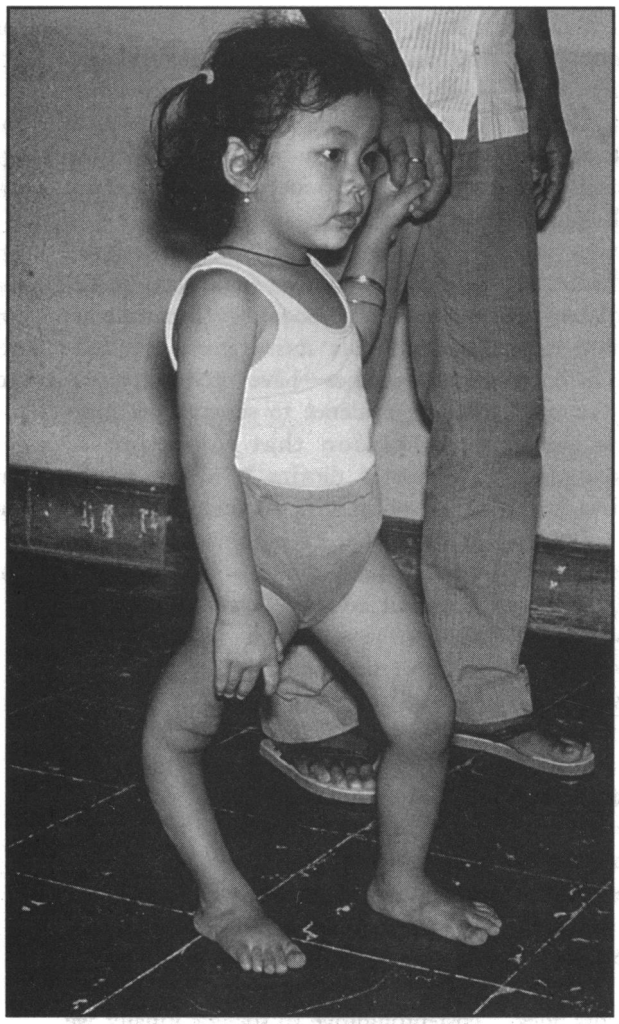
Announcing Sequential OPV-IPV Schedule



The United States has been free of wild poliovirus-associated paralytic disease since 1979 due to universal vaccination with oral poliovirus vaccine (OPV). However, eight to nine paralytic poliomyelitis cases caused by OPV are reported each year nationwide. An alternative that does not cause paralytic disease—inactivated polio vaccine (IPV)—is available. IPV has led to elimination of wild poliovirus in the Scandinavian countries, the Netherlands, and France and is now used for routine childhood immunization in these countries as well as in Canada. However OPV provides very good intestinal immunity and widespread OPV vaccination has provided an important population barrier to the spread of wild poliovirus in the event of its importation.

The Advisory Committee on Immunization Practices (ACIP) has been meeting since October 1994 (in September 1994, an international commission convened by the Pan American Health Organization certified the Western Hemisphere as free of wild poliovirus) with input from representatives of the American Academies of Pediatrics and Family Physicians, CDC, the Food and Drug Administration, and vaccine manufacturers. On September 18, 1996, CDC released this letter:

Dear Colleague:

After careful deliberation, [CDC] has accepted the Advisory Committee on Immunization Practices' (ACIP) new recommendation for polio immunization, which calls for the introduction of a sequential schedule of inactivated poliovirus vaccine (IPV) followed by oral poliovirus vaccine (OPV) for routine childhood immunization. The recommended sequential series consists of two doses of IPV (at 2 and 4 months of age) and two doses of OPV (at 12–18 months and 4–6 years). This schedule is the preferred means to prevent paralytic poliomyelitis, either from possible reintroduction of wild poliovirus or associated with OPV use, by providing high levels of both individual and community protection. Schedules that include OPV alone or IPV alone meet current standards of care and remain acceptable.

This recommendation follows a two-year review by the ACIP of the current policy of primary reliance on OPV. The ACIP voted to recommend the sequential IPV-OPV schedule in June 1996. The new schedule is expected to be implemented in early 1997.

