THE CSTE WASHINGTON REPORT

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INSIDE THIS ISSUE

EDITOR'S NOTE:.. Employees, their families and people living close to 28 exfoliation sites may have been exposed to amphibole asbestos from vermiculite mined in Libby, Montana between the 1920s and the early 1990s., a report from the Agency for Toxic Substances and Disease Registry (ATSDR) has concluded. The report identifies groups of people most at–risk from exposure to this form of asbestos, makes public health recommendations for these sites and identifies 78 other sites that also received Libby vermiculite. All but one of the sites are former vermiculite exfoliation facilities located in 36 states. -- 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.

OUTLOOK FOR NEW OBAMA ADMINISTRATION AND 111TH CONGRESS – President-elect Obama has formally announced the key players in what he is calling the Obama-Biden Transition Project. The Project's website went live yesterday and you can check updates at: www.change.gov or phone at: 202-540-3000. The website invites the public to forward its ideas. The Washington Post reports today that the policy development and nomination processes are being kept strictly separate. Names for HHS Secretary that senior Democratic Congressional staff has shared with the trade press include:
-- former Senate Majority Leader Tom Daschle (D-S.D.)**;**
-- former NIH Director Harold Varmus
-- Democratic National Committee Chair Howard Dean, a physician
-- Kansas Gov. Kathleen Sebelius (D)

In Congress, two key battles are shaping up for major Chairmanships: there is an effort underway to unseat 90 year old and ailing Sen. Robert Byrd (D-WV), Chairman of the Senate Appropriations Committee. His successor would likely be 84 year old Sen. Daniel Inouye (D-HI). There is no speculation that Sen. Tom Harkin (D-IA) would change his chairmanships of either the Agriculture Committee or the Labor-HHS-Education Subcommittee on Appropriations. In the House, Henry Waxman (D-CA) is challenging Rep. John Dingell (D-MI), for Chairmanship of the powerful Energy and Commerce Committee. That Committee has major jurisdiction over environmental policy and health care reform measures, as well as all public health policy. Rep. Waxman is a strong public health champion. House Appropriations Chairman, Rep. David Obey (D-WI), is not expected to relinquish his Chairmanship of the full Committee or the Labor-HHS-Education Subcommittee on Appropriations and is not undergoing challenge. But there will be at least one or two Member additions to the Subcommittee on the Democratic side given Rep. Tom Udall's (D-NM) election to the Senate and the addition of dozens of newly elected Democrats that alters the Committee and Subcommittee political ratios. On the Republican side of the Subcommittee, many changes are expected due to the retirements of three Subcommittee Members: Rep. James Walsh (R-NY), Rep. Ralph Regula (R-OH), Rep. John Peterson (R-PA).

SEN. OBAMA VIA MAJORITY LEADER REID INTRODUCES FOOD-BORNE ILLNESS SURVEILLANCE BILL – On July 29th, then candidate Sen. Barack Obama (D-IL), now President-elect Obama, introduced, via Majority Leader Harry Reid (D-NV), the "Improving Food-borne Illness Surveillance and Response Act" (S. 3358) to enhance the federal capacity to conduct food-borne illness surveillance as well as enhance state surveillance capacity. The only funding in the bill provides $25 million in grants for each of fiscal years 2010, 2011, and 2012 to state and local health departments to strengthen food safety capacity.

The federal provisions of the bill focus on improving collection, analysis, reporting, and usefulness of data on food-borne illnesses by requiring CDC to improve coordination of food-borne illness surveillance systems and ensure sharing of data acquisition and findings on a more timely basis among the FDA, the Food Safety Inspection Service of the Department of Agriculture, State and local agencies and the public. Other CDC activities include augmenting surveillance systems to improve attribution of a food-borne illness outbreak to a specific food;

developing improved epidemiologic tools for obtaining quality exposure data, microbiological methods for classifying cases and detecting clusters, and improved tracebacks to contaminated foods; expanding the capacity of surveillance systems to permit implementation of fingerprinting strategies for food-borne infectious agents, allowing timely public access to de-identified, aggregate surveillance data; and annual publication of reports on the surveillance systems findings, among other provisions.

