THE CSTE WASHINGTON REPORT

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INSIDE THIS ISSUE

EDITOR'S NOTE: Diabetes now affects nearly 24 million people in the United States, an increase of more than 3 million in approximately two years, according to new 2007 prevalence data estimates released today by the Centers for Disease Control and Prevention (CDC). In addition to the 24 million with diabetes, another 57 million people are estimated to have pre-diabetes, a condition that puts people at increased risk for diabetes. Among people with diabetes, those who do not know they have the disease decreased from 30 percent to 25 percent over a two-year period.-- 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 AND SENATE APPROPRIATORS PROVIDE INCREASES FOR CDC – In the past few weeks, both the House and Senate Subcommittees on Labor-HHS Appropriations have marked up their respective FY 2009 funding bills. The Senate full Committee has also acted, but a scheduled vote for the House full Appropriations Committee before the July 4th recess dissolved into partisan chaos over the Interior

Appropriations bill causing an abrupt adjournment of the Committee. Full Committee action depends on negotiations between the parties. The approved Subcommittee bills provide an overall increase, respectively, over FY 2008 of $100.875 million for CDC (House) and $76.790 million (Senate). The President's FY 2009 budget would have cut CDC by $475 million. Within the totals, increases are provided for several CSTE priority areas: +$5 million for Preparedness, Detection and Control of Infectious Diseases, which includes the ELC grant program to states (Senate); +$9 million in the House bill for the Environmental Health Track grant program to states; +$627,000 for the National Violent Death Reporting System (House); +$2.730 million Prevention Block Grant (House); and +$48,000 for the Applied Epidemiology Fellowship program (House). The Senate flat-funded areas the House increased, and the House flat-funded areas the Senate increased, so that no program sustained cuts as is the case in many instances in the President's budget request. Details are still emerging for other CSTE priority funding areas.

Congress is unlikely to actually finish the FY 2009 Labor-HHS Appropriations bill before the November Presidential election. The Senate may decide to debate its bill on the Senate floor to raise awareness of the critical domestic issues contained in the bill, but the House may not even finish its full Committee work given the partisan bickering. So, a continuing resolution through November, and possibly well into the new Administration is a distinct possibility.

FEWER KIDS SUFFERING FROM ROTAVIRUS THIS SEASON -- Rotavirus activity in the ongoing 2007-2008 season appears to have started later than usual and has been less severe than during any of the previous seasons for which data are available, according to an interim report issued in the June 25 early release edition of the Centers for Disease Control and Prevention′s Morbidity and Mortality Weekly Report (MMWR).

Rotavirus is the leading cause of severe gastroenteritis (vomiting and diarrhea) in infants and young children, annually causing about 410,000 physician office visits, 205,000-272,000 emergency department visits, 55,000-70,000 hospitalizations, and between 20 and 60 deaths among US children less than 5 years of age. Worldwide, rotavirus causes approximately 1,600 deaths each day among children less than 5 years of age.

Data from around the United States indicate that during the ongoing season, rotavirus activity was delayed by about three months compared with the start time for the previous 15 years. The season began at the end of February instead of November, the usual start time, and the season peaked at the end of April instead of March, the usual peak time.

Hospitalizations, emergency department visits, and physician visits were also substantially reduced at medical centers conducting prospective rotavirus surveillance. The number of laboratory tests performed for rotavirus from Jan. 1 to May 3, 2008, was 37 percent lower than usual, and the percent of all tests conducted for gastroenteritis that were positive for rotavirus was 79 percent lower than usual.

The report indicates that marked changes in rotavirus activity may be due to a newly introduced rotavirus vaccine for infants. In 2006, a new rotavirus vaccine, RotaTeq (Merck & Co. Inc.), was recommended for routine immunization of U.S. infants at 2, 4 and 6 months of age. Clinical trial results indicated that this live, oral vaccine prevented 74 percent of all rotavirus cases, about 98 percent of severe cases, and about 96 percent of hospitalizations due to rotavirus. "The changes appear to be greater than expected based on the protective effects of the vaccine alone," said Dr. Anne Schuchat, director of the National Center for Immunization and Respiratory Diseases at CDC. "It is also possible that current levels of vaccination may be helping to decrease the spread of rotavirus to unvaccinated individuals in the community. Ongoing monitoring is needed to confirm the impact of vaccination this year and to monitor the impact of the vaccine on rotavirus disease and its epidemiology over time."

