THE CSTE WASHINGTON REPORT

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INSIDE THIS ISSUE

EDITOR'S NOTE: After years of progress in reducing adult smoking rates, a recent study issued by the Centers for Disease Control and Prevention (CDC) indicates that the reduction in U.S. adult smoking rates may have stalled. Between 2004 and 2005, there was no observed change in U.S. adult smoking rates. According to an article in this week's issue of CDC's Morbidity and Mortality Weekly Report (MMWR), 20.9 percent-45.1 million people-in the United States are current smokers, the same rate as in 2004."Tobacco use is the number one preventable cause of death and disease in the United States," said Dr. Terry Pechacek, Associate Director for Science in CDC's Office on Smoking and Health. "The most effective way to reduce tobacco use is by fully implementing sustained comprehensive tobacco control programs that address initiation and cessation at the state and community level." -- 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

DEMOCRATS MAKE COMMITTEE ASSIGNMENTS FOR 110TH CONGRESS -- Convening this week after the stunning November 7th elections in which Democrats won Majority control of the House and Senate, Senate Democrats made the following assignments for key health committees:

Appropriations: Robert Byrd (WV), Chairman, Daniel Inouye (HI), Patrick Leahy (VT), Tom Harkin (IA), Barbara Mikulski (MD), Herb Kohl (WI), Patty Murray (WA), Byron Dorgan (ND), Dianne Feinstein (CA), Richard Durbin (IL), Tim Johnson (SD), Mary Landrieu (LA), Jack Reed (RI), Frank Lautenberg (NJ), Ben Nelson (NE). While Subcommittee assignments have not been made, it is assumed that Sen. Tom Harkin will become Chairman of the Labor, Health and Human Services and Education Subcommittee on Appropriations.

Health, Education, Labor and Pensions: Edward Kennedy (MA), Chairman, Christopher Dodd (CT), Tom Harkin (IA), Barbara Mikulski (MD), Jeff Bingaman (NM), Patty Murray (WA), Jack Reed (RI), Hillary Rodham Clinton (NY), Barack Obama (IL), Bernard Sanders (VT), Sherrod Brown (OH).

House Democrats are still reorganizing and there will be key changes on the Labor, Health and Human Services Subcommittee on Appropriations, but it is expected that Rep. David Obey (WI) will not only chair the Committee as a whole, but may also Chair the Subcommittee. The Energy and Commerce Committee, which has authorizing jurisdiction for public health programs, will be chaired by Rep. John Dingell (MI).

HEALTH AND EDUCATION GROUPS URGE CONGRESS TO FINISH WORK ON THE FY 2007 LABOR-HHS-EDUCATION APPROPRIATIONS BILL – Two broad coalitions of health and education groups forwarded a letter to the current Appropriations Chairmen, Sen. Thad Cochran (R-MS) and Rep. Jerry Lewis (R-CA) urging them to finish work on the FY 2007 Labor-HHS-Education Appropriations bill before the lame-duck, 109th Congress adjourns. The letter also urged them to provide the full $7 billion over the President's budget request for health and education programs. The November letter attached a May 8th letter urging this outcome signed by 800 health, education, and labor groups. House Moderates and 73 Senators are on record as supporting the additional funding for health and education programs.

AHRQ AND DEPARTMENT OF DEFENSE RELEASE NEW TEAM TRAINING TOOL FOR HEALTH CARE SETTINGS -- The Department of Health & Human Services (HHS) Agency for Healthcare Research and Quality (AHRQ) and the Department of Defense's military health system November 2 released TeamSTEPPS, a new evidence-based team training and implementation toolkit that demonstrates techniques of effective communication and other teamwork skills. The new toolkit, which responds to the Institute of Medicine's call for "interdisciplinary team training programs

that incorporate proven methods for team management" to prevent medical errors, is designed to optimize team performance and outcomes across the health care delivery system.

"Patient safety is a national priority and one of AHRQ's most important commitments," said AHRQ Director Carolyn M. Clancy, M.D. "Our goal is to share this important new tool with every health care facility in America to help them create—and continue—team training systems."

"The collaborative development of TeamSTEPPS is itself an example of teamwork," noted David Tornberg, M.D., Assistant Secretary of Defense for Health Affairs. "AHRQ and the Department of Defense have joined forces to bring a much-needed product into the public domain. We want to see TeamSTEPPS used in both military and community health settings."

