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PHILADELPHIA



American Association of Public Health Physicians

E - Bulletin November/December, 2009

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

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1. AAPHP Membership Meeting, November 8, 2009, Philadelphia, PA

The AAPHP membership meeting was held on November 8th, Sunday afternoon, at APHA. A quorum attended. An amendment of By-laws will reflect a permanent AAPHP appointee and memorandum of understanding with the National Commission on Correctional HealthCare (NCCHC). Doug Mack now serves in this role, but nominating an appointment for the NCCHC board will be a standing process for all future AAPHP administrations. We are looking for numerous ways to partner with NCCHC and correctional health physicians. President Kevin Sherin had the opportunity to meet with Ed Harrison, Executive Director of the NCCHC while at APHA and Doug Mack MD will be sitting board liaison from AAPHP on the NCCHC board. Most of your AAPHP officers were in attendance in Philadelphia, with the exception of our delegates who were in Houston. AAPHP Recruitment strategies were discussed, including the upcoming ACPM meeting being held in Crystal City, VA, February 17-20, 2010. The AAPHP meeting included Rodney G. Hood, MD, a practicing internist from San Diego, as a keynote on health equity and disparities. Dr. Hood is Past President of the National Medical Association.

AAPHP President, Kevin Sherin, MD, recognizes Dr. John Poundstone for all he has done in AAPHP and for serving as the AAPHP Treasurer.



AAPHP President, Dr. Sherin thanks Dr. Dave Cundiff, AAPHP Secretary



Timothy P. Barth, MD, AAPHP President Elect



Drs. Marc Safran and Perrienne Lurie



Rodney G. Hood, MD—AAPHP Keynote Speaker



Dr. Sherin introduces Sandy Magyar, AAPHP Membership Director



Joel Nitzkin, MD, MPH, DPA asks a question of Dr. Hood while Drs. Sindy Paul and Martin Zanna listen



Attendees in discussion with Dr. Hood

Far left: Dr. William Keck Back Row L-R: Dr. Martin Zanna, Dr. Sindy Paul, Dr. Virginia Dato, Dr. Joel Nitzkin, Dr. Virginia Caine.

2. AMA Houston Meeting – report from Arvind K. Goyal, MD, MPH

(AMA interim Meeting was held in Houston and ably represented by our two AMA delegates, Past AAPHP President, Dr. Arvind Goyal and Dr. Joseph Murphy. Both delegates prove their value to AAPHP on an ongoing basis by ably representing us to the AMA, and to the various boards and committees on which they serve. 4 Resolutions were brought to the interim meeting in Houston – K. Sherin, President)

Thanks to the teamwork of your delegates, board members and AAPHP members who diligently participated in various aspects of the deliberations at the recent AMA meeting in Houston, public health was a clear winner, As you would recall, we had introduced 4 resolutions for consideration at this meeting, one of which was reaffirmed, two adopted with amended language and one not considered. Here is a summary of the outcome on each of those resolutions:

1. Preventing the Spread of Novel H1N1 Flu Virus and Spreading the Word:

This resolution was **adopted with amendment**; the resolve now reads:

Our American Medical Association create and cause wide dissemination of a press release asking the entertainment, food and travel industry, spectator sport venues, places of worship and other such places where very large groups of people come together to develop their own H1N1 Flu Disaster Plans consistent with the Centers for Disease Control and Prevention and respective state health department recommendations.

2. Mandatory H1N1 Vaccine for Health Care Workers: Referred for further study as asked for in our resolution.

Interestingly, the Infectious Disease Society of America had a resolution asking for AMA's support of a mandated influenza vaccination of healthcare workers. A mixed testimony on their resolution resulted in referral for study as asked for in our resolution.

3. Dietary Intake of Incarcerated Population: The resolution was not considered at this meeting.

The Rules and Credentials Committee determined that AMA's Policy #D-430.997 already explicitly supported the NCCHC standards, They also felt that this resolution did not meet "advocacy" criteria for resolutions at the Interim meeting.

4. Correctional Physician Recognition Program to Enhance Health Care Delivery to Incarcerated Populations:

This resolution resulted in Reaffirmation of AMA Policies #D-430.997 and H-430.997.

It was determined that the current policies already covered the request of the resolution. Reaffirmation means the policies will stay on the AMA Books for another 10 years.

Many other resolutions and reports debated and decided at the meeting and Health Care Reform policies adopted by the AMA can be accessed at the AMA Web site and will also be covered in an upcoming issue of the AMA News.

