THE CSTE WASHINGTON REPORT

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EDITOR'S NOTE: EPA Administrator Stephen L. Johnson and CDC/ATSDR Director Dr. Julie Gerberding signed a formal memorandum of understanding (MOU) July 18, signaling their intentions to develop collaborative strategies that assist communities coping with health problems that may be related to environmental hazards. Under the agreement signed Wednesday, four communities will partner with experts from EPA, Centers for Disease Control (CDC) and CDC′s sister agency, the Agency for Toxic Substances and Disease Registries (ATSDR) to pilot a new initiative aimed at strengthening the capacity of communities to identify and effectively address environmental protection and public health services. The four communities are Cerro Gordo, Iowa; the Cherokee Nation, Okla.; Savannah, Ga; and Boston, Mass.-- 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

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CONGRESS FINISHING WORK ON 9/11 BILL ESTABLISHING A NATIONAL BIOSURVEILLANCE INTEGRATION CENTER -- The No. 1 legislative objective of the in-coming, Democratic 110th Congress was to pass legislation implementing final, unaddressed recommendations of the 9/11 Commission which investigated security and emergency response failures surrounding the 9/11 attacks. As evidence of the priority given to this legislation, the conferenced version of the legislation has been given the number H.R. 1. The legislation includes creation of a new National Biosurveillance Integeration Center within the Department of Homeland Security. The CSTE leadership was informed about this provision during its March meeting in Washington, D.C., but was unable to effect significant changes given the political environment in support of the bill. Concerns about the implementation of the NBIC for state surveillance activities were expressed by CSTE leadership to Majority staff of the Health, Education, Labor and Pensions Committee who noted the HELP Committee made efforts to keep the NBIC focused and operating at the federal level and to ensure that Member agencies, e.g., HHS/CDC, retain their authority. They also urged CSTE to notify the HELP Committee if implementation of the NBIC creates difficulties at the state level. The language that protects Member agencies' authority is in bold and underlined in the NBIC excerpt from the 9/11 bill below:

TITLE VII--ENHANCED DEFENSES AGAINST WEAPONS OF MASS DESTRUCTION

SEC. 701. NATIONAL BIOSURVEILLANCE INTEGRATION CENTER.

(a) In General- Title III of the Homeland Security Act of 2002 (6 U.S.C. et seq.) is amended by adding at the end the following:

`SEC. 316. NATIONAL BIOSURVEILLANCE INTEGRATION CENTER.

`(a) Definitions- In this section--

`(1) the term `biological event of national significance' means--

`(A) an act of terrorism that uses a biological agent, toxin, or other product derived from a biological agent; or

`(B) a naturally-occurring outbreak of an infectious disease that may result in a national epidemic;

`(2) the term `Member Agencies' means the departments and agencies described in subsection (d)(1);

`(3) the term `NBIC' means the National Biosurveillance Integration Center established under subsection (b);

`(4) the term `NBIS' means the National Biosurveillance Integration System established under subsection (b); and

`(5) the term `Privacy Officer' means the Privacy Officer appointed under section 222.

`(b) Establishment- The Secretary shall establish, operate, and maintain a National Biosurveillance Integration Center, headed by a Directing Officer, under

an existing office or directorate of the Department, subject to the availability of appropriations, to oversee development and operation of the National Biosurveillance Integration System.

`(c) Primary Mission- The primary mission of the NBIC is to enhance the capability of the Federal Government to--

`(1) rapidly identify, characterize, localize, and track a biological event of national significance by integrating and analyzing data from human health, animal, plant, food, and environmental monitoring systems (both national and international); and

`(2) disseminate alerts and other information regarding such data analysis to Member Agencies and, in consultation with relevant member agencies, to agencies of State, local, and tribal governments, as appropriate, to enhance the ability of such agencies to respond to a biological event of national significance.

