THE CSTE WASHINGTON REPORT

Marcia S. Mabee, MPH, PhD
Editor
11479 Waterview
Reston, Virginia 20190
mmabee@ix.netcom.com
703-709-3001

January 23, 2009 Volume 13, Number 2

INSIDE THIS ISSUE

EDITOR'S NOTE: Patients ages 30 to 74 who took atypical antipsychotics such as risperidone (sold as Risperdal), quetiapine (Seroquel), olanzapine (Zyprexa) and clozapine (Clozaril) had a significantly higher risk of sudden death from cardiac arrhythmias and other cardiac causes than patients who did not take these medications, according to a new study funded by the Department of Health & Human Services' (HHS) Agency for Healthcare Research and Quality (AHRQ). The risk of death increased with higher doses of the drugs taken -- 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.

HOUSE STIMULUS PACKAGE CONTAINS BILLIONS FOR PUBLIC HEALTH -- The House version of the $825 billion economic stimulus package called the "American Recovery and Reinvestment Act." contains at least $3 billion in supplemental funding for public health activities. Details are provided below. The legislation cleared the House Appropriations Committee on January 21st on a vote of 35-22. It is expected to be approved by the Ways and Means Committee today, January 23rd, and will be on the House floor by the middle of next week. The Senate is working on a different, but similar version. Senate Committee votes will occur next week. The goal is to have the bill on President Obama's desk for signature by February 13th, before the President's Day recess.

- $3 billion for disease prevention. Within this amount the following CDC programs are slated to receive increases:
  - $296 million for the Prevention Block Grant
  - $545 million for chronic disease programs
  - $335 million for HIV/AIDS, STDs, TB, HBV
  - $60 million for Environmental Health
  - $30 million for public health workforce
  - $50 million for injury prevention
  - $945 million for immunization, much of this is for Section 317 state and local activities
  - $40 million for NIOSH research
  - $40 million for the National Center for Health Statistics
  - $150 million for Healthcare Associated Infections
  - $500 million for Healthy Communities. This funding will go directly to local communities through health departments as well as non-governmental entities. Key targets will be decreasing tobacco use and obesity, as well as other issues.

The House stimulus bill also includes an investment of $20 billion in electronic health records in an effort to encourage widespread adoption among healthcare providers. There may be room within this amount for upgrading public health IT. CSTE communicated this recommendation to the Obama Transition Team in December as well as to several Members of Congress. CSTE also urged increases for public health fellowship programs at CDC.

FEDERAL ASSESSMENT FINDS PROGRESS, GAPS IN STATE PLANS FOR PANDEMIC INFLUENZA -- U.S. states and territories have made progress toward planning for an influenza pandemic, but major gaps remain, according to a federal assessment released January 15.

The HHS science advisor to the secretary led 12 federal departments and two White House offices in developing reviewing state and territory operating plans, called for by the National Strategy for Pandemic Influenza: Implementation Plan.

"The results of this assessment provide a broad-brush picture of strengths and weaknesses across various aspects of pandemic preparedness," Science Advisor Dr.

William Raub said. “The report shows that, on the whole, states and territories have accomplished a tremendous amount in a short time. The results also indicate that much remains to be done to become prepared as a nation.”

State operating plans scored best in protecting citizens. The plans showed no or few major gaps in addressing mass vaccination operations during each phase of pandemic, ensuring surveillance and laboratory capability during each phase of a pandemic, in acquiring and distributing medical countermeasures and in ensuring communication capability.

All state plans did not address or showed major gaps sustaining operations of state agencies, and supporting and protecting state government workers so that the state government could continue to function during an influenza pandemic.

The report noted that continuity of operations for all state agencies merits significant attention if substantial socio-economic disruptions are to be avoided during an influenza pandemic. Even the best plans can fail if managers cannot accommodate the significant absenteeism and disruptions in supporting services and supplies that an influenza pandemic is almost certain to produce.

Influenza pandemics could have a significant impact on social and economic health of the nation, producing a public health emergency more daunting than any other type of naturally occurring, accidental, or terrorist event.

The full report is available online, www.pandemicflu.gov/plan/states/state_assessment.html. For more information on pandemic flu, visit www.pandemicflu.gov.