Additional highlights of the meeting included:

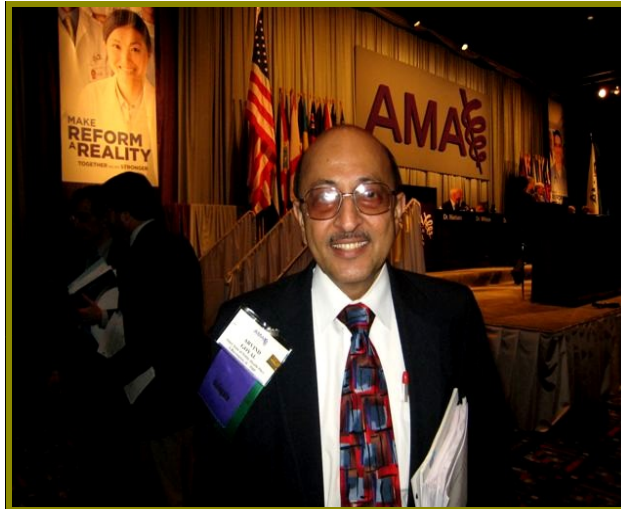
1. Discussions of pressing public health issues by the AAPHP Delegates, Drs. Goyal and Murphy and Board Member, Dr. Mallory with the new US Surgeon General, Dr. Regina Benjamin.
2. Recognition of Drs. Murphy, Mallory and Goyal for significant recruitment activity of AMA members. Drs. Murphy and Mallory have recruited new AMA members for the past 25 years.
3. AAPHP Board Member, Dr. Doug Mack who commendably helped in passage of AAPHP resolutions. He also serves as an "Observer" on behalf of Correctional Physicians in the AMA House.
4. AAPHP Board Member, Dr. Charles Mashek who participated in deliberations of the Section Council on Preventive Medicine.
5. Dr. Goyal's service as a member of the Reference Committee K, which handled issues related to Medical Education, Science and Public Health.

Once again, it was an honor for Dr. JOE MURPHY and myself to serve the American Association of Public Health Physicians as delegates to the AMA.

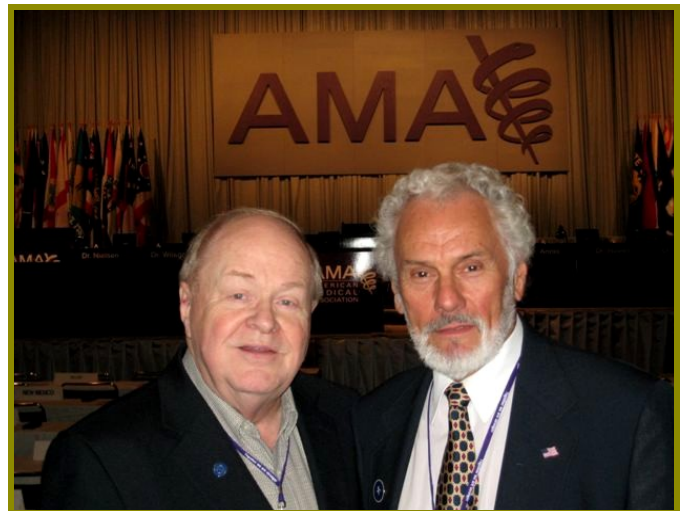
Thank you for your confidence in choosing us to represent you.

It is not too early to think about resolutions you would like to see considered at the next AMA meeting in June 2010 and share with me at arvindkgoyal@aol.com. The deadline for introducing those resolutions will probably be the last week of April, 2010.

THANKS TO DR. JOSEPH MURPHY FOR THE FOLLOWING PHOTOS

AMA Houston Meeting

Dr. Goyal after HoD Reference Committee



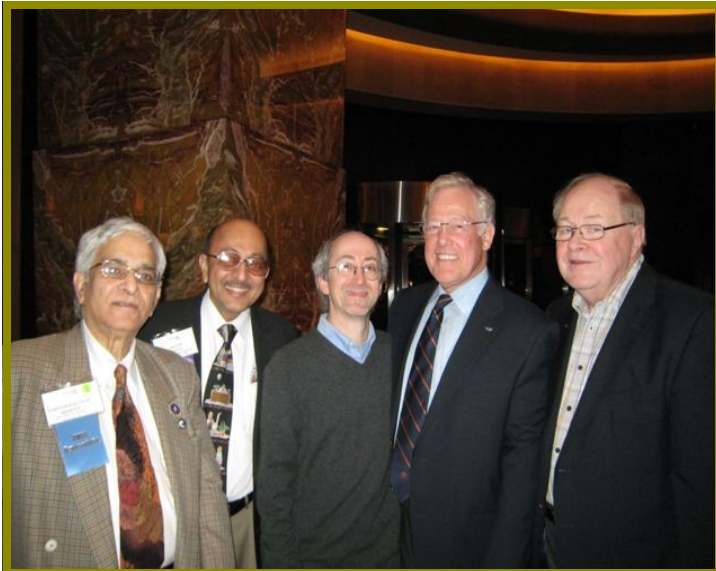
Drs. Joseph Murphy and Doug Mack in AMA/HoD



