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American Association of Public Health Physicians E-NEWS

August, 2009

***The Voice of Public Health Physicians-Guardians of the Public's
Health***

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**Thank you to Joseph L. Murphy, MD for the pictures from the AAPHP Annual Meeting

1. NACCHO Meeting in Orlando, July 29-3. 2009

www.naccho.org

The 39th annual meeting of the National Association of City and County Health officials was held in Orlando from July 29-31. Approximately 1000 health officials from throughout the US were in attendance. Kevin Sherin, MD, MPH, current AAPHP president served on the planning committee. Sherin read the letter from FL Governor Charlie Crist and helped to introduce the program. NACCHO president Bruce Dart, PhD from Lancaster County, Omaha, Nebraska officiated. Dr. John Agwunobi, MD, MBA, MPH, Senior Vice President of Wal-Mart, and past FL state health officer and US Assistant Secretary for Health (& AAPHP member), gave the keynote speech and exhorted health officers to “get outside of their comfort zone”, and reach out to partner for improving the community’s health, by working with the business community and local workforces like Wal-Mart in their own communities. Wal-Mart has 140 Million Americans who are customers each week and Wal-Mart is represented in nearly all local jurisdictions. Health officers can email John Agwunobi at John.Agwunobi@wal-mart.com and partner with local market management staff to coordinate vaccine clinics and other partnerships at Wal-Mart’s in their area. Dr. Mary Wakefield, chief of HRSA, was a keynote on Friday AM, and spoke about establishing an office of public health practice at HRSA. AAPHP President Sherin urged Dr. Wakefield to consider waivers for caps of 5% on local health departments that wish to become FQHC’s. She said she would look at that. Tom Frieden, MD, MPH, newly appointed chief of the CDC followed Dr. Wakefield. Tom, immediate past commissioner of public health in New York City, is the first local health officer to ever be named as the CDC chief. Tom provided a comprehensive overview of the CDC’s agenda including traditional communicable disease control, and chronic disease panels including lipids, blood pressure, tobacco use etc. Sherin asked Frieden about H1N1 flu clinic plans for fall, and if CDC could provide advisory guidance which would help health officers to recruit nursing surge capacity for school based clinics. Sherin and FL officials met with Frieden later to discuss local issues and concerns.

1.b. Sherin chaired the SACCHO meeting for FL which was held in conjunction with NACCHO, as current FACHO president. FACHO is engaged in strategic planning as a state association of County Health officials. FACHO met with NACCHO leadership and staff to dialog about the roles of local public health in a statewide system, and how NACCHO can customize its services to the various constituencies, urban, rural, statewide and local health departments throughout the United States. AAPHP urges its members to engage with NACCHO members and local health departments throughout the US. For more information on NACCHO, see the website at www.naccho.org. Sherin and Membership director Magyar met with other AAPHP members at the meeting and engaged NACCHO members in recruitment efforts for AAPHP. NACCHO will share physician membership lists with AAPHP.

2. Tobacco

2a) FDA/Tobacco Bill now law

The FDA/Tobacco bill has been passed by the House and Senate and signed by President Obama. Since the passage of the tobacco bill, the mission of our AAPHP tobacco committee is changing, to assure evidence based practices for education of our members and constituent organizations. The new Tobacco Committee consists of Joel Nitzkin, MD, MPH, Dr.PA, Chair; David Cundiff, MD, MPH; Charles Mashek, MD, MBA; Jason Newsom, MD; John Montgomery, MD, MPH; Arvind Goyal, MD, MPH; and Virginia Dato, MD, MPH. Other AAPHP members are welcome to serve on the tobacco advisory group, and to vet public statements which go out from our organization concerning tobacco policy.