Poliomyelitis was a common disease in the United States in the 1940s and 1950s. In 1952, there were over 57,000 reported polio cases, and over 21,000 of those were paralytic cases. Because of wide use of OPV, no case of paralytic polio caused by naturally circulating polio virus has been reported in the United States since 1979. Oral polio vaccine can, on rare occasions, cause paralytic disease (about 8–9 cases per year). IPV, given by injection, is not known to cause disease. The ACIP's new recommendation is expected to reduce the frequency of vaccine-associated paralytic polio by 50% to 75% or more.

OPV continues to be the world's most effective tool in global wild polio virus eradication efforts. The CDC strongly affirms support for global polio eradication which relies on the exclusive use of OPV in countries that have or have recently had wild polio virus.

Thank you for your support and cooperation.

Walter A. Orenstein, MD
Assistant Surgeon General
Director, National Immunization Program

Use of IPV and OPV in a sequential schedule will provide the benefits of both vaccines while reducing the risk of vaccine-associated paralytic poliomyelitis (VAPP): IPV use will reduce the number of VAPP cases by inducing polio antibodies that protect recipients prior to receipt of OPV, while OPV administed after IPV will provide population-level intestinal immunity to prevent wild poliovirus

spread until world polio eradication is achieved. The change to the new schedule is expected to reduce the number of vaccine-associated paralytic polio cases by 50% to 75% while still providing a population-level barrier to wild poliovirus spread. In addition, the change should improve confidence in the childhood immunization program.

The World Health Organization poliomyelitis eradication initiative relies exclusively on use of OPV in polio endemic countries and recently endemic areas. CDC continues to be a major partner in the global initiative and has worked vigorously with the World Health Organization to reaffirm the position that OPV is the vaccine of choice and the global standard for elimination.

Personal Health Services Receive Lion's Share of Public Health Funds

Public health-related agencies in nine states spent more than half of their funds in 1995 on personal health services, according to a recent pilot study by the Public Health Foundation (PHF).

The vast majority of these expenditures (71%) were by state mental health agencies. The study also found that public health expenditures made up only a fraction of the dollars spent on health care in these states.

According to the PHS-funded study, which is included in a report entitled *Measuring Expenditures for Essential Public Health Services*, expenditures for personal health services comprised 54% of a total $11.2 billion spent in FY 1995 by public health-related agencies in Arizona, Illinois, Iowa, Louisiana, New York, Oregon, Rhode Island, Texas, and Washington State.

The study also found that at $36 per capita, spending on community-based health services, geared toward preventing disease and promoting health among populations as a whole, accounted for only 1% of total health care expenditures by private and public sector payers ($3342 per capita). Of the public health expenditures, $698 million, or 25%, supported regulatory activities.

Data concerning public health expenditures are critical in times of rapidly changing health delivery systems and priorities, according to the report. The new PHF data provide a baseline showing that direct personal health services remain a predominant function of public health agencies despite recent trends toward moving Medicaid beneficiaries into private-sector managed care. The data also document how public health agencies are balancing responsibilities for direct care with other public health functions, including monitoring and assuring access to quality health care for the entire population. Data that quantify current expenditures for essential public health services will help public health agencies effectively make the case for public health investment, according to the researchers.

The PHF study was designed to develop and test methodologies for quantifying public health expenditures. Public Health Service agencies and state and local public health, mental health, substance abuse, and environmental agencies participated in the study.

Copies of the report can be obtained from the Public Health Foundation, 1220 L Street NW, Suite 350, Washington DC 20005. Address questions to Mike Barry or Kay Eilbert of PHF; tel. 202-898-5600; e-mail <72054.336@compuserve.com>; or to Debbie Maiese of the Office of Disease Prevention and Health Promotion, U.S. Public Health Service; 202-401-5809.

Health Workers At Risk For Workplace Violence

Every week, 20 people are murdered at work in the United States and some 18,000 are assaulted, with health care workers among the employees at greatest risk of assault.

According to a recent report by the National Institute for Occupational Safety and Health (NIOSH), although most media attention has been paid to murders and assaults by coworkers, the majority of workplace murders are robbery-related crimes for which taxicab drivers—who carry money and are face-to-face with the public—run the greatest risk. Most workplace assaults, however, take place in settings such as hospitals, nursing homes, and social service agencies.

