THE CSTE WASHINGTON REPORT

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INSIDE THIS ISSUE

EDITOR'S NOTE Methicillin–resistant staph aureus (MRSA) caused more than 94,000 life–threatening infections and nearly 19,000 deaths in the United States in 2005, most of them associated with health care settings, according to the most thorough study of life–threatening infections caused by these bacteria, experts with the Centers for Disease Control and Prevention (CDC) report.The study in the Oct. 17 edition of the Journal of American Medical Association (JAMA) establishes the first national baseline by which to assess future trends in invasive MRSA infections. MRSA infections can range from mild skin infections to more severe infections of the bloodstream, lungs and at surgical sites.-- 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.

KEY APPROPRIATIONS BILL MAKES PROGRESS BUT FACES CERTAIN VETO – The FY 2008 Labor, Health and Human Services and Education Appropriations bill, which funds all CDC programs, passed by the Senate on October 23rd with a vote of 75-19. This was very encouraging to the 1,000 health and public health, human service, education, labor and workforce advocates working for passage as the vote was strong enough to override an expected Presidential veto. However, several intervening steps must occur before the final veto test. Conferees to reconcile differing House and Senate versions of the bill are meeting today (November 1st), but the bill has now been attached to a second appropriations measure that funds veterans programs in an effort to prevent veto and help ensure a veto override if the President keeps his promise. This packaging approach, frequently called a minibus, has attracted strong reproach from Republicans, including the Ranking Republicans on the Labor-HHS-Education Subcommittees, Sen. Arlen Specter (R-PA) and Rep. Jim Walsh (R-NY). The combined final bill is expected to be on the House floor next Wednesday. Most experienced Washington hands expect it to pass, but once vetoed, do not expect the veto will be overridden. Among the final scenarios mentioned with increasing frequency: a year-long Continuing Resolution funding most programs at last year's level. This occurred last year as well.

HOUSE OVERSIGHT COMMITTEE CONDUCTING HEARING ON CA MRSA -- The House Committee on Oversight and Government Reform, chaired by Rep. Henry Waxman (D-CA), a strong public health advocate, is holding a hearing on November 7th on the growing issue and concerns about community-acquired MRSA. While CSTE is not testifying next week, it was consulted about the state reporting process and may seek CSTE testimony next year about hospital acquired MRSA in conjunction with anticipated hearings on antibiotic resistance and the issuance of a new GAO report. The purpose of next week's hearing is to put the problem in perspective to lower acute anxieties, but also shed light on the seriousness of the problem in communities. Witnesses for next week's hearing are: Dr. Julie Gerberding; Dr. Robert Stroube, Virgnia State Health Commissioner; Dr. Robert Daum, University of Chicago; Dr. Elizabeth Bancroft, LA County epidemiologist; Dr. Ed Walts, Superintendent of Schools, Prince William County.

HHS AWARDS CONTRACTS FOR ADVANCED DEVELOPMENT OF NEW MEDICAL COUNTERMEASURES -- The Department of Health and Human Services (HHS) announced tOctober 5 the award of contracts totaling $55.3 million to four companies for the advanced development of anthrax antitoxins, therapeutics and antibiotics for use against plague and tularemia.

The new Biological Advanced Research and Development Authority (BARDA) and NIH's National Institute for Allergy and Infectious Diseases (NIAID), provided funding for the new contracts. Through an agreement with BARDA, NIAID will manage the contracts.

“Advanced development of medical countermeasures is a key aspect of BARDA’s mission,” said Assistant Secretary for Preparedness and Response RADM Craig Vanderwagen, M.D., USPHS. “This multi-agency cooperation is a milestone achievement that demonstrates to the biotech industry our department’s commitment to developing medical countermeasures to enhance the nation’s public health preparedness in the years to come.”

The companies receiving contracts are

• Nanotherapeutics Inc. of Alachua, Fla. -- $20 million for a plague and tularemia antibiotic development;

• Emergent BioSolutions Inc. of Rockville, Md. -- $9.5 million for anthrax immune globulin development;

• PharmAthene Inc. of Annapolis, Md. -- $13.9 million for anthrax antitoxin development; and

• Elusys Therapeutics Inc. of Pine Brook, N.J. -- $11.9 million for anthrax antitoxin development.

“These contracts will help speed the development of new interventions against anthrax, plague and tularemia, three diseases considered to be important bioterror threats,” said NIAID Director, Dr. Anthony S. Fauci. “The 'pipeline' of candidate bioterror countermeasures is fuller than ever, which bodes well for our ongoing efforts to protect Americans from those who would do us harm with biological weapons.”

The Pandemic and All Hazards Preparedness Act of 2007 directed HHS to establish the BARDA office and authorized the funding of advanced development of medical countermeasures. BARDA coordinates interagency efforts to define and prioritize requirements for public health medical emergency countermeasures, related research, and product development and procurement. BARDA also has responsibility for setting deployment and use strategies for medical countermeasures held in the Strategic National Stockpile.

For more information on BARDA’s medical countermeasure programs, please visit www.medicalcountermeasures.gov. NIAID’s biodefense program information is also available online at www.niaid.nih.gov/Biodefense.

CDC STUDY FINDS U.S. SCHOOLS MAKING PROGRESS IN DECREASING AVAILABILITY OF JUNK FOOD AND PROMOTING PHYSICAL ACTIVITY -- The nation′s schools have made considerable improvements in their policies and programs to promote the health and safety of students, particularly in the areas of nutrition, physical activity and tobacco use, says a study by the Centers for Disease Control and Prevention (CDC). However, more needs to be done to strengthen school health and wellness policies and programs, according to CDC.