2b) AAPHP Tobacco Blog

Your AAPHP Tobacco Control Task Force has worked diligently these past two years to try to secure changes in the legislation that would address the major flaws, but with little success. Our focus will now shift to the regulatory process within FDA, with hopes of guiding the regulatory process in the direction of public health benefit. The currently anticipated focus, supported by remarks by Secretary Hamburg, is making cigarettes safer by reducing the concentration of specific toxic substances. Currently available science strongly suggests that such an approach cannot possibly reduce cigarette-related illness and death by more than 1% or 2%. The Blog is at www.aaphptobacco.wordpress.com

2c) AAPHP Tobacco Control Task Force

The AAPHP Tobacco Control Task Force (TCTF) sprung into action in February of 2007 in response to the introduction of legislation to give FDA authority to regulate the manufacture and marketing of tobacco products. This bill, sponsored by Waxman and Kennedy, co-authored by Campaign for Tobacco Free Kids (CTFK) and Altria/Philip Morris, and heavily promoted by CTFK, American Lung Association, and others, was finally passed by both houses of Congress and signed into law in June. Rather than simply jump on the endorsement bandwagon, on the basis of the then-current summary of the bill, the AAPHP TCTF, then represented by myself (Joel Nitzkin) and Dave Cundiff, decided to download and carefully read through the entire (then 165 pages) of the bill. Our initial impression was that this bill gave the image, but not the substance of effective regulation of tobacco products, and was so heavily slanted in favor of Altria/Philip Morris, that, if passed into law without major amendment, it would do more harm than good from the perspective of future tobacco-related illness and death. Our arduous attempts to confirm or deny this impression through contact with sponsoring and endorsing organizations and the congressional sponsors only reaffirmed our initial impressions and brought yet more anti-public-health aspects of the bill to light.

In response to all of this, with the assistance of selected tobacco control advocates external to AAPHP, we drafted and posted a number of documents to show the research we had done with regard to this bill and show the basis for our conclusions. While all had been submitted for review to the AAPHP Executive Committee prior to posting, one item was formally submitted to and approved by the full Board -- our Harm Reduction Resolution and White Paper. Despite our best efforts, the bill went through with very little amendment (mainly graphic warnings and a commitment to review the Menthol issue).

This promising, but severely flawed bill is now law. In about a year the FDA will initiate the process of drafting rules and regulations to translate its many provisions into working policies and programming. If the rulemaking proceeds as envisioned by the promoters of the bill, it will give full FDA approval to currently marketed cigarettes, impose a de-facto ban on newly proposed lower risk tobacco and non-pharmaceutical nicotine delivery devices, and prohibit lower-risk products already on the market from communicating the difference in risk to American smokers. The bill even goes so far as to require warning labels on those smokeless tobacco products that pose no risk of mouth and throat cancer that incorrectly warn tobacco users about this disease.

Our newly expanded TCTF is now in the process of considering how best to proceed during the next 12 months to take best advantage of the new powers given to the FDA to help reduce both near-term tobacco related illness and death, and do so in a way that will also reduce teen initiation of tobacco use and move us in the direction of an eventually nearly-tobacco-free society. Our current impression is that the possibility now exists to initiate harm reduction policies and programming that could save the lives of about 4 million of the 8 million current adult smokers who will otherwise die of a tobacco related illness over the next 20 years, and do so in a manner that will help teen initiation of tobacco use. The major barrier to such an approach is the current mindset of many in the public health and healthcare communities who will not consider the possibility of harm

reduction (encouraging smokers to switch to much lower risk nicotine delivery products) on the basis of a totally unsubstantiated fear that such a policy will balloon teen initiation of tobacco use and move us away from an eventually nearly-tobacco-free society.

Anyone wishing to learn more about our research and conclusions, or participate in our advocacy strategy process should check out the documents currently posted on the Tobacco Issues page at www.aaphp.org and our new AAPHP Tobacco Policy Blog at www.aaphptobacco.wordpress.com. As current chair of the AAPHP Tobacco Control Task Force, I (Joel L. Nitzkin, MD) can be reached at jln-md@mindspring.com.