A section addressing improving State surveillance capacity requires CDC to support outbreak investigations with needed specialty expertise, including epidemiological, microbiological and environmental expertise. The bill also requires CDC to support model practices at the State and local level to facilitate rapid shipment of clinical isolates from clinical laboratories to State public health laboratories, conduct rapid and more standardized interviewing of cases associated with major enteric pathogens and their controls, share information on a timely basis within public health and food regulatory agencies, among such agencies, with the food industry, with healthcare providers, and with the public, among other provisions.

Another section focuses on support for core food safety functions in State and local public health laboratories.

Another section establishes a working group comprised of federal, state, local food safety and health agencies, the food industry, consumer organizations and academia to report to the Secretary annually on progress in improvements in food safety surveillance and key barriers to implementation of improvements and actions that can reduce barriers.

No funding is provided for the above provisions, but $25 million annually for FY 2010-2012 is provided to enhance food capacity at the state and local level.

The bill is undergoing thorough review by CSTE. It has no co-sponsors and no companion measure in the House. No action is expected in the current 110th Congress, which will hold a lame-duck session beginning next week focused primarily on a second stimulus package. It is unclear whether or not the bill will be reintroduced in the 111th Congress, but its Champion, President-elect Obama, now has the power of the White House to effect legislative policy. The Association of Public Health Laboratories is a strong supporter of the bill.

CDC RELEASES ESTIMATE OF HUMAN PAPILLOMAVIRUS ASSOCIATED CANCER DATA --Twenty-five thousand cases of human papillomavirus (HPV)-associated cancers occurred in 38 states and the District of Columbia annually during 1998-2003, according to studies conducted by CDC. The report, “Assessing the Burden of Human Papillomavirus (HPV)-Associated Cancers in the United States (ABHACUS),” was published online and appears in the Nov. 15, 2008, supplement edition of Cancer. "These estimates of HPV-associated cancers were collected prior to the development of the HPV vaccine. This gives us baseline data to measure the impact of HPV vaccine and cervical cancer screening programs in reducing the incidence of cervical cancer and other HPV-associated cancers and precancers," said Mona Saraiya, M.D., M.P.H., medical

officer in CDC's Division of Cancer Prevention and Control and coordinator of the studies.

This first analysis of the largest, most comprehensive assessment of HPV-associated cancer data to date in the United States used cancer registry data from CDC's National Program of Cancer Registries and the National Cancer Institute's Surveillance, Epidemiology, and End Results Program.

The top HPV-associated cancer sites were cervix, oral cavity and oropharynx, anus, vulva, penis, and vagina. HPV is the name of a group of viruses that includes more than 100 different types. More than 30 of these HPV types can be sexually transmitted. Most people with HPV infection do not develop symptoms or health problems. Some HPV types can cause cervical cancer and other less common cancers, such as cancer of the vulva, vagina, anus, and penis. Other HPV types can cause genital warts.

Significant findings include:
Age-adjusted rates are presented in parentheses where appropriate and are per 100,000 persons.

• CERVIX: More HPV-associated cancers occur in the cervix than any other site – about 10,800 per year. The incidence rate of cervical cancer was 8.9 women during 1998-2003. Black and Hispanic women had higher rates of cervical cancer (12.6 and 14.2, respectively) than white and non-Hispanic women (both 8.4).

• ORAL CAVITY AND OROPHARYNX: Cancers in some areas of the head and neck (oral cavity and oropharynx) are more likely to be HPV-associated than other areas. There were nearly 7,400 potentially HPV-associated cancers of the oral cavity and oropharynx per year – nearly 5,700 among men and about 1,700 among women. Incidence rates for a subset of the HPV-associated cancers of the oral cavity and oropharynx (cancers of the tonsil and cancers of the base of the tongue) were higher in men than women. These cancers significantly increased (3.0 percent) per year during the reporting period.