`(d) Requirements- The NBIC shall design the NBIS to detect, as early as possible, a biological event of national significance that presents a risk to the United States or the infrastructure or key assets of the United States, including--

`(1) if a Federal department or agency, at the discretion of the head of that department or agency, has entered a memorandum of understanding regarding participation in the NBIC, consolidating data from all relevant surveillance systems maintained by that department or agency to detect biological events of national significance across human, animal, and plant species;

`(2) seeking private sources of surveillance, both foreign and domestic, when such sources would enhance coverage of critical surveillance gaps;

`(3) using an information technology system that uses the best available statistical and other analytical tools to identify and characterize biological events of national significance in as close to real-time as is practicable;

`(4) providing the infrastructure for such integration, including information technology systems and space, and support for personnel from Member Agencies with sufficient expertise to enable analysis and interpretation of data;

`(5) working with Member Agencies to create information technology systems that use the minimum amount of patient data necessary and consider patient confidentiality and privacy issues at all stages of development and apprise the Privacy Officer of such efforts; and

`(6) alerting relevant Member Agencies and, in consultation with relevant Member Agencies, public health agencies of State, local, and tribal governments regarding any incident that could develop into a biological event of national significance.

`(e) Responsibilities of the Secretary-

`(1) IN GENERAL- The Secretary shall--

`(A) ensure that the NBIC is fully operational not later than September 30, 2008;

`(B) not later than 180 days after the date of enactment of this section and on the date that the NBIC is fully operational, submit a

report to the Committee on Homeland Security and Governmental Affairs of the Senate and the Committee on Homeland Security of the House of Representatives on the progress of making the NBIC operational addressing the efforts of the NBIC to integrate surveillance efforts of Federal, State, local, and tribal governments.

`(f) Responsibilities of the Directing Officer of the NBIC-

`(1) IN GENERAL- The Directing Officer of the NBIC shall--

`(A) establish an entity to perform all operations and assessments related to the NBIS;

`(B) on an ongoing basis, monitor the availability and appropriateness of contributing surveillance systems and solicit new surveillance systems that would enhance biological situational awareness or overall performance of the NBIS;

`(C) on an ongoing basis, review and seek to improve the statistical and other analytical methods utilized by the NBIS;

`(D) receive and consider other relevant homeland security information, as appropriate; and

`(E) provide technical assistance, as appropriate, to all Federal, regional, State, local, and tribal government entities and private sector entities that contribute data relevant to the operation of the NBIS.

`(2) ASSESSMENTS- The Directing Officer of the NBIC shall--

`(A) on an ongoing basis, evaluate available data for evidence of a biological event of national significance; and

`(B) integrate homeland security information with NBIS data to provide overall situational awareness and determine whether a biological event of national significance has occurred.

`(3) INFORMATION SHARING-

`(A) IN GENERAL- The Directing Officer of the NBIC shall--

`(i) establish a method of real-time communication with the National Operations Center, to be known as the Biological Common Operating Picture;

`(ii) in the event that a biological event of national significance is detected, notify the Secretary and disseminate results of NBIS assessments related to that biological event of national significance to appropriate Federal response entities and, in consultation with relevant member agencies, regional, State, local, and tribal governmental response entities in a timely manner;

`(iii) provide any report on NBIS assessments to Member Agencies and, in consultation with relevant member agencies, any affected regional, State, local, or tribal government, and any private sector entity considered appropriate that may enhance the mission of such Member Agencies, governments, or entities or the ability of the

Nation to respond to biological events of national significance; and

`(iv) share NBIS incident or situational awareness reports, and other relevant information, consistent with the information sharing environment established under section 1016 of the Intelligence Reform and Terrorism Prevention Act of 2004 (6 U.S.C. 485) and any policies, guidelines, procedures, instructions, or standards established by the President or the program manager for the implementation and management of that environment.

`(B) COORDINATION- The Directing Officer of the NBIC shall implement the activities described in subparagraph (A) in coordination with the program manager for the information sharing environment of the Office of the Director of National Intelligence, the Under Secretary for Intelligence and Analysis, and other offices or agencies of the Federal Government, as appropriate.

