthy behaviors would likely have the greatest chances for success if they were individually tailored to meet the needs of each particular group.

“The variability in health disparities among groups also implies that no one overall solution will work to reduce disparities, but approaches specific to each health outcome are needed,” Dr. Harris said**.**