USE OF ATYPICAL ANTIPSYCHOTIC DRUGS INCREASES RISK OF SUDDEN CARDIAC DEATH IN ADULTS -- Patients ages 30 to 74 who took atypical antipsychotics such as risperidone (sold as Risperdal), quetiapine (Seroquel), olanzapine (Zyprexa) and clozapine (Clozaril) had a significantly higher risk of sudden death from cardiac arrhythmias and other cardiac causes than patients who did not take these medications, according to a new study funded by the Department of Health & Human Services' (HHS) Agency for Healthcare Research and Quality (AHRQ). The risk of death increased with higher doses of the drugs taken.

The study, titled "Atypical Antipsychotic Drugs and the Risk of Sudden Cardiac Death," is published in the January 15 issue of the *New England Journal of Medicine*.

Atypical antipsychotics are commonly used to treat schizophrenia and bipolar disorders. They are also prescribed "off label" for symptoms such as agitation, anxiety, psychotic episodes and obsessive behaviors. Atypical antipsychotics are less likely to cause tremors and other serious movement disorders that affect users of typical antipsychotics.

"This study provides critical information about the safety of atypical antipsychotics that can be used to make important treatment decisions for patients," said AHRQ Director Carolyn M. Clancy, M.D. "These findings will help clinicians and patients weigh the risks versus the benefits of these drugs before prescribing them for treatment of depression or other off label uses for other conditions."

Lead researcher Wayne A. Ray, Ph.D., and his colleagues at AHRQ's Center for Education and Research on Therapeutics at Vanderbilt University in Nashville found that current users of atypical antipsychotic drugs had a rate of sudden cardiac death twice that of people who didn't use the drugs and similar to the death rate for patients taking typical antipsychotics, including haloperidol (Haldol) and thioridazine (Mellaril).

Researchers reviewed medical records from the Tennessee Medicaid program and identified data on patients prescribed atypical antipsychotics, including the number of prescriptions they received, the dose and the number of days supplied. Researchers conclude that atypical antipsychotics are not a safer alternative to typical antipsychotics in preventing death from sudden cardiac causes.

The CERTs program, established in 1999, is a research program administered by AHRQ in consultation with the U.S. Food and Drug Administration. The overarching goal is to serve as a trusted national resource for people seeking to improve health through the best use of medical therapies. The CERTs program includes partnerships of public and private organizations, a national steering committee involving multiple sectors and the CERTs investigators, a coordinating center and 14 research centers.

CDC STATEMENT ON OSELTAMIVIR (TAMIFLU®) RESISTANCE AND ANTIVIRAL RECOMMENDATIONS -- On December 19, 2008, CDC issued interim guidance for health care professionals on the use of influenza antiviral medications this flu season. The guidance was issued in response to early data from a limited number of states indicating that a high proportion of influenza A (H1N1) viruses are resistant to the influenza antiviral medication oseltamivir (Tamiflu®). Worldwide, the proportion of H1N1 viruses that are resistant to oseltamivir has been increasing so this development is not surprising.

Recent media reports may have led some to believe that these developments mean physicians are without influenza treatment options for the 2008-2009 flu season.

At this time, it’s not possible to predict how common H1N1 viruses will be during the rest of this flu season, as there are many different flu viruses and every influenza season is different. The current samples studied come from a handful of states, and may not be indicative of how the rest of the season will progress or what viruses will circulate in other states. However the circulation of oseltamivir-resistant viruses does have treatment implications for health care professionals. CDC is continuing to monitor this situation very closely, but has issued interim guidance for health care professionals to guide their treatment decisions in the current situation.

In fact, the interim CDC guidance provides advice for clinicians on how to treat patients with influenza antiviral medications this season. Clinicians can use influenza test results and information, if available, about which viruses are circulating, to help decide which antiviral(s) should be used. If H1N1 viruses are circulating in the community, or it's not clear which viruses are circulating, health care providers are recommended to use an alternative antiviral, zanamivir (Relenza®), or to use combination therapy of oseltamivir and rimantadine. Use of zanamivir or dual therapy with oseltamivir and rimantadine would provide effective treatment against all circulating influenza viruses. In some instances, oseltamivir alone can still be used, such as when influenza B is diagnosed, or H1N1 viruses are not circulating.

It is important to remember that CDC recommends annual influenza vaccination as the first and best step in preventing the flu. It is not too late to get vaccinated and this year′s influenza vaccine is expected to be effective against currently circulating oseltamivir-resistant influenza A (H1N1) viruses.