Workers at increased risk for workplace victimization tend to have routine face-to-face contact with large numbers of people, to handle money, and to hold jobs requiring routine travel. Although groups at high risk for workplace homicide and nonfatal workplace assaults share the characteristics of interacting with the public and handling money, there are also clear differences. For example, health care workers are not at elevated risk of homicide, but they are at greatly increased risk of nonfatal assaults. In part, this is because robbery-related violence is likelier to have fatal outcomes than is violence resulting from the anger or frustration of customers, clients, or coworkers. The premeditated use of firearms in robberies is also likely to affect the lethality of assaults in the workplace.

In the report, *Violence in the Workplace, Risk Factors and Prevention Strategies*, NIOSH recommends that employers and employees develop violence prevention programs and institute policies such as prudent methods of handling cash, physical separation of workers from customers, good lighting, security devices, escort services, and employee training. Each workplace should document violent acts in order to formulate appropriate prevention policies.

Violence in the Workplace *may be ordered from Publications Dissemination, EID, National Institute for Occupational Safety and Health, 4676 Columbia Parkway, Cincinnati OH 45226-1998; tel. 800-35-NIOSH (800-356-4674); fax 513-533-8573; e-mail <pubstaft@niosdt1.em.cdc.gov>.*

NIOSH Alerts Construction, Auto Workers to Diisocyanates

The National Institute for Occupational Safety and Health (NIOSH) warns that exposure to compounds commonly used in construction or automobile manufacture and repair can cause serious or fatal respiratory disease. The compounds in question are diisocyanates, which are commonly used in the manufacture of flexible and rigid foams, fibers, coatings such as paints and varnishes, and elastomers as well as in respirable crystalline silica, which is released in the processing of many concrete and masonry products. Two NIOSH publications, *Preventing Asthma and Death from Diisocynate Exposure* and *Preventing Silicosis and Deaths in Construction Workers,* published earlier this year, contain case studies, recommendations, and references.

These publications (96-111 and 96-112) are available from Publications Dissemination, EID, NIOSH, 4676 Columbia Parkway, Cincinnati OH 45226; tel. 800-35-NIOSH (800-356-4674); fax 513-533-8573; e-mail <pubstaft@niosdt1.em.cdc.gov>.

Menu Health Claims to Require Proof

By next summer, restaurant patrons ordering "low fat" or "heart healthy" food may be reasonably assured of receiving it—as a result of a new FDA rule requiring that nutritional claims on restaurant menus be backed up with proof.

Issued in July 1996 and designed to have minimal economic impact on the restaurant industry, the rule becomes effective in May 1997. It does not require that ingredients or nutritional content appear on menus, nor are menu items subject to the same strict standards of laboratory analysis as processed foods. However, restaurants must be able to verify their claims. For example, a restaurant could show that an item labeled "healthy" was prepared with a recipe from a recognized health professional association or dietary group or that nutritional values were calculated using a reliable nutrition database. Information on fat content could be compiled in a notebook available to consumers on request.

The new menu rules are identical to the standards that have been in effect since May 1994 for nutrient content claims on placards and signs in large and medium-sized restaurants and since May 1995 for smaller restaurants.

The FDA rule came as a result of a U.S. District Court decision in a case filed by Public Citizen and the Center for Science and the Public Interest, which supports the claim that Congress intended to include restaurant menus under the requirements of the Nutrition Labeling and Education Act of 1990.

NIDR Study Examines Coronary-Periodontal Disease Link

People with periodontal disease are more likely to develop heart disease than are people without gum problems, according to at least one study. Those with severe periodontal bone loss may have twice the risk of fatal coronary heart disease as people without this condition.

To better define the link between periodontal disease and heart disease, the National Institute of Dental Research (NIDR) has awarded a four-year $2.2-million grant to the University of North Carolina. This is the largest study of its kind, enabling researchers to explore in detail the underlying inflammatory responses common to both diseases.

By tapping into the ongoing Atherosclerosis Risk in Communities Study sponsored by the National Heart, Lung and Blood Institute (NHLBI), North Carolina researchers will be able to examine markers of periodontal disease in 14,000 people already receiving extensive heart disease testing.