TeamSTEPPS is presented in a multimedia format, with tools to help a health care organization plan, conduct, and evaluate its own team training program. It includes the following components:

- An Instructor Guide that explains how to conduct a pre-training assessment of an organization's training needs, how to present the information effectively, and how to manage organizational change. The Guide also provides an evidence base for each lesson.
- PowerPoint™ presentations that convey basic TeamSTEPPS principles.
- A DVD that contains nine video vignettes that show how failures in teamwork and communication can place patients in jeopardy and how successful teams can work to improve patient safety.
- A spiral-bound pocket guide that summarizes TeamSTEPPS principles in a portable, easy-to-use format.
- A CD-ROM that contains files of all print materials so that users of TeamSTEPPS can adapt the presentations to reflect their institutions' particular situations.
- A 17" x 22" poster to announce TeamSTEPPS activities in a heath care organization.

TeamSTEPPS leverages more than 20 years' research on team performance in the military and in industry. It has been field-tested extensively in military and civilian health care facilities. Designed for high-stress situations such as hospital emergency departments, critical care units, operating rooms, and obstetrical suites, the curriculum can be tailored to any health care setting where communication and teamwork are important, including physicians' offices and ambulatory clinics.

The TeamSTEPPS tools can be viewed on the Web site of the Uniformed Services University of the Health Sciences (http://www.usuhs.mil/cerps/teamstepps.html). Single copies of the CD-ROM and DVD, the poster, and the pocket guide can be obtained free of charge from the AHRQ Publications Clearinghouse by calling 800-358-9295, sending an E-mail to AHRQPubs@ahrq.hhs.gov, or using the ordering form on the AHRQ Web site at http://www.ahrq.gov/qual/teamstepps.

A limited number of assembled toolkits, including the CD, DVD, and printed materials in a 3-inch loose-leaf binder, are also available from the AHRQ Publications Clearinghouse, on a single-copy basis, at cost. Information on how to obtain multiple printed copies of TeamSTEPPS materials can also be found on the AHRQ Web site.

DECLINE IN ADULT SMOKING RATES STALL MILLIONS OF NONSMOKING AMERICANS REMAIM EXPOSED TO SECONDHAND SMOKE -- After years of progress in reducing adult smoking rates, a recent study issued by the Centers for Disease Control and Prevention (CDC) indicates that the reduction in U.S. adult smoking rates may have stalled. Between 2004 and 2005, there was no observed change in U.S. adult smoking rates. According to an article in this week's issue of CDC's Morbidity and Mortality Weekly Report (MMWR), 20.9 percent-45.1 million people-in the United States are current smokers, the same rate as in 2004.

"Tobacco use is the number one preventable cause of death and disease in the United States," said Dr. Terry Pechacek, Associate Director for Science in CDC's Office on Smoking and Health. "The most effective way to reduce tobacco use is by fully implementing sustained comprehensive tobacco control programs that address initiation and cessation at the state and community level."

The report also indicates that 42.5 percent of current smokers-19.2 million people-had stopped smoking for at least one day during the past year because they were trying to quit. And among those who had ever smoked, 50.8 percent-46.5 million people-had successfully quit, a percentage that also is unchanged since 2004.

In another study in this week's MMWR, the 2005 Behavior Risk Factor Surveillance System reports that adult current smoking prevalence varied considerably across 50 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands. Kentucky (28.7 percent), Indiana (27.3 percent), and Tennessee (26.8 percent) had the highest prevalence of current smokers while smoking prevalence was lowest in Utah (11.5 percent), California (15.2 percent), and Connecticut (16.5 percent).
In the same study, CDC also report significant variation among 14 states in the proportion of adults protected by smoke-free workplace policies and the proportion of adults who protect themselves and their families from secondhand smoke in the home. Arizona (82.9 percent) and Nevada (79.0 percent) had the highest percentage of people who report that smoking is not allowed anywhere inside their homes (i.e., complete smoke-free home rule); the states with the lowest percentages were Kentucky (63.6 percent) and West Virginia (65.4 percent). The states with the highest percentage of smoke-free workplace policies were West Virginia (85.8 percent) and Iowa (77.7 percent) whereas Nevada (54.8 percent) and Arkansas (61.3 percent) had the lowest.
"Over the past 20 years, secondhand smoke exposure has decreased dramatically; however, more than 126 million nonsmoking Americans continue to be exposed in their homes, vehicles, workplaces, and public places," said Dr. Pechacek. "State, community, and workplace smoke-free policies, when combined with increased access to resources to help people quit, will reduce tobacco consumption and secondhand smoke exposure, and

ultimately can save lives."
For copies of the full MMWR articles, visit www.cdc.gov/mmwr. For more information on how to quit tobacco use, visit www.smokefree.gov or contact 1-800-QUIT-NOW.