`(g) Responsibilities of the NBIC Member Agencies-

`(1) IN GENERAL- Each Member Agency shall--

`(A) use its best efforts to integrate biosurveillance information into the NBIS, with the goal of promoting information sharing between Federal, State, local, and tribal governments to detect biological events of national significance;

`(B) participate in the formation and maintenance of the Biological Common Operating Picture to facilitate timely and accurate detection and reporting;

`(C) connect the biosurveillance data systems of that Member Agency to the NBIC data system under mutually-agreed protocols that maintain patient confidentiality and privacy;

`(D) participate in the formation of strategy and policy for the operation of the NBIC and its information sharing; and

`(E) provide personnel to the NBIC under an interagency personnel agreement and consider the qualifications of such personnel necessary to provide human, animal, and environmental data analysis and interpretation support to the NBIC.

`(h) Administrative Authorities-

`(1) HIRING OF EXPERTS- The Directing Officer of the NBIC shall hire individuals with the necessary expertise to develop and operate the NBIS.

`(2) DETAIL OF PERSONNEL- Upon the request of the Directing Officer of the NBIC, the head of any Federal department or agency may detail, on a reimbursable basis, any of the personnel of that department or agency to the Department to assist the NBIC in carrying out this section.

`(i) Joint Biosurveillance Leadership Council- The Directing Officer of the NBIC shall--

`(1) establish an interagency coordination council to facilitate interagency cooperation and to advise the Directing Officer of the NBIC regarding

recommendations to enhance the biosurveillance capabilities of the Department; and

`(2) invite Member Agencies to serve on such council.

`(j) Relationship to Other Departments and Agencies- The authority of the Directing Officer of the NBIC under this section shall not affect any authority or responsibility of any other department or agency of the Federal Government with respect to biosurveillance activities under any program administered by that department or agency.

`(k) Authorization of Appropriations- There are authorized to be appropriated such sums as are necessary to carry out this section.'.

(b) Conforming Amendment- The table of contents in section 1(b) of the Homeland Security Act of 2002 (6 U.S.C. 101 et seq.) is amended by inserting after the item relating to section 315 the following:

`Sec. 316. National Biosurveillance Integration Center.'.

SEC. 702. BIOSURVEILLANCE EFFORTS.

The Comptroller General of the United States shall submit a report to Congress describing--

(1) the state of Federal, State, local, and tribal government biosurveillance efforts as of the date of such report;

(2) any duplication of effort at the Federal, State, local, or tribal government level to create biosurveillance systems; and

(3) the integration of biosurveillance systems to allow the maximizing of biosurveillance resources and the expertise of Federal, State, local, and tribal governments to benefit public health.

ON A VOTE OF 276-140, HOUSE PASSES FY 2008 LABOR-HHS-EDUCATION APPROPRIATIONS BILL – The U.S. House of Representatives passed its version of the FY 2008 Labor-HHS-Education Appropriations bill on Thursday, July 19th on a strong vote of 276-140, representing 66.4% of those present and voting. In response to the President's declaration in a Statement of Administration Policy to veto the bill because it is $10.6 billion over his budget request, health, education, human service, and labor groups banded together to push for a strong vote in favor of the bill on the House floor. Among the strategies implemented through the unprecedented level of cooperation among these organizations was a letter blast faxed to the entire House with 1,095 groups signed on. Other strategies included a letter to Speaker Pelosi and Minority Leader Boehner that was signed by three former Secretaries of HHS (Dr. Louis Sullivan), Labor and Education and blast faxed to the entire House. In addition, an advertisement urging House Members to vote in favor of the bill ran twice during the three days of floor debate in a venerable Capitol Hill newspaper, *Roll Call*; and a sustained grassroots effort to contact Members was effected with home-based constituents. While the target vote to override a veto is 290 if all Members are present and voting, the target vote to sustain a veto is 145. So, neither side achieved its target, and fully fourteen Republicans, who had committed to sustaining a Presidential veto in a letter coordinated by the conservative Republican Study Group voted in favor of the bill. The rumor for the Senate bill is that it will not go to the floor at all. Instead, the Committee version will be conferenced with the House-passed version and the final bill likely wrapped into an omnibus bill late in

November or more likely December.