3. H1 N1 Updates

3a) Surveillance summary for CDC

The CDC estimates more than one million cases in the US to date. ILI activity is tracked from Essence, EM systems, RODS, and other data bases. For weekly summaries see the link below which is summarized briefly from CDC public domain web links.

<http://www.cdc.gov/h1n1flu/update.htm> is the CDC website for H1N1 updates.

Total U.S. Novel H1N1 Flu Hospitalizations and Deaths		
Posted July 31, 2009, 11:00 AM ET		
Data reported to CDC by July 30, 2009, 11:00 AM ET		
Reporting States and Territories*	Hospitalized Cases	Deaths
47	5,514	353

*Includes the District of Columbia, American Samoa, Guam, Puerto Rico and the U.S. Virgin Islands.

The number of hospitalized novel H1N1 cases and deaths presented in this table are an aggregate of reports received by CDC from U.S. states and territories and will be updated weekly each Friday at 11am. For state level information, refer to [state health departments](#).

CDC discontinued reporting of individual confirmed and probable cases of novel H1N1 infection on July 24, 2009. CDC will report the total number of hospitalizations and deaths weekly, and continue to use its traditional surveillance systems to track the progress of the novel H1N1 flu outbreak. For more information about CDC's novel H1N1 influenza surveillance system, see [Questions & Answers About CDC's Novel H1N1 Influenza Surveillance](#).

International Human Cases of H1N1 Flu Infection

See: [World Health Organization](#)



3b) Guidance from the CDC

For guidance on H1 N1 flu see this link from the CDC

<http://www.cdc.gov/h1n1flu/guidance/>

The content of the guidance section includes the following links

[Information for Vaccine Planners](#) July 24

Epidemiology and Surveillance

[Case Definitions for Investigations of Cases](#) June 1

[Screening in Regions with Few or no Reported Cases](#) May 1

Clinician Guidance

[Interim Guidance for the Detection of Novel Influenza A Virus Using Rapid Influenza Diagnostic Tests](#) July 29

[10 Actions Steps for Medical Offices and Outpatient Facilities](#) July 14

[Identifying and Caring For Patients](#) May 4

[Antiviral Recommendations](#) May 6

[Emergency Use Authorization \(EUA\): Medical Products](#) May 7

[Clinical Data Collection Forms and Templates](#) May 12

[Interim guidance for use of 23-valent pneumococcal polysaccharide vaccine during novel influenza A \(H1N1\) outbreak](#) June 9

Clinician Guidance for Specific Audiences

[Considerations Regarding Novel H1N1 Flu Virus in Obstetric Settings](#) July 6

[Patients With Cardiovascular Disease](#) May 2

[HIV-Infected Adults and Adolescents](#) June 5

[Pregnant Women](#) June 30

[Infants and Young Children](#) May 13

Infection Control

[Considerations Regarding Novel H1N1 Flu Virus in Obstetric Settings](#) July 6

[Interim Guidance for Homeless and Emergency Shelters on the Novel Influenza A \(H1N1\) Virus](#) June 12

[Post-mortem Care and Safe Autopsy Procedures for Novel H1N1 Influenza](#) May 28

[Interim Guidance for Correctional and Detention Facilities on Novel Influenza A \(H1N1\) Virus](#) May 24

[Infection Control for Patients In a Healthcare Setting](#) May 13

[Biosafety Guidelines for Lab Workers](#) May 13

[Infection Control in Outpatient Hemodialysis Centers](#) May 8

Laboratory Testing

[Interim Guidance for the Detection of Novel Influenza A Virus Using Rapid Influenza Diagnostic Tests](#) July 29

[Specimen Collection, Processing, and Testing for Suspected Infection](#) May 13

[Submission of Tissue Specimens for Pathologic Evaluation](#) May 23

[Protocol for Antiviral Susceptibility Testing by Pyrosequencing](#)

[Sequencing Primers and Protocol](#)