MRSA TOXIN ACQUITTED: STUDY CLEARS SUSPECTED KEY TO SEVERE BACTERIAL ILLNESS -- Researchers who thought they had identified the bacterial perpetrator of the often severe disease caused by community-associated methicillin-resistant *Staphylococcus aureus* (CA-MRSA) had better keep looking: Scientists at the National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health, have exonerated a toxin widely thought to be the guilty party. Panton-Valentine leukocidin (PVL) is one of many toxins associated with *S. aureus* infection. Because it can be found in virtually all CA-MRSA strains that cause soft-tissue infections, several research groups previously have proposed that PVL is the key virulence factor.
But new evidence strongly suggests that is not the case. A study led by NIAID researchers at Rocky Mountain Laboratories (RML) in Hamilton, MT, shows that the two major epidemic CA-MRSA strains and the same strains with PVL removed are equally effective at destroying human white blood cells — our primary defense against bacterial infections — and spreading disease. The findings, which appear online in *The Journal of Infectious Diseases*, are surprising because many scientists had presumed that CA-MRSA uses PVL to target and kill specific white blood cells known as neutrophils.
“The *Staphylococcus aureus* bacterium is a growing global public health menace because of its rapid spread from hospital settings into communities of healthy people,” says NIAID Director Anthony S. Fauci, M.D. “This is an evolving pathogen that in recent decades has developed resistance to common medical treatments and now is finding new mechanisms to spread and cause severe illness.”
About 75 percent of CA-MRSA infections are localized to skin and soft tissue and usually can be treated effectively. CA-MRSA strains have enhanced virulence, meaning they can infect otherwise healthy people. One of the biggest problems with CA-MRSA skin infections is that they spread rapidly and have the potential to cause illness much more severe than traditional hospital-associated MRSA infections, where PVL is less common. These life-threatening infections can affect vital organs and lead to widespread infection (sepsis), toxic shock syndrome and flesh-eating pneumonia. It is not known why some healthy people develop CA-MRSA skin infections that are treatable whereas others infected with the same strain develop severe infections or die.
Scientists had recognized a connection between MRSA strains that contain PVL and the increased occurrence and severity of CA-MRSA disease, though no one had directly tested the role of PVL in CA-MRSA virulence. In striving to learn more about CA-MRSA, the RML scientists, with their colleagues at the International Center for Public Health (ICPH) in Newark, NJ, and the Université Claude Bernard in Lyon, France, decided to test the PVL virulence theory, thinking that if they could understand the role of this toxin in disease, they could more quickly diagnose serious cases and develop effective treatments.
In addition to observing the destruction of human white blood cells regardless of whether PVL was present, the researchers also used mouse models to learn that CA-MRSA strains are just as pathogenic with or without PVL present. These findings were seen in tests

with mice that displayed skin and soft-tissue infection and bacterial sepsis.

“The strains were just as deadly with or without the PVL toxin,” says lead investigator Frank DeLeo, Ph.D., of RML. “Unexpectedly, the average abscess volume in mice infected with strains absent the PVL was slightly greater than those containing the toxin. The strong association between PVL and CA-MRSA makes the toxin an excellent marker to track community strains, but the assumption that it is the major virulence determinant driving this epidemic is simply not true.”

These findings are significant because some infectious disease physicians who treat MRSA patients had begun questioning whether PVL truly led to severe illness, says Barry Kreiswirth, Ph.D., study co-author and a leading staphylococcal epidemiologist from ICPH in Newark. He adds, “We routinely receive calls from clinical microbiology laboratories asking to test for the presence of PVL, and it is hard to dissuade them that the PVL results will not affect patient care. Hopefully, the robust and contrary findings in our study provide the experimental evidence to convince the staphylococcal researchers and clinicians that PVL is not a significant virulence factor.”

Next, Dr. DeLeo says his group will shift away from PVL and try to determine exactly which toxin or other mechanism in *S. aureus* kills white blood cells and allows the spread of CA-MRSA infection.