THE CSTE WASHINGTON REPORT

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INSIDE THIS ISSUE

EDITOR'S NOTE:. As part of President Bush's plan to mobilize the nation to prepare for an influenza pandemic, HHS Secretary Mike Leavitt January 12 announced $100 million in funding for state and local preparedness. "Pandemics happen globally but must be managed at the state and local level, and these funds will help communities meet that responsibility," Secretary Leavitt said. "Preparation works and it can save lives. We have the opportunity to become the first generation in history to prepare for a pandemic." – 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

PRESIDENT'S BUDGET DUE ON MONDAY – The President's FY 2007 budget will be presented on Monday, February 6th and the public health community awaits its presentation with trepidation. The best outcome that could be expected is level funding from FY 2006, but this would leave in place nearly $1 billion in cuts to health programs and few if no areas for new investment. One exception to this likelihood is a second down payment on funding for pandemic flu preparedness. The President presented a $7.1 billion budget request for pandemic flu on November 1, 2005. Congress provided about one-half of that amount in final FY 2006 appropriations bills under an emergency spending designation – the funding did not count against the overall discretionary funding caps. The FY 2007 budget request is expected to contain another $$3.3 billion for pandemic flu. It is not known at this point whether or not there will be additional funding for state and local health departments; the FY 2006 amount included $350 million for state and local pandemic preparedness.

OTHER PANDEMIC FLU UPDATES – On January 31st the Senate Subcommittee on Labor-HHS-Education Appropriations held a hearing on pandemic influenza preparedness at the federal, state and local levels. Witnesses included: John Agwunobi, Assistant Secretary for Health, and Julie L. Gerberding, Director, Centers for Disease Control and Prevention, both of the Department of Health and Human Services; Mary Mincer Hansen, Iowa Department of Public Health, Des Moines; Calvin B. Johnson, Pennsylvania Department of Health, Harrisburg; Bruce W. Dixon, Allegheny County Department of Public Health, Pittsburgh, Pennsylvania; Joanne Godley, Philadelphia Department of Social Services, Philadelphia, Pennsylvania; Richard Webby, St. Jude Children's Research Hospital, Memphis, Tennessee; George B. Abercrombie, Hoffmann-La Roche, Inc., Branchburg, New Jersey; Daniel Soland, Chiron Corporation, Emeryville, California; Christopher Viehbacher, GlaxoSmithKline, Research Triangle Park, North Carolina; and John M. Barry, Tulane University Health Sciences Center, New Orleans, Louisiana.

CSTE members also provided requested input to Subcommittee to Prevent Nuclear and Biologic Attack of the House Homeland Security Committee. The focus of the conference call briefing was surveillance capabilities at the state and local levels for pandemic flu preparedness. The Subcommittee said the information would be useful for a series of hearings the Committee is planning in relation to the issuance of Department Pandemic Flu plans. The U.S. Department of Health and Human Services released its updated plan on November 1st. Other federal departments are finalizing their plans.

NEW INITIATIVE ANNOUNCED TO TRANSFORM THE US PUBLIC HEALTH SERVICE COMMISSIONED CORPS -- HHS Secretary Mike Leavitt January 18 announced an initiative to transform the United States Public Health Service (USPHS) Commissioned Corps, which will enable this critical emergency response resource to address public health challenges more quickly and efficiently. The Commissioned Corps will increase its ranks, streamline its assignment and deployment process, and increase its ability to recruit the best and brightest to defend the nation's public health.

"Ever since its founding in 1798, the Public Health Service has attracted the best of our citizenry into its ranks to answer the call of compassion, of patriotism and of service,"

Secretary Leavitt said. "We are undertaking this transformation to ensure that this elite force is better-equipped to meet the public health needs and necessities of the future."

In remarks before officers today, Secretary Leavitt outlined his vision of the USPHS as an essential national resource to meet HHS' critical mission requirements; ready to respond rapidly to urgent public health challenges and emergencies; available to address needs in isolated, hazardous or other difficult-to-fill positions; and sought at the federal and state levels to help meet essential public health leadership and service roles. Over the next two months, strategies will be developed to increase the size of the corps and improve its ability to respond quickly to urgent public health needs. The Commissioned Corps seeks to:

* Increase the number of officers by 10 percent, to a total of 6,600 members;
* Improve response operations and team-oriented deployment process; and
* Change the recruitment process so that it includes stronger personal incentive programs and a better approach for assigning officers.