[CDC Protocol of Realtime RTPCR for Swine Influenza A\(H1N1\)](#)

[DSAT Guidance on CDC Import Permits for Swine-Originated Flu](#) May 26

Guidance for Patients

[Patients With Cardiovascular Disease](#) May 2

[Caring for a Sick Person in Your Home](#) May 13

[Home Care Guidance: Physician Directions to Patient/Parent](#) July 16

Guidance for Pregnant and Breastfeeding Women

[Feeding your Baby: What Parents Should Know](#) July 6

[Info for Pregnant Women in Education, Child Care, and Health Care](#) May 3

[What Pregnant Women Should Know](#) May 3

Workplace Guidance

[General Business and Workplace Guidance for Prevention in Workers](#) June 25

Emergency Personnel Guidance

[Managing Calls and Call Centers during a Large-Scale Influenza Outbreak: Implementation Tool](#) July 30

[EMS and 9-1-1 Personnel: Managing Confirmed or Suspected Infections](#) May 11

Guidance for Community Settings

[Public Gatherings](#) May 10

[Facemask and Respirator Use](#) May 27

Guidance for Child Care Programs, Schools, Colleges and Universities

[Interim CDC Guidance on Day and Residential Camps](#) Jun 14

[Update on School \(K – 12\) and Child Care Programs](#) May 22

[Alert for Institutions of Higher Education](#) May 1

[Interim Guidance for Institutions of Higher Education](#) May 11

Travel & Travel Industry Guidance

[Guidance for Cruise Ships](#) June 5

[Flight Crews Arriving from Affected Areas](#) June 5

4. Other News and Views

Items from AMA news and AMA

a. Newly identified genetic variant may raise ovarian cancer risk, researchers say.

In the [Los Angeles Times](#) (8/2) Booster Shots blog, Shari Roan wrote that scientists in the UK "have identified a genetic variation that may increase the lifetime risk of ovarian cancer," according to a study published in Nature Genetics. The "DNA variation, called a single nucleotide polymorphism, is located on chromosome nine," and those "carrying the gene variation on both copies of chromosome nine have a lifetime risk of ovarian cancer of 14 in 1,000 compared with 10 in 1,000 among women who do not have the mutation. Women carrying one copy of the mutation have a lifetime risk of 12 in 1,000."

b. Federal health officials target sugary drinks as largest driver of obesity epidemic.

The [Boston Globe](#) (8/2, Smith) reported that, according to federal disease investigators, "the cost of treating obesity has doubled in the past decade," and "sugar-laden beverages" are "a prime culprit." In fact, "unlike other approaches that require dramatic lifestyle changes...switching to less sugary beverages is viewed as a straightforward way to lower weight and, possibly, decrease the most common form of diabetes." Dr. JoAnn Manson, preventive medicine chief at Brigham and Women's Hospital, says this approach "should be the cornerstone of public-health strategies to reduce obesity and prevent type 2 diabetes." Meanwhile, Dr. Thomas Frieden, director of the US Centers for Disease Control and Prevention, claims "sugar-sweetened beverages...may be the single-largest driver of the obesity epidemic."

c. PCPI Advisory Committee nominations

Physician Consortium for Performance Improvement, Convened by the AMA NB. AAPHP members are urged to apply. Deadline is Aug. 24. We are soliciting nominations for a seat on the PCPI's Measures Development, Methodology and Oversight (MDMO), and Measures Implementation and Evaluation (MIE) Advisory Committees. Attached are invitations for you to submit a nomination to the MDMO and MIE, a nomination form, the PCPI's Conflict of Interest Policy, and a copy of the Bylaws for your reference.

Please submit your nominations by e-mail to consortium@ama-assn.org by 4:00 p.m. Central time on Monday, August 24, 2009.

If you require further information, please contact Elvia Chavarria at elvia.chavarria@ama-assn.org.