The data used in the new report were obtained from the National Respiratory and Enteric Virus Surveillance System (NREVSS) and from the New Vaccine Surveillance Network (NVSN). NREVSS is a voluntary network of U.S. laboratories that provide CDC with weekly reports of the number of tests performed and positive results obtained for a variety of pathogens, including rotavirus.

Rotavirus is highly contagious. Large amounts of the virus are shed in the stool of infected persons and can be spread by contaminated hands and objects. Children can spread rotavirus both before and after they become sick with diarrhea, and they can pass the virus to household members and other close contacts.

The interim report can be found online at http://www.cdc.gov/mmwr. Additional information about rotavirus vaccine is available at http://www.cdc.gov/vaccines/vpd-vac/rotavirus/default.htm.

NUMBER OF PEOPLE WITH DIABETES INCREASES TO 24 MILLION --
Diabetes now affects nearly 24 million people in the United States, an increase of more than 3 million in approximately two years, according to new 2007 prevalence data estimates released today by the Centers for Disease Control and Prevention (CDC).

In addition to the 24 million with diabetes, another 57 million people are estimated to have pre-diabetes, a condition that puts people at increased risk for diabetes. Among people with diabetes, those who do not know they have the disease decreased from 30 percent to 25 percent over a two-year period.

"These new estimates have both good news and bad news," said Dr. Ann Albright, director of the CDC Division of Diabetes Translation. "It is concerning to know that we have more people developing diabetes, and these data are a reminder of the importance of increasing awareness of this condition, especially among people who are at high risk. On the other hand, it is good to see that more people are aware that they have diabetes. That is an indication that our efforts to increase awareness are working, and more importantly, that more people are better prepared to manage this disease and its complications."

Diabetes is a disease associated with high levels of blood glucose resulting from defects

in insulin production that causes sugar to build up in the body. It is the seventh leading cause of death in the country and can cause serious health complications including heart disease, blindness, kidney failure, and lower-extremity amputations.

Among adults, diabetes increased in both men and women and in all age groups, but still disproportionately affects the elderly. Almost 25 percent of the population 60 years and older had diabetes in 2007. And, as in previous years, disparities exist among ethnic groups and minority populations including Native Americans, blacks and Hispanics. After adjusting for population age differences between the groups, the rate of diagnosed diabetes was highest among Native Americans and Alaska Natives (16.5 percent). This was followed by blacks (11.8 percent) and Hispanics (10.4 percent), which includes rates for Puerto Ricans (12.6 percent), Mexican Americans (11.9 percent), and Cubans (8.2 percent). By comparison, the rate for Asian Americans was 7.5 percent with whites at 6.6 percent.

The data are an update of diabetes prevalence estimates last reported two years ago and now published in the 2007 National Diabetes Fact Sheet developed by CDC in collaboration with multiple agencies under the U.S. Department of Health and Human Services and other federal agencies.

CDC also is releasing estimates of diagnosed diabetes for all counties in the United States. Derived from the agency's Behavioral Risk Factor Surveillance Survey (BRFSS) and census data, the estimates provide a clearer picture of areas within states that have higher diabetes rates. Nationally, the data indicate increased diabetes rates in areas of the Southeast and Appalachia that have traditionally been recognized as being at higher risk for many chronic diseases, including heart disease and stroke.

“These data are an important step in identifying the places in a state that have the greatest number of people affected by diabetes,” said Dr.Albright. “If states know which communities or areas have more people with diabetes, they can use that information to target their efforts or tailor them to meet the needs of specific communities.”