Leadership Award Dinner in honor of Joe Bailey, MD of Georgia and Representative Thomas Price, MD

Standing L to R: Dr. Donald Palmisano Past President AMA, Dr. R. Lal, Dr. Mallory, Dr. A. Mariano

Seated L to R: Dr. J. Murphy and Dr. Goyal

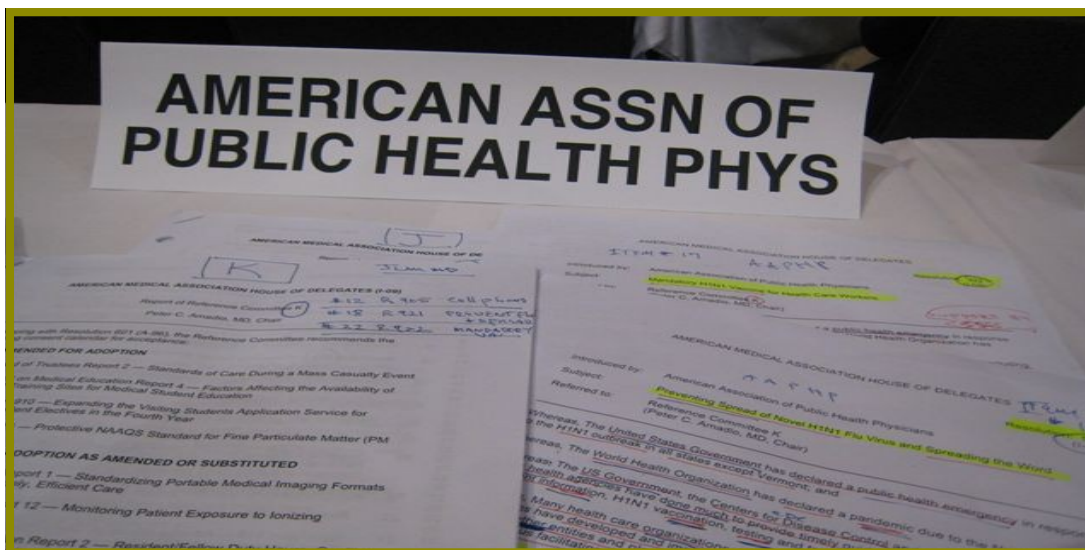


Drs. Narinder Sherma, Arvind K. Goyal, Stuart Gitlow, AMA Past President Ed Hill, and Joseph Murphy.

AMA Meeting in Houston



Drs. Murphy and Goyal at AMA Awards Dinner



AAPHP
Resolution
Agenda

3. New Membership Benefit - Private AAPHP Google Group

Submitted by Virginia Dato, MD, MPH

AAPHP now has a private google group available for discussion of policy, public health problems and the sharing of resources. It will be available to members only. Current content includes a list of free CME, two slide presentations that members can use, and a discussion on e-cigarettes. Any registered member may start a discussion to state a position or ask a question. In order to become a member send an email request to vmdato@gmail.com. Please provide her with your name for verification of membership, an email address and whether you wish web-only participation, an email for each message and update, one summary email a day or one daily email with all activity. In order to visit the site you will need to choose a user name and agree to the google terms and conditions. Access to resources other than the discussion is only available by visiting the site.

4. Membership Services

Sandra Magyar of Green Cove Springs FL has been contracted for membership services. We look forward to rapidly receiving your 2010 dues payments and hope you send this to Sandy before the year end. Sandy sent the membership application out electronically with the October E Bulletin and it is also attached today. 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 so we can keep you up to date on public health activities and issues. We are pleased to report that in addition to 2010 renewals coming in, we have added 12 brand new members since October and several former members have renewed. We want to see those two areas increase significantly along with all 2009 members renewing. THANKS.