If your organization is not a PCPI member, we invite you to join us. There is no membership fee to join. Simply complete and return the application that can be accessed from the PCPI Web site (www.physicianconsortium.org).

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5. AAPHP Members in the news

5a) Note the article on board member, Jason Newsom. Jason raised awareness of diet and obesity in his community but it cost him his post

http://news.yahoo.com/s/ap/20090813/ap_on_re_us/us_doughnut_doctor_5

5b) President Kevin Sherin has been busy lately. The following link shows Dr. Sherin with Florida Governor Crist discussing H1N1 and the safety of local schools. <http://www.wesh.com/health/20398713/detail.html>

Quoted in the August 6, 2009 issue of Time Magazine in the article "Inside the Fight Against a Flu Pandemic." Quotes on page 3 of article.

<http://www.time.com/time/magazine/article/0,9171,1915888,00.html>

Quoted in the China News Agency

http://news.xinhuanet.com/english/2009-07/08/content_11673409.htm

Picture on the cover of the Florida Doctor, Central Florida Edition, with a great article on pages 16-18.

<http://www.barbepublishing.com/pdfs/FLDRJuly09CentralForWeb.pdf>

At the Florida Public Health Association meeting in August, Kevin had the opportunity to meet and visit with Cheryl Easley, PhD, RN, APHA President and be seated at lunch with Dr. Carl Brumback (former active AAPHP Member and former Director of Palm Beach CHD, FL) where they renewed a previous friendship and caught up on current news.



Dr. Carl Brumback & Dr. Kevin Sherin



Dr. Sherin and Dr. Cheryl Easley

6. Updates

Preventive Services ToolKit (PSTK) Project:

Our AAPHP Preventive Services ToolKit (PSTK) Project has been extended by CDC through the end of this calendar year. In this project, now almost 4 years old, we have developed a policy analysis short course for public health and healthcare leaders and advocates to enable them to secure seemingly impossible health and administrative outcomes. The course teaches epidemiology as a policy tool plus selected political and public administration skills not currently covered in MPH programs or the PHLI curriculum. To date we have done about 35 such workshops for about 700 participants, most with rave reviews, and with a sprinkling of anecdotes suggesting the practical value of this training. During this final six months of this project, we will be putting the short course (8 hours of contact time) on line, while continuing to offer both full day and half-day on-site workshops. All of our coursework is approved for Physician Category 1 CME credit. **Anyone interested in either participating in one of our on-site or on-line seminar/workshops, or in arranging one for your local staff or advocates should contact me (Dr. Joel Nitzkin) at jln-md@mindspring.com.**

Job Market Initiative (JMI)