CDC, through its Division of Diabetes Translation, funds diabetes prevention and control programs in all 50 states, as well as the District of Columbia and eight U.S. territories and island jurisdictions. The National Diabetes Education Program, co-sponsored by CDC and the National Institutes of Health (NIH), provides diabetes education to improve the treatment and outcomes for people with diabetes, promote early diagnosis, and prevent or delay the onset of diabetes.

For more information on diabetes, please visit www.cdc.gov/diabetes. To access the National Diabetes Fact Sheet and county-level estimates of diagnosed diabetes, click on the "data and trends" link at the left.

TRAUMATIC BRAIN INJURIES CAN RESULT FROM SENIOR FALLS --
Traumatic brain injuries due to falls caused nearly 8,000 deaths and 56,000 hospitalizations in 2005 among Americans 65 and older, according to a new report from

the Centers for Disease Control and Prevention released in the June issue of the *Journal of Safety Research*.

Traumatic brain injuries, or TBIs, are caused by a bump or blow to the head; however, they maybe missed or misdiagnosed among older adults. TBI often results in long-term cognitive, emotional, and/or functional impairments. In 2005, TBIs accounted for 50 percent of unintentional fall deaths and 8 percent of nonfatal fall-related hospitalizations among older adults.

Falls are not an inevitable consequence of aging, but they do occur more often among older adults because risk factors for falls are usually associated with health and aging conditions. Some of these conditions include mobility problems due to muscle weakness or poor balance, loss of sensation in feet, chronic health conditions, vision changes or loss, medication side effects or drug interactions, and home and environmental hazards such as clutter or poor lighting.

"Most people think older adults may only break their hip when they fall, but our research shows that traumatic brain injuries can also be a serious consequence," said Dr. Ileana Arias, director of CDC's National Center for Injury Prevention and Control. "These injuries can cause long-term problems and affect how someone thinks or functions. They can also impact a person's emotional well-being."

Each year, one in three older Americans (65 and older) falls, and 30 percent of falls cause injuries requiring medical treatment. In 2005, nearly 16,000 older adults died from falls, 1.8 million older adults were treated in emergency departments, and 433,000 of these patients were hospitalized. Falls are the leading cause of injury deaths and nonfatal injuries for those 65 and over.

This study analyzed 2005 data from the National Center for Health Statistics' National Vital Statistics System and the Agency for Healthcare Research and Quality's Nationwide Inpatient Sample. Key findings are:

• Death rates for fall-related TBIs were higher among men than women (26.9 per 100,000 and 17.8 per 100,000, respectively).

• Rates for fall-related TBI hospitalizations were similar among men and women (146.3 per 100,000 and 158.3 per 100,000, respectively).

• Death and hospitalization rates for fall-related TBIs generally increased with age.
Additional findings:

• The majority of men and women hospitalized with a fall-related TBI spent two to six days in the hospital (54.9 percent of men; 61.5 percent of women).

• The median total charges for these hospitalizations were $19,191 for men and $16,006 for women.as more baby boomers reach retirement age, these types of injuries will increase demands on the health care system unless action is taken to prevent the injuries.

"CDC has developed tips and suggestions for older adults, their caregivers, health care providers, and communities to help prevent falls," Arias said.

For older adults, their children, caregivers, and health care providers, CDC recently developed the 'Help Seniors Live Better, Longer: Prevent Brain Injury' initiative. Developed in collaboration with 26 organizations, it features easy-to-use English- and Spanish-language materials in a concise question-and-answer format to help prevent, recognize, and respond to TBI. For more information and materials, visit *www.cdc.gov/BrainInjuryInSeniors*.

CDC has also created resources for practitioners and community-based organizations. *Preventing Falls: What Works A CDC Compendium of Effective Community-based Interventions from Around the World* and *Preventing Falls: How to Develop Community Based Fall Prevention Programs for Older Adults* can be downloaded or ordered at www.cdc.gov/ncipc/preventingfalls.

To access this article, please link to www.cdc.gov/injury. For information about the *Journal of Safety Research*, please link to www.sciencedirect.com/science/journal/00224375. The study citation is doi:10.1016/j.jsr.2008.05.001.