"Our officers treat disease, ensure the safety of food and medicine, and restore health and hope in times of greatest need," Surgeon General Richard H. Carmona, M.D., said. "Increasing the number of Commissioned Corps officers and restructuring the deployment process will make us more agile and efficient while continuing to fulfill our daily mission."

On January 18, Dr. John Agwunobi was formally sworn in as assistant secretary for health (ASH) and an admiral in the USPHS Commissioned Corps by Secretary Leavitt. As the highest ranking officer in the USPHS Commissioned Corps, he will serve as the Secretary's primary advisor on matters involving the nation's public health and oversee the USPHS for the Secretary.

Dr. Agwunobi joins HHS from Florida's Department of Health, where he held the position of secretary of health and state health officer for the past four years. There, he directly advised Governor Jeb Bush on all public health assets in the state, was lead executive for 16,000 employees and oversaw a $2.2 billion annual budget. His work with the Florida Department of Health began in 2000, when he began as the deputy secretary and deputy health officer. Prior to that position, he worked in children's health for more than seven years in the Washington, D.C. area.

The USPHS is one of the seven uniformed services and is dedicated to protecting, promoting, and advancing health and safety. USPHS officers work around the world to help in times of disaster and to provide day-to-day health care for underserved populations in the United States.

Commissioned Corps officers have been deeply involved in responding to recent public health emergencies. More than 2,000 Commissioned Corps officers were deployed to the Gulf region before, during, and after hurricanes Katrina and Rita. They set up and staffed field hospitals and emergency medical clinics, treated sick and injured evacuees, ensured

hospital structures, food supplies, and water supplies were safe, conducted disease surveillance, and worked closely with local and state health authorities to address other immediate and long-term public health needs.

HHS ANNOUNCES $100 MILLION TO ACCELERATE STATE AND LOCAL PANDEMIC INFLUENZA PREPAREDNESS EFFORTS --As part of President Bush's plan to mobilize the nation to prepare for an influenza pandemic, HHS Secretary Mike Leavitt January 12 announced $100 million in funding for state and local preparedness.

"Pandemics happen globally but must be managed at the state and local level, and these funds will help communities meet that responsibility," Secretary Leavitt said. "Preparation works and it can save lives. We have the opportunity to become the first generation in history to prepare for a pandemic."

This funding is part of $350 million included in the recent emergency appropriation for combating pandemic influenza passed by Congress in December. These initial grants will be awarded to all 50 states, 7 territories, the Commonwealth of Puerto Rico, and the District of Columbia. Each state will receive a minimum of $500,000, with additional allocation of funds by population. In addition to the state grants, funds are being awarded to New York City, Chicago and Los Angeles County. The remaining $250 million from the appropriation will be awarded later this year in accord with guidance that will require progress and performance.

States and municipalities will use these funds to accelerate and intensify current planning efforts for pandemic influenza and to exercise their plans. The focus is on practical, community-based procedures that could prevent or delay the spread of pandemic influenza, and help to reduce the burden of illness communities would contend with during an outbreak.

Secretary Leavitt made the announcement at Pandemic Planning Summits in Vermont and West Virginia with state officials and community leaders today. These summits are the latest in a series of forums that will be convened in each state over the next few months.

President Bush has outlined a coordinated government strategy that includes the establishment of the new International Partnership on Avian and Pandemic Influenza, stockpiling of vaccines and antiviral medications, expansion of early-warning systems domestically and abroad, as well as new funding and initiatives for local and state level preparedness.

In December, Secretary Leavitt met with senior officials from all 50 states and launched a series of preparedness summits to be held in every state over the next several months. The goal of the summits is to enhance state and local preparedness. In addition to this new funding and the state summits, HHS has sought to foster planning by developing

checklists for individuals and families, businesses and state and local health departments to aid their pandemic preparedness efforts.

“The steps we take toward preparing have far-reaching benefits. We will be a nation better prepared to face down the threat of any influenza, infectious disease, emergency or bioterrorism threat,” Secretary Leavitt said.

The following chart outlines the new funding awarded today. More information on pandemic preparedness efforts is available at www.pandemicflu.gov.