BLOGS

5. Quality Public Health Blogs on AAPHP website

For years, Dr. Kim Buttery, our webmaster, who is a Professor at Virginia Commonwealth University in Richmond, has compiled high quality public health blogs. Dr. Buttery's posts, commentaries, and thought provoking analysis are second to none. I hope that you will look at the blog site with great frequency, especially in this time of rapid change for public health, funding, and national health care policy. There are now three separate **BLOGS**, one is run by Dr. Buttery <http://blog.vcu.edu/cbuttery/>, One, on tobacco is chaired by Joel Nitzkin www.aaphptobacco.wordpress.com, and the final one is the CDC <http://www.cdc.gov/nczved/blog/> The overall link for all three is on our website at <http://aaphp.org/bloglinks.html>

6. H1N1 Links

Please note the attached CDC links on H1N1.

http://cdc.gov/h1n1flu/vaccination/public/vaccination_qa_pub.htm

Vaccine Update for H1N1 vaccine

http://cdc.gov/h1n1flu/vaccination/public/vaccination_qa_pub.htm#s_and_d

Vaccine supply and distribution.

Updates from WHO and Washington Post. on H1N1 in Ukraine.

<http://www.washingtonpost.com/wp-dyn/content/article/2009/11/16/AR2009111602631.html?hpid=opinionsbox1>

7. JMI Update: Joel Nitzkin, MD, MPH, DPA

Thanks to the excellent work done by Marsha Zupan, our JMI support person, working under the supervision of Sandy Magyar, with support from Drs Nitzkin and Buttery, our JMI job listing is steadily and rapidly growing. At time of this writing (November 22) we have 151 jobs and training opportunities listed on the site and 12 full page ads. With this the JMI has now reestablished itself as the best single location for listing of jobs of interest to public health and preventive medicine physicians seeking employment in public health and/or preventive medicine. Visit the site at: http://www.aapHP.org/JobMarket/PHP_positions.asp

8. From the AMA Morning Rounds

The following information is summarized and/or taken from the AMA Morning Rounds. Any physician can receive the Morning Rounds E-mail, prepared by U.S. News and World Report, by joining the AMA and asking the AMA to add him or her to the "Morning Rounds" distribution list.

From Dec. 3 Morning Rounds:

Obesity may offset life expectancy gains from nation's reduced smoking rate

The [Los Angeles Times](#) (12/2, Stein) reported, "Americans have increased their life expectancy by cutting back on cigarettes, but the pounds they're packing on means that, ultimately, they could lose ground." That was the unfortunate conclusion investigators at Harvard University, the University of Michigan, and the National Bureau of Economic Research reached after looking "at previous national health surveys to forecast life expectancy and quality of life for a typical 18-year-old from 2005 through 2020."

Data from the US Social Security Administration indicated that "as of 2005, a typical 18-year-old male was expected to live to about age 76, while an 18-year-old woman would live to about age 81," [Bloomberg News](#) (12/3) notes. But, "under one scenario of obesity and smoking trends, by 2020 the future life expectancy of a typical 18-year-old would be shortened eight months."

"On the other hand," [HealthDay](#) (12/2, Gordon) reported, "the researchers calculated what would happen if everyone in America maintained a normal weight and no one smoked. If these two behavior changes were to occur, Americans would gain nearly four years of life." Continued on AMA website.

NIH approves 13 new embryonic stem cell lines for research funding

The [New York Times](#) (12/3, A27, Wade) reports that the "National Institutes of Health said Wednesday that it had approved 13 new human embryonic stem cell lines for use by federally financed researchers, with 96 more under review." NIH director Dr. Francis S. Collins "said he believed that most researchers would be satisfied with the outcome, even though they were still barred from deriving the cells themselves." He said, "I'm not sure everyone is interested in deriving their own cell lines as long as they can get lines from others."

According to the [Washington Post](#) (12/3, Stein), the move opens "the way for millions of taxpayer dollars to be used to conduct research that was put off-limits by President George W. Bush." The announcement is seen as the NIH "launching a dramatic expansion of government support for one of the most promising but most contentious fields of biomedical research." Continued on AMA website.

Lawmakers criticize task force over mammogram recommendations.

A congressional hearing on the US Preventive Services Task Force's (USPSTF) guidelines for mammograms drew a significant amount of media attention yesterday. [ABC World News](#) (12/2, story 6, 2:00, Gibson) reported, "The intense debate over breast cancer screenings shifted to Capitol Hill today. The medical experts who called for scaling back routine mammograms in a report issued two weeks ago were heavily criticized by lawmakers." The [CBS Evening News](#) (12/2, story 8, 2:15, Cordes) reported that the task force stuck "carefully to the script," and "insisted the frequency of false positives among younger women who get mammograms leads to unnecessary surgery." More on the AMA website.