The dental researchers will then compare these periodontal markers with clinical measures of heart disease, with the occurrence of heart attacks, stroke, and death, and with ultrasound measures of carotid vessel thickening. Part of the link between periodontal disease and heart disease may lie with harmful bacteria that colonize the mouth. The investigators theorize that certain types of bacteria, which clump together in sticky masses called plaque and cause periodontal diseases, also activate white blood cells in the body to release harmful clotting factors and proteins (called pro-inflammatory mediators) that contribute to heart disease and stroke.

Congress Doesn't Act on Public Access to Practitioner Data

The Congress adjourned without taking action on legislation that would provide public access to the Public Health Service's practitioner data bank.

Sponsored by Sen. Ron Wyden (D-OR) and Sen. Olympia Snowe (R-ME), the Health Care Quality Improvement Act Amendments of 1996 would open to the public the record of any health care practitioner who was the subject of three or more disciplinary or malpractice actions. Currently, the data bank is not open to the public.

Of 86,000 medical professionals in the data bank, 60,000 have been the subject of one disciplinary action or court judgment, 13,500 of two, and 6,500 of three or more, according to Wyden.

In addition, the Wyden-Snowe bill expands the categories of reportable events and malpractice decisions, requires state medical boards to report denials of licensure as well as revocations and suspensions, and establishes an Internet site accessible to the public.

As a House member in 1986, Wyden sponsored the original legislation creating the Federal Practitioner Data Bank to record disciplinary actions and malpractice judgments and settlements against physicians and other health care providers. Access to the data bank, maintained by the Health Resources and Services Administration of the Public Health Service, was limited to state licensure boards, hospitals, and health care plans.

Writing in the July–August 1995 issue of *Public Health Reports*, Wyden called for public access to the data bank and promised to introduce legislation that would provide it.

The Oregon senator has also introduced the Patient Communications Protection Act of 1996, which would authorize health plan physicians to advise patients of alternative treatments for a condition even if those treatments are not covered under the plan. At present, a health plan may demand that its physicians remain silent about potential treatments if those treatments are not covered.

Accused Researchers Exonerated But Not Forgotten

For whistleblowers and researchers wrongly accused of scientific misconduct, the consequences in the workplace appear to be the same—and they are not positive. Either way, "you are viewed as upsetting the peace and tranquility of the institution," according to Lawrence Rhoades, director of the Division of Policy and Education in the Office of Research Integrity (ORI) of the Public Health Service. Describing a recent study of exonerated researchers, Rhoades explained, "It doesn't matter whether you are guilty or innocent; a different dynamic seems to apply. You are seen as calling the integrity of the institution into question, which can feel threatening to others who work there."

The Survey of Accused but Exonerated Individuals in Research Misconduct Cases was conducted by the Research Triangle Institute, an independent applied research institute, under contract with ORI. Initiated in 1994, the study followed Congressional hearings on whistleblowers and a 1993 study showing that whistleblowers often suffer negative repercussions.

Of 54 exonerated researchers studied, 60% reported experiencing negative consequences. Seventeen percent reported severe consequences such as loss of position, promotion, or salary increase; 43% reported less severe consequences including threatened lawsuits, additional allegations, ostracism, reduction in research or staff support, delays in processing manuscripts or grant applications, or pressure to admit misconduct. Forty percent reported no negative consequences.

Ninety percent of the respondents who reported negative consequences indicated that the negative actions began during the inquiry or investigation, and 65% reported these negative actions continued after the final determination. Institutional officials were cited as the major source of severe negative actions. Complainants were cited as the most frequent source of negative actions.

The overall impact of the allegation on respondents' careers was viewed as neutral by 57%, negative by 40%, and positive by 4%. At the time of the study, almost all of the respondents (88%) were still conducting research, and 72% were still working at the institutions where they had been accused of scientific misconduct. Eighty percent of the respondents who changed institutions thought the change was desirable. Nevertheless, 39% of the overall group of respondents thought it was likely that there is a continuing stigma attached to having been accused of misconduct; 54% thought it unlikely; and 11% said they did not know.