• ANAL: There were more than 3,000 HPV-associated anal cancers per year – about 1,900 in women and 1,100 in men. HPV-associated anal cancer occurs more frequently among women (1.5) compared to men (1.0). Whites had the highest rates among women (1.6), while blacks had the highest rates among men (1.2).

• VULVAR: There were about 2,300 new cases of vulvar cancer each year during the study period. In contrast to cervical cancer, white women (1.8) had higher rates of vulvar cancer than black (1.3) and Asian/Pacific Islander (0.4) women.

• PENILE: Penile cancer is relatively rare, striking about 800 men each year. Incidence rates were higher among Hispanic men (1.3) than non-Hispanic men (0.8).

• VAGINAL: About 600 women a year developed vaginal cancers. Incidence rates were higher among black women than white women (0.7 and 0.4, respectively), and incidence rates were lowest among Asian/Pacific Islander women (0.3).

• Women with a history of cervical cancer have an increased risk of developing subsequent *in situ* (non-invasive) cancers of the vagina and vulva, as well as invasive cancers of the vagina, vulva, and rectum.

The Cancer supplement chapters also focus on disparities of HPV-associated cancers, how CDC and state and local programs address such disparities, background of the HPV vaccine, the economic impact of HPV-associated cancer mortality, the burden of cervical cancers in specific states with a high burden of disease, and surveillance of behavioral risk factors related to these cancers. These studies were conducted by scientists at CDC and several researchers at other organizations including the National Cancer Institute, the American Cancer Society, state cancer registry staff, and academic institutions.

ATSDR ISSUES REPORT ON ASBESTOS EXPOSURE FROM LIBBY VERMICULITE -- Employees, their families and people living close to 28 exfoliation sites may have been exposed to amphibole asbestos from vermiculite mined in Libby, Montana between the 1920s and the early 1990s., a report from the Agency for Toxic Substances and Disease Registry (ATSDR) has concluded.

The report identifies groups of people most at–risk from exposure to this form of asbestos, makes public health recommendations for these sites and identifies 78 other sites that also received Libby vermiculite. All but one of the sites are former vermiculite exfoliation facilities located in 36 states.

Vermiculite is a group of minerals with a flaky, mica–like structure, used in insulation and gardening. No research has linked serious health effects with exposure to this mineral.

However, the specific vermiculite mined in Libby and distributed across the United States was contaminated with amphibole asbestos, which has been linked to pulmonary diseases including asbestosis, lung cancer, and mesothelioma. As many as 15 to 30 years can pass between a person's exposure to asbestos and the time disease develops.

Workers were exposed to asbestos through a process called exfoliation, in which vermiculite is heated until it expands. Since the Libby vermiculite contained asbestos, heating released asbestos fibers into the air where they could be inhaled.

People who believed they may have been exposed to amphibole asbestos are encouraged to discuss this with their health care professional. In addition ATSDR also recommends that exposed persons stop smoking, as smoking combined with asbestos exposure greatly increases the risk of developing lung cancer.

"While the number of people who were exposed to this asbestos is relatively low, ATSDR and our public health department partners are concerned about the health effects of this substance on the people who worked and lived around these facilities when they

actively processed vermiculite from the Libby mine," said William Cibulas, Ph.D., director of ATSDR's Division of Health Assessment and Consultation. "The information we have developed and shared will help these people better understand the potential risks for exposure and what to do if they feel they have been exposed."

The report identifies three groups at greatest risk for amphibole asbestos exposure:

• Persons who worked in exfoliation facilities at some time from the 1920s to the early 1990s.

• Persons who lived in the same households with these workers were exposed through asbestos–laden dust carried home on workers' clothing.

• Members of the community – particularly children – who had frequent, direct contact with vermiculite and waste rock (a by–product of exfoliation) from these facilities.