The School Health Policies and Programs Study (SHPPS) 2006, conducted by CDC and published in the October 2007 issue of the Journal of School Health, is the largest and most comprehensive study of health policies and programs in the nation′s schools. Previous SHPPS

were conducted in 1994 and 2000.

“Since the release of the previous SHPPS in 2000, America′s schools have made significant progress in removing junk food, offering more physical activity opportunities, and establishing policies that prohibit tobacco use,” said CDC Director Julie L. Gerberding, M.D., M.P.H. “Our goal with this report is to provide health and education officials with useful information that will help them develop and improve programs that can have significant benefit for our school-aged children.”

Major findings include:

• States prohibiting schools from offering junk foods in vending machines increased from 8 percent in 2000 to 32 percent in 2006, and the percentage of school districts doing so increased from 4 percent to 30 percent.

• Schools selling water in vending machines or school stores increased from 30 percent in 2000 to 46 percent in 2006.

• States that required elementary schools to provide students with regularly scheduled recess increased from 4 percent in 2000 to 12 percent in 2006 and the percentage of school districts with this requirement increased from 46 percent to 57 percent.

• Schools with policies that prohibited all tobacco use in all school locations, including off-campus school-sponsored events, increased from 46 percent in 2000 to 64 percent in 2006.

• Schools that sold cookies, cake, or other high-fat baked goods in vending machines or school stores decreased from 38 percent in 2000 to 25 percent in 2006.
• Schools that offered salads a la carte increased from 53 percent in 2000 to 73 percent in 2006.

• The percentage of schools that offered deep fried potatoes (French fries) a la carte decreased from 40 percent to 19 percent.

The 2006 SHPPS also identified several areas that need improvement including:

• Seventy-seven percent of high schools still sell soda or fruit drinks that are not 100 percent juice, and 61 percent sell salty snacks not low in fat in their vending machines or school stores.

• Only 4 percent of elementary schools, 8 percent of middle schools, and 2 percent of high schools provided daily physical education or its equivalent for the entire school year for students in all grades.

• Overall, 22 percent of schools did not require students to take any physical education.

• Currently, 36 percent of schools still do not have policies prohibiting tobacco use in all locations at all times.

“If we want to build on the improvements that schools have made over the past six years, we need to involve many people and programs,” said Howell Wechsler, Ed.D., M.P.H., director of CDC′s Division of Adolescent and School Health. “Families, schools, school boards, and school administrators all need to work together to develop and implement policies and programs that promote health and safety among our nation′s young people.”

SHPPS is a national survey conducted every six years to assess school health policies and programs at the state, district, school, and classroom levels. For more information about SHPPS 2006, including fact sheets that summarize study highlights and a summary of state education agency policies, visit www.cdc.gov/SHPPS.

CDC ESTIMATES 94,000 INVASIVE DRUG-RESISTANT STAPH INFECTIONS

OCCURRED IN THE U.S. IN 2005 -- Methicillin–resistant staph aureus (MRSA) caused more than 94,000 life–threatening infections and nearly 19,000 deaths in the United States in 2005, most of them associated with health care settings, according to the most thorough study of life–threatening infections caused by these bacteria, experts with the Centers for Disease Control and Prevention (CDC) report.

The study in the Oct. 17 edition of the Journal of American Medical Association (JAMA) establishes the first national baseline by which to assess future trends in invasive MRSA infections. MRSA infections can range from mild skin infections to more severe infections of the bloodstream, lungs and at surgical sites.

The study found about 85 percent of all invasive MRSA infections were associated with health care settings, of which two–thirds surfaced in the community among people who were hospitalized, underwent a medical procedure or resided in a long–term care facility within the previous year. In contrast, about 15 percent of reported infections were considered to be community–associated, which means that the infection occurred in people without documented health care risk factors.

The 2005 rates of invasive infection were highest among people 65 years of age or older. Black people were affected at twice the rate of whites, which could be due to higher rates of chronic illness among blacks.

“These numbers show that many families are being affected by these drug–resistant infections,” said Denise Cardo, M.D., director of CDC′s Division of Healthcare Quality Promotion. “Healthcare facilities need to make MRSA prevention a greater priority. The closer we get to 100 percent compliance with CDC recommendations, the greater the impact on patient health and safety.”

Experts arrived at the new national estimate by projecting from the number of invasive MRSA cases from nine U.S. sites. The sites included the state of Connecticut; the Atlanta metropolitan area; the San Francisco Bay area; the Denver metropolitan area; the Portland, Ore., metropolitan area; Monroe County, N.Y.; Baltimore City, Md.; Davidson County, Tenn.; and Ramsey County, Minn. All the sites were part of CDC′s Active Bacterial Core surveillance program, which actively tracks a number of pathogens in the United States representing a population of 38

million Americans.

In health care settings, MRSA occurs most frequently among patients who undergo invasive medical procedures or who have weakened immune systems and are being treated in hospitals and health care facilities such as nursing homes and dialysis centers.

For more information on MRSA, please visit http://www.cdc.gov/ncidod/diseases/submenus/sub_mrsa.htm. For more information on CDC′s guidelines for the prevention of MRSA in health care settings, visit http://www.cdc.gov/ncidod/dhqp/ar_mrsa_prevention.html.