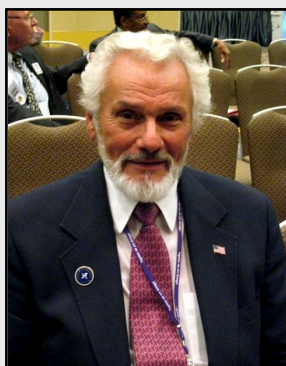
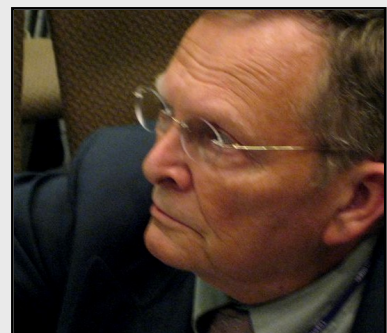
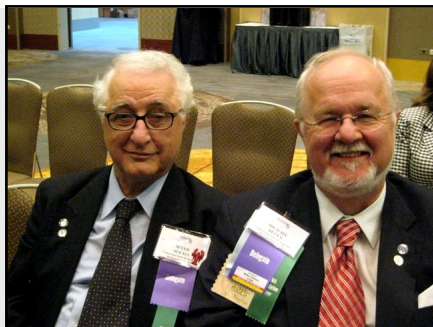
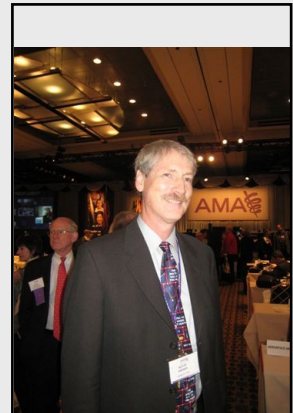
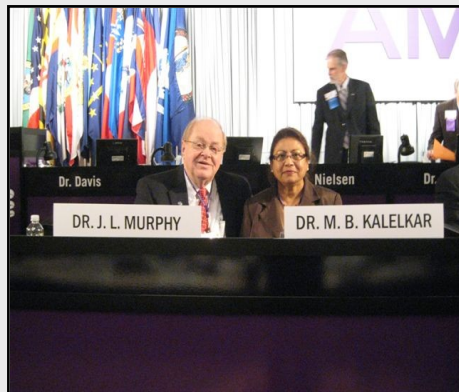
The AAPHP Job Market Initiative (JMI) went on line almost 8 years ago for the purpose of increasing the number and quality of jobs that specify a requirement or preference for physicians with advanced training in public health or preventive medicine (beyond the MPH degree). The JMI envisioned a trajectory by which we would begin with job listings, then proceed to employer outreach. The original program depended entirely on unpaid volunteer support. It almost got to the point where we could initiate the employer outreach, then fell apart when our key volunteers were unable to continue. After a three-year hiatus, during which we lacked the capacity to abstract ads from other journals and web sites, we have re-initiated this activity, thanks to a contribution from the AAPHP general fund and the assistance of our new Membership Director. Hopefully, over the next few months, this will build to well over 100 pertinent job listings and enough hits on the site to warrant the sale of ads to recruitment firms and others to make this activity financially self sustaining. As we approach the 8-year mark from our initiation of the JMI web page, it appears that nothing of substance has changed in the continuing pattern of many jobs being advertised that could benefit from the specialized expertise of a preventive medicine and/or public health physician – but without recognition by the employer that such specialized expertise is, in fact, available. We are now up to 63 job postings including very promising opportunities for Fulton County Health Director (Atlanta, GA), a promising job on the Harvard faculty and many federal agency opportunities. To learn more see the "jobs" page on our www.aapgh.org web site.

If any of you have any promising job opportunities that we should include in our listing (free of charge) either as full page ads, or as single line abstracts, please forward them to me. Also, if any of you have any interesting listing of ads from other sources or web sites that advertise jobs that may be of interest to public health or preventive medicine physicians -- again, please forward the information to me (Dr. Joel Nitzkin) at jln-md@mindspring.com.

7. Faces from the AAPHP Annual Meeting in Chicago in June

(Pictures provided by Joseph L. Murphy, MD)





8. Membership Services

Sandra Magyar of Green Cove Springs FL has been contracted for membership services. We look forward to rapidly getting your 2009 dues notices to you if you have not already received them and joined. It helps AAPHP with transaction costs if we can do this electronically. Please send your PREFERRED email address to Sandy at magyarsf@bellsouth.net.

Remember, renewal of your dues membership, and updated information for AAPHP is vital as we are re-authorized by the AMA in the next two months! Sandra needs your help in reaching others in your agency, city, state or other agencies. If you provide her with contact information, she will send an invitation to join. However, getting your peers to join is also dependent on you sharing the benefits of AAPHP and the work we are doing. Keep an application with you and make an effort to get at least one new member.

THANKS.