FY 2006 Pandemic Influenza State and Local Funding - Phase 1
Distribution Chart

State/Jurisdiction	**Phase 1 Allocation**
Alabama	$1,595,205
Alaska	$657,647
Arizona	$1,856,742
Arkansas	$1,163,333
California	$6,723,207
LA County	$2,900,529
Colorado	$1,605,882
Connecticut	$1,347,950
Delaware	$698,960
District of Columbia National Cap Region	$635,601
Florida	$4,633,819
Georgia	$2,609,920
Hawaii	$803,669
Idaho	$832,432
Illinois	$2,878,268

Chicago
$1,197,706
Indiana
$2,007,596
Iowa
$1,215,422
Kansas
$1,162,607
Kentucky
$1,501,451
Louisiana
$1,592,758
Maine
$818,369
Maryland
$1,840,470
Massachusetts
$2,061,287
Michigan
$2,951,805
Minnesota
$1,731,493
Mississippi
$1,200,982
Missouri
$1,890,782
Montana
$723,275
Nebraska
$922,515
Nevada
$1,045,254
New Hampshire
$813,384
New Jersey
$2,601,641
New Mexico
$956,824
New York
$3,205,759

New York City
$2,466,271
North Carolina
$2,547,844
North Dakota

$654,029
Ohio
$3,281,387
Oklahoma
$1,352,695
Oregon
$1,366,765
Pennsylvania
$3,508,291
Rhode Island
$761,679
South Carolina
$1,508,881
South Dakota
$686,008
Tennessee
$1,921,423
Texas
$5,875,044
Utah
$1,071,983
Vermont
$650,610
Virginia
$2,291,072
Washington
$1,990,994
West Virginia
$940,502
Wisconsin
$1,831,224
Wyoming
$622,102
Total
$97,713,349
Commonwealth
Puerto Rico
$1,443,014
Territory
American Samoa
$114,066
Guam
$139,782
Northern Marianas Islands
$118,513
Virgin Islands (US)

$126,461
Fed States of Micronesia
$126,298
Marshall Islands
$113,722
Palau
$104,795
Commonwealth and Territory Totals
$2,286,651
Grand Total
$100,000,000

BLACK, WHITE TEENS SHOW DIFFERENCES IN NICOTINE METABOLISM
-- New research by scientists with the National Institute on Drug Abuse (NIDA), National Institutes of Health, suggests that some of the racial and ethnic differences underlying how adults' bodies metabolize nicotine also are at work during adolescence. The findings have implications for the way teens of different racial and ethnic backgrounds are provided smoking cessation treatments. The study is published in the January 2006 issue of *Ethnicity and Disease*.

"Previous research in adults showed that black smokers take in 30 percent more nicotine per cigarette and take longer to rid their bodies of the drug, compared to white smokers," says NIDA Director Dr. Nora D. Volkow. "The current findings, among the first on adolescent nicotine metabolism, reveal that these differences are in effect during the teen years, as well."

"Because nicotine plays an active role in smoking reinforcement, these variations may influence early onset addiction to tobacco," Dr. Volkow adds. "Thus, these findings may constitute a strong warning to black youth to keep from smoking in the first place. They also may explain why certain smoking cessation therapies work better in some populations than in others, and therefore, which treatments should be offered to which teens."

A team of scientists led by Dr. Eric T. Moolchan, Director of NIDA's Teen Tobacco Addiction Research Clinic in Baltimore, Maryland, recruited 61 white and 30 black adolescent smokers to participate in the study.

The scientists measured the ratio of one nicotine breakdown product to another to assess the rates at which the teens' bodies disposed of the drug. The ratio of the two metabolites was lower among black youth, indicating that nicotine/cotinine metabolism was occurring more slowly in this group.

They also measured the ratio of one nicotine breakdown product (cotinine) to the number of cigarettes smoked per day (CPD). Although black youth smoked significantly fewer cigarettes per day — 15.1 cigarettes vs. 19.6 cigarettes for white youth — white and black youth exhibited similar measures of nicotine dependence and blood cotinine

concentrations. The significantly higher cotinine-to-CPD ratio among black youth confirmed the slower metabolism among black teens.

“Our findings support the hypothesis that racial and ethnic differences in nicotine metabolism exist among adolescent smokers, with black teens smoking less but being exposed to as much nicotine as white teens,” says Dr. Moolchan.

The findings also suggest that smoking rates may be only one of a number of factors to consider when selecting appropriate treatments for smoking cessation. “An important implication is that black youth may not be offered certain smoking cessation therapies if those treatments are selected largely on the number of cigarettes smoked per day,” says Dr. Volkow. “Thus, we need to look at aspects of nicotine dependence other than consumption to guide the selection of appropriate and effective therapies.”

The study results remained statistically significant after controlling for smoking menthol cigarettes. Recent findings have suggested that menthol might increase the addictiveness of tobacco, and that menthol may play a role in inhibiting nicotine metabolism. Studies also have indicated that blacks show a preference for menthol cigarettes compared to white smokers.