"Most people who live or work around these sites today are not being exposed to asbestos from the Libby mine," Dr. Cibulas said. "Our goals are to inform the public and reach out to workers and families who may have been exposed and have not yet sought out necessary medical screening."

ATSDR's report calls for continued health education for persons who have been exposed to amphibole asbestos. The agency has prepared health education kits to assist public health and health care professionals and community members.

ATSDR's investigations found that residual amphibole asbestos likely remains in settled indoor dust at former exfoliation sites as well as in exterior soil. With many of these sites still in use as commercial and industrial operations, ATSDR is recommending existing data for these sites be re–evaluated to learn more about the residual asbestos that may remain.

The ATSDR study also determined that non–exfoliation sites which handled vermiculite from Libby do not require follow–up studies at this time. However, the agency does recommend using the criteria of the U.S. Environmental Protection Agency's (EPA) Technical Review Workgroup to review existing data for all sites that exfoliated Libby vermiculite using ATSDR's improved methodologies.

ATSDR began evaluating Libby–related vermiculite sites at the request of EPA in response to documented health reports related to asbestos in Libby. In May 2008, ATSDR and EPA announced an $8 million initiative to advance the scientific understanding of asbestos–like fibers that occur naturally in the environment.

The document is Summary Report: Exposure to Asbestos–Containing Vermiculite from Libby, Montana at 28 sites in the United States.

ATSDR, a non–regulatory federal public health agency, will continue to provide

technical assistance to state and local officials in communities where sites have been identified.

For information about the report, please visit the ATSDR Web site: http://www.atsdr.cdc.gov/asbestos/sites/national_map

CDC STUDY FINDS 3 MILLION U.S. CHILDREN HAVE FOOD OR DIGESTIVE ALLERGIES -- The number of young people who had a food or digestive allergy increased 18 percent between 1997 and 2007, according to a new report by the Centers for Disease Control and Prevention. In 2007, approximately 3 million U.S. children and teenagers under age 18 – or nearly 4 percent of that age group – were reported to have a food or digestive allergy in the previous 12 months, compared to just over 2.3 million (3.3 percent) in 1997.

The findings are published in a new data brief, "Food Allergy Among U.S. Children: Trends in Prevalence and Hospitalizations." The data are from the National Health Interview Survey and the National Hospital Discharge Survey, both conducted by CDC′s National Center for Health Statistics.

The report found that eight types of food account for 90 percent of all food allergies: milk, eggs, peanuts, tree nuts, fish, shellfish, soy, and wheat. Reactions to these foods by an allergic person can range from a tingling sensation around the mouth and lips, to hives and even death, depending on the severity of the reaction.

Children with food allergy are two to four times more likely to have other related conditions such as asthma and other allergies, compared to children without food allergies, the report said.

Other highlights:
• Boys and girls had similar rates of food allergy – 3.8 percent for boys and 4.1 percent for girls.

• Approximately 4.7 percent of children younger than 5 years had a reported food allergy compared to 3.7 percent of children and teens aged 5 to 17 years.

• Hispanic children had lower rates of reported food allergy (3.1 percent) than non-Hispanic white (4.1 percent) or non-Hispanic black children (4 percent.)

• In 2007, 29 percent of children with food allergy also had reported asthma compared to 12 percent of children without food allergy.

• Approximately 27 percent of children with food allergy had reported eczema or skin allergy, compared to 8 percent of children without food allergy.

• Over 30 percent of children with food allergy also had reported respiratory allergy, compared with 9 percent of children with no food allergy.

• From 2004 to 2006, there were approximately 9,537 hospital discharges per year with a diagnosis related to food allergy among children from birth to 17 years. Hospital discharges with a diagnosis related to food allergy increased significantly over time between 1998-2000 through 2004-2006.

The mechanisms by which a person develops an allergy to specific foods are largely unknown. Food allergy is more prevalent in children than adults. Most affected children will outgrow food allergies, although food allergy can be a lifelong concern.

The full report is available at www.cdc.gov/nchs.