As many respondents were satisfied as dissatisfied (44%) with the handling of their cases. However, only 35% of the respondents were satisfied with the efforts made by their institutions to restore their reputations. More than a third of the respondents (36%) stated that institutions failed to maintain confidentiality.

Survey results may be found on the ORI Home page at <http://phs.os.dhhs.gov/phs/ori/ori_home.html>.

"AIDS Day" Kits Available

On December 1, designated World AIDS Day by the American Association for World Health (AAWH), groups across the country will sponsor such AIDS awareness activities as the distribution of condoms and literature, testimony of HIV/AIDS patients, candlelight memorial vigils, and the release of songs and works of art.

Awareness Day kits may be ordered from the American Association for World Health; tel. 202-466-5883; fax 202-466-5896.

CPSC Announces New Publication

The Consumer Product Safety Commission (CPSC) has released the first issue of the *Consumer Product Safety Review*, a quarterly publication designed to provide timely information for policy makers to use in reviewing and developing policy standards. The publication includes data on consumer product-related injuries and deaths, on CPSC research activities and emerging hazard studies, on the latest product recalls, and on reports of incidents involving consumer products.

A one-year subscription to the Consumer Product Safety Review *costs $8.00 and can be ordered from the Superintendent of Documents, P.O. Box 371954, Pittsburgh PA 15250-7954; tel. 202-512-1800. When ordering, specify*

"SAFRE." Complimentary copies of the first issue are available from the Office of the Secretary, Consumer Product Safety Commission, 4330 East West Highway, Bethesda MD 20814; tel. 301-504-0800. The Consumer Product Safety Review is also available on the CPSC Web site at <http://www.cpsc. gov> under "Publications."

Collaborative Grants Offered

The National Association of County and City Health Officials and the University of Washington School of Public Health and Community Medicine, with funding from the Robert Wood Johnson and W.K. Kellogg Foundations, have launched a grant program to strengthen the public health infrastructure at the state and local levels. The program, Turning Point: Collaborating for a New Century in Public Health, will enable key players to use public health approaches to reshape health systems. Over a four-year period, 15 to 20 states will receive grants of up to $300,000 for up to two years each to support statewide assessments and strategic planning. At the same time, 60 local public health partnerships (an average of three in each state selected) will receive up to $60,000 to undertake capacity building, planning, and leadership activities for up to three years. As communities successfully complete local plans, they will become eligible for supplementary grants to help with implementation.

Applications will be accepted until January 30, 1997. Further information is available from the national program offices at 202-783-5550 (Washington

ELECTRONIC UPDATE

Federal Register on the Web

The Purdue University Libraries have developed the first electronic pathway to the *Federal Register* via the World Wide Web; users can also look up information in other Federal databases in the U.S. Government Printing Office, such as the *Congressional Record,* the *History of Bills* and the *U.S. Code.* Previously, researchers could use special computers at some of the 1400 U.S. depository libraries, which limited the number of simultaneous users to 10 at each site, or they could access the data bases remotely by using a computer to go through electronic "gateways" at 14 of the depository libraries.

The *Federal Register*, which on paper can average more than 200 pages daily, contains such information as proposed Federal regulations, pending legislation, and requests for funding from government agencies. The register is updated daily, and paper copies are mailed to depository libraries around the country. However, the new information often does not reach library shelves for weeks because of the time involved in mailing and filing it.

Ten people at a time can log on to the GPO databases through Purdue by typing in <http://thorplus.lib.purdue.edu.gpo>.

Federal Agencies Offer Documents by E-Mail

In the spirit of Americans Communicating Electronically (ACE), a cooperative initiative among Federal agencies bringing information to the public in electronic form, the National Health Information Center (NHIC), a service of the Office of Disease Prevention and Health Promotion of the Department of Health and Human Services, has developed electronic versions of a number of frequently requested publications. Documents are formatted in ASCII text.

To retrieve a document from the NHIC, send an electronic mail message to <cenhic@oash.ssw.dhhs.gov>. Specify a document from the catalog below by including in your e-mail message the subject line associated with that document. An electronic mail message (or messages) containing that document will be automatically sent to you as a reply. Limitations of the e-mail system being used to deliver this information require that longer documents be divided into several messages; each message in a series is clearly labeled as such. For example, to retrieve the "Surgeon General's Report to the American People on HIV Infection and AIDS," send the following message:

To: acenhic@oash.ssw.dhhs.gov
Subject: HIV/AIDS

You would then receive four messages, each containing part of the Surgeon General's report. You can send comments and suggestions to the same address, using the subject line "Comment."