Other articles that are of interest published Dec. 3, 2009:

Cost of cancer care causing financial burden for many patients.

Hospitals providing faster care for heart attack patients.

CDC warns of federal swine flu vaccination registry scam.

Tamiflu-resistant swine flu cases reported in Maryland, Virginia.

9. Tobacco Update – Joel Nitzkin, MD, MPH, DPA

Earlier this month, while at the annual meeting of the American Association of Public Health Physicians meeting, Drs Nitzkin and Dato had the opportunity to briefly meet with Dr. Deyton -- new Director of the FDA Tobacco program, and his boss, Dr. Sharfstein, Deputy Director of FDA. We discussed our observations and concerns about the possibility of a well structured harm reduction component to current tobacco control programming having the potential to save the lives of large numbers of current smokers who will otherwise die of a tobacco-related illness over the next 20 years, and do so with little or no unfavorable impact on the numbers of teens initiating tobacco use. Harm reduction, in this context, refers to a policy of advising current smokers of the relative risk profiles of the various categories of tobacco and nicotine delivery products to enable them to consider and more likely select products less hazardous than cigarettes. The FDA law, as written, is heavily biased in favor of conventional cigarettes and against less hazardous tobacco products. Both Dr. Deyton and Sharfstein expressed interest in engaging in further conversation along these lines. Most importantly, they did not dismiss our concerns out of hand as being either in conflict with much of conventional wisdom or in conflict with federal policy against any consideration of a harm reduction approach.

In addition, and as a separate item, there has been substantial new literature published relative to harm reduction this last year, since we posted our Harm Reduction Resolution and White Paper on our aaphp.org web site in October of 2008. All of the newer literature that we have seen supports our prior conclusion that smokeless tobacco products, as a group, carry a risk of death less than 2% of that of conventional cigarettes, with some smokeless products (best literature on Swedish snus) carrying no measurable increase in risk for any form of cancer or any other cause of death. Furthermore, some of the more recent studies strongly oppose the supposition that smokeless tobacco products do or would likely serve as a gateway to cigarette use.

10. Leonard Morse, MD receives AAPHP Presidential Award

Kevin Sherin, AAPHP President, presents Leonard Morse MD, Health Commissioner, Worcester MA Health Department, with AAPHP Presidential Award for teaching Public Health and establishing his agency as a “teaching health department”. Dr. Morse is a past president of Massachusetts Medical Society. Congratulations Len on your AWARD!



Dr. Morse receiving Award from Dr. Sherin



Dr. Leonard Morse and Dr. Hugh Fulmer

11. Preventive Medicine 2010

Preventive Medicine 2010 will be held February 17 – 20, 2010, in Crystal City, Virginia. This is the ACPM Meeting. Mark your calendars or see the ACPM website at www.ACPM.org. Please consider helping out your fellow AAPHP colleagues at the AAPHP exhibit and recruitment booth.

12. Become Board Certified In Addiction Medicine

ABAM Certification Exam

Application Deadline: January 31, 2010

Exam Date: December 11, 2010

Applications are now available!

Visit our website www.abam.net for complete information.

The American Board of Addiction Medicine (ABAM), an independent medical specialty board established in 2007, offers certification in Addiction Medicine. ABAM's mission is to certify physicians as having the knowledge to recognize and treat patients with an addictive disorder, or with a medical or psychiatric condition related to the use of alcohol, nicotine or other addictive drugs, including some prescription medications. Nearly 2,000 physicians have been certified by ABAM.

As of January 2010, Federal law requires that private health plans with coverage for substance use problems will provide insurance coverage in the same way that they provide medical and surgical coverage. Higher co-pays, different deductibles, lower caps on annual costs and other forms of differential insurance coverage will no longer be allowed.

Applicants must be currently board certified in their primary specialty by an ABMS-member Board, or have completed an ACGME-accredited residency. The Examination will be offered at over 300 nationally-distributed Prometric test centers. Physicians who wish to apply for the ABAM certification exam should complete the application and mail it to ABAM.

You can download an application from the ABAM Website at:

[\[2010 Certification Application\]](#)

The ABAM application provides information about:

Review Courses, Suggested Readings, and other Exam Preparation Materials.

Exam Deadlines and Fees

Certification