9. Upcoming meetings

Here are some upcoming meetings that might be of interest

National After Action Workshop on a Federal Public Health Emergency: The Novel Influenza A H1N1 Epidemic of Spring 2009

September 21-22, 2009

Torrance Marriott Hotel

3635 Fashion Way

Torrance, CA 90503

www.cphd.ucla.edu

Symposium on Quality Improvement to Prevent Prematurity

October 8-9, 2009

Hyatt Regency Crystal City

Arlington, VA

www.marchofdimess.com/conferences

American Public Health Association Annual Meeting

"Water and Public Health, The 21st Century Challenge

November 7-11, 2009

Philadelphia, Pennsylvania

Pennsylvania Convention Center

www.apha.org/meetings

AAPHP Meeting (in conjunction with APHA)

November 8, 2009

Mariott – Room: Franklin 4

Philadelphia, Pennsylvania

Speaker: Rodney G. Hood, MD

"Health Equity & disparities Part II"

www.aaphp.org

10. Miscellaneous News

Protect Don't Infect video for kids produced by Orange County Health Department, FL may be useful for H1 N1 flu in educating kids on proper hygiene. The link is www.protectedontinfect.com. Interested parties should contact Cheri Rufener at cheri_rufener@doh.state.fl.us

11. Please let AAPHP help you

AAPHP is the voice of public health physicians and welcomes all physicians who are committed to the public's health. AAPHP accomplishes its work with a maximum of volunteer labor and a minimum of cash expense. We are proud to make the E-News and other AAPHP materials available without charge to physicians and medical students interested in public health. If you haven't done so already, please download AAPHP's 2009 Membership Form right away at <http://www.aapHP.org/Membership/2009MembForm.pdf> and send it to us by fax or postal mail. Please make your 2009 membership as generous as you can. Consider "Supporting" or "Sustaining" membership for 2009 if you are able to do so.

AAPHP is a 501(c) (6) professional membership organization that informs and represents Public Health Physicians. AAPHP dues may be deductible as an "ordinary and necessary" business expense under the Internal Revenue Code. Details may differ based on your individual situation.

AAPHP dues can be paid by credit card - either by faxing the membership form to Sandy Magyar, Membership Secretary at (904) 529-7761 or by calling her at (904) 860-9208. Please also tell your friends and colleagues about AAPHP's representation of Public Health Physicians. E-News subscriptions are still free, on request, to any interested physician or medical student. We welcome new subscribers and members. Thank you for your support!

12. Current AAPHP Officers *(this list is only the elected officers and does not include the Appointees. All AAPHP officers are voting members of the Board.)*

Kevin M. Sherin, MD, MPH, President

Orlando, FL

Timothy P. Barth, MD, President-Elect

Ann Arbor, MI

Neil E. Winston, MD, Vice-President

Chicago, IL

Alfio Rausa, MD, MPH, Immediate Past President

Greenwood, MS

Dave Cundiff, MD, MPH, Secretary

Olympia, WA

John Poundstone, MD, MPH, Treasurer

Lexington, KY

Arvind K. Goyal, MD, MPH, AMA Delegate

South Barrington, IL

Joseph L. Murphy, MD, AMA Alternate Delegate

Chicago, IL

Board of Trustees**Ellen B. Alkon, MD, MPH**

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Quentin Young, MD, MS

Chicago, IL

Dennis I. Mallory, DO, CMD

Toledo, IA

Sharon Marable, MD, MPH

Sharon, MA

13. To contact E-news

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***** About AAPHP E-News *****

This message is an electronic update from the American Association of Public Health Physicians (AAPHP) to public health physicians.

More information about AAPHP is at <http://www.aaphp.org>.

This electronic newsletter is available to any physician or medical student on request. There is no charge for this E-News. To subscribe, please send a request to AAPHP Membership Director, Sandy Magyar at Magyarsf@bellsouth.net Fax 904-529-7761. In your request, please confirm that you are a physician (MD, DO, or international equivalent) or a medical student.

To unsubscribe, to the E-News, request removal by E-mailing Sandy Magyar at Mayarsf@bellsouth.net.

Back issues of the E-News are available without charge at <http://www.aaphp.org/bulletincnt1.HTM>. AAPHP E-News may be forwarded freely, in its original format, with this message intact.

***** End of E-News Message *****.