Subjects available through ACENHIC:

Health Observances
A calendar listing dates of selected health observances.

Clearinghouses
A directory of Federal clearinghouses for health-related information.

Prevention Activities
A 1993 list by HHS agency of investments in prevention.

Healthy People 2000
A description of the goals and

DC) or 206-543-1144 (Washington State).

IOM Study Calls for Malaria Vaccine

Every 30 seconds, a child somewhere in the world dies of malaria. And every year, there are 500 million clinical cases and 2.7 million deaths—all the result of a disease that appeared to have been nearly eliminated just a few years ago. In part, the resurgence of malaria is occurring, in some 90 countries, because the mosquito-borne parasites that cause the disease are increasingly resistant to antimalarial drugs. And while a malaria vaccine is a biotechnological and immunological possibility, according to a new Institute of Medicine (IOM) report, the pace of vaccine development has slowed as a result of diminishing public funds, fragmented public sector efforts, and limited interest within the vaccine industry.

The report, *Vaccines Against Malaria: Hope in a Gathering Storm,* recommends the establishment of a Federal Malaria Vaccine Development Board to monitor, focus, and support U.S. vaccine development efforts. Such a board would encourage collaboration among academic researchers and the private and public sectors as well as commission assessments of potential global markets.

The report is available from the IOM, National Academy of Sciences, 2101 Constitution Ave. NW, Washington DC 20418; tel. 202-334-2427; fax 202-334-3861.

objectives of *Healthy People 2000* and a list of the lead Public Health Service agencies responsible for each priority area.

NHIC Fact Sheet

A description of NHIC services.

Dietary Guidelines

Recommendations of nutrition authorities for Americans age 2 and up.

Online Resources

A table listing bulletin board systems providing health-related information.

HIV/AIDS

The "Surgeon General's Report to the American People on HIV Infection and AIDS."

Toll-Free Numbers

Toll-free numbers for and descriptions of organizations providing health-related information.

Health Care Job Listings on the Web

Health professionals can now look for jobs on the Internet through a new service, Health Care Connection. Launched recently by a company called CareerMosaic, the site offers career information, employer profiles, and job listings for nurses, therapists, pharmacists, administrators and financial specialists in locations within the United States and overseas. The new site covers all areas of health care and all disciplines. The site also sponsors online job fairs to allow prospective employees to visit and submit applications online. While there is a charge for advertisers, the service is free to job seekers and may be accessed from the CareerMosaic home page at <http://www.careermosaic.com>.

Health Research Info Online

The Agency for Health Care Policy and Research (AHCPR) has launched a new Web site featuring information to help consumers and their health care practitioners make informed health care decisions. It offers research on what works best in health care and other data aimed at enhancing the quality, cost-effectiveness, and delivery of health care services. Visitors to the AHCPR home page can get an overview of the Web site by clicking on the "welcome" button. Six buttons correspond to major categories of information: Offices/Centers, News and Resources, Research Portfolio, Data and Methods, Guidelines and Medical Outcomes, and Consumer Health. There is also an electronic catalogue of the more than 450 information products generated by AHCPR. The site is located at <http://www.ahcpr.gov>.

Nutrition Links

The Extension Department of Foods and Nutrition at Kansas State University has completed a "Nutrition Links" Web page, which links users to approximately 350 different Web pages of nutrition information, categorized by topic area. The page is located at <http://www.oznet.ksu. edu/dep/fnut/nutlink/n2.htm>.

Food and Nutrition Web Addresses

The Food and Nutrition Information Center URL is <http://www. nal.usda.gov/fnic>.

The USDA Center for Nutrition Policy and Promotion Home Page is found at <http://www. usda.gov/fcs/cnpp.html>.

The Food and Drug Administration (FDA) may be accessed at <http://www.fda.gov>.

The FDA Center for Food Safety and Applied Nutrition is located at <http://vm.cfsan.fda.gov/list.html>.