NEW INTERNATIONAL HEALTH REGULATIONS ENTER INTO FORCE IN THE UNITED STATES -- HHS Secretary Mike Leavitt announced that the revised International Health Regulations (2005) (IHR) enter into force today for the United States. The updated rules are designed to prevent and protect against the international spread of diseases while minimizing interference with world travel and trade. They will help countries work together to identify, respond to, and share information about, public health emergencies of international concern.
The U.S. government formally accepted the IHR in December 2006 and began the process at that time of implementing these new international rules.

"Today's world of rapid air travel, international migration, emerging diseases, threats of terrorism, and the potential threat of an influenza pandemic, underscores the importance of the International Health Regulations," Secretary Leavitt said. "The improved global cooperation that will come from implementing these revised regulations represents a major step forward for global public health."

The International Health Regulations are an international legal instrument that governs the roles of the World Health Organization (WHO) and its member countries (Member States) in relation to disease outbreaks and other public health events with international impact. They establish a framework for countries that are party to the regulations to promptly and transparently report on and to respond effectively to health events that present a risk of spread to other countries and potentially require a coordinated international response.

Many of the provisions in the new regulations are based on the experience the global community has gained and lessons it has learned over the past 30 years, including the emergence of Severe Acute Respiratory Syndrome (SARS) and H5N1 avian influenza.

The previous version of the IHR, when adopted in 1969, applied to only four diseases: cholera, yellow fever, smallpox and plague. However, in recent decades, increases in international travel and trade, along with marked developments in communication technology, have led to new challenges in the control of emerging and re-emerging infectious diseases. Among these new challenges are the threats posed by the natural, accidental, or deliberate release of chemical, biological, or radiological materials. The IHR take a more general approach towards defining health emergencies and are applicable to all of these new challenges.

Under the revised regulations, countries that have accepted the IHR have a much broader responsibility to take preventive measures against, as well as detect, report on, and respond to, public health emergencies of international concern. The regulations give the

WHO clearer authority to recommend to its Member States measures that will help contain the international spread of disease, including public health actions at ports, airports, land borders and on means of transport that involve international travel.

The revised regulations include a list of four diseases -- smallpox, polio, SARS and human cases of new strains of human influenza -- that Member States must immediately report to the WHO. The regulations provide an algorithm to determine whether other incidents, including those of unknown causes or sources, may constitute public-health events of international concern, and as such must be reported to the WHO. The rules also provide specific procedures and timelines for assessing, reporting, and responding to public health events of international concern.

To meet the requirements of the IHR, the federal government will rely upon already strong state and local reporting networks to receive information about public health events of concern. In addition, actions taken by state and local governments to respond to public health events within their jurisdictions will facilitate U.S. fulfillment of the objectives of the IHR.

The U.S. Department of Health and Human Services has the lead role in carrying out the requirements of the updated IHR, in cooperation with many other departments and agencies of the U.S. government. The HHS Secretary's Operations Center is the central body responsible for reporting events to the WHO.

More information about the International Health Regulations (2005) is available at http://www.globalhealth.gov/ihr.

HHS ANNOUNCES $896.7 MILLION IN FUNDING TO STATES FOR PUBLIC HEALTH PREPAREDNESS AND EMERGENCY RESPONSE -- HHS Secretary Mike Leavitt July 17 announced that the department has provided another $896.7 million to the states, territories, and four metropolitan areas to improve and sustain their ability to respond to public health emergencies.

"The funding represents another step in our nation's effort to increase our state and local public health preparedness and emergency response capabilities," Secretary Leavitt said. "It allows state, local, territorial, and tribal public health jurisdictions to build upon preparedness gains that have been made over the past five years of federal funding."

HHS' Centers for Disease Control and Prevention (CDC) is coordinating the funding to be used for preparedness and response to all-hazards public health emergencies including terrorism, pandemic influenza, and other naturally-occurring public health emergencies.

The funding includes:

• $175 million for pandemic influenza preparedness to assist public health departments in their pandemic influenza planning efforts.

• $57.3 million to support the Cities Readiness Initiative (CRI). CRI is designed to ensure that selected cities provide oral medications during a public health emergency to 100 percent of their affected populations.

• $35 million to improve the early detection, surveillance, and investigative capabilities of poison control centers to provide information to health care providers and the public to respond to chemical, biological, radiological, and nuclear events.

• $5.4 million is specifically allocated for states bordering Mexico and Canada (including the Great Lakes States) for the development and implementation of a program to provide effective detection, investigation, and reporting of urgent infectious disease cases in the three nations' shared border regions.

The announcement is in addition to the $430 million made available late last month to strengthen the ability of hospitals and other health care facilities to respond to bioterror attacks, infectious diseases, and natural disasters that may cause mass casualties.

Since 2002, HHS made more than $7 billion in funding for preparedness-related programs available to the states, territories, and four metropolitan areas through the CDC, the Health Resources Services Administration and the Office of the Assistant Secretary for Preparedness and Response.

FOUR COMMUNITIES TO PILOT NEW FEDERAL ENVIRONMENTAL HEALTH PARTNERSHIP -- EPA Administrator Stephen L. Johnson and CDC/ATSDR Director Dr. Julie Gerberding signed a formal memorandum of understanding (MOU) July 18, signaling their intentions to develop collaborative strategies that assist communities coping with health problems that may be related to environmental hazards.

Under the agreement signed Wednesday, four communities will partner with experts from EPA, Centers for Disease Control (CDC) and CDC′s sister agency, the Agency for Toxic Substances and Disease Registries (ATSDR) to pilot a new initiative aimed at strengthening the capacity of communities to identify and effectively address environmental protection and public health services. The four communities are Cerro Gordo, Iowa; the Cherokee Nation, Okla.; Savannah, Ga; and Boston, Mass. The communities, which range from urban centers to rural areas, were selected for the project because they had strong local leadership in addressing community issues, experience in

working with a wide range of private and public sector partners, and a track record of successfully addressing local health or environmental issues.

"By capitalizing on the strengths of our agencies, EPA and CDC are empowering our local partners with the resources, tools and expertise they need to address their local environmental challenges," said EPA Administrator Stephen L. Johnson. "Through this collaboration, we're putting communities in the driver′s seat, so they can deliver their residents real environmental results."

Dr. Gerberding noted that CDC, ATSDR and EPA have a long history of using community partnerships to address environmental health problems.

"When we improve the health of an environment, whether that environment is a community or a workplace, we improve the health of the people who live or work in that environment," said Gerberding. "Many times, we can greatly improve people′s health and well being by making changes in the immediate environment. We also know that identifying and putting in place helpful changes often requires collaboration and cooperation among a lot of agencies and people. This agreement provides a very tangible means of making that happen. "

CDC, ATSDR and EPA independently have long supported local organizations and governments dealing with complex, localized environmental health issues, such as lead in homes, pollution-induced asthma, and drinking water contamination. Both agencies also have grant and other programs focused on community assistance.

In 2005, for example, EPA developed the Community Action for a Renewed Environment (CARE) program, a $4 million competitive grant and technical assistance program for community-based organizations across the country.
In 2000, CDC and the National Association of City and County Health Organizations developed a community environmental health assessment tool for local health departments. This tool has since been distributed to more than 1,000 agencies. The 13—step Protocol for Assessing Community Excellence in Environmental Health (PACE EH) guides communities through the process of identifying local environmental health problems, developing action plans, and evaluating outcomes.

More information on the collaboration and to read the MOU:
http://www.epa.gov/care/collaboration.htm or
http://www.cdc.gov/nceh/ehs/CEHA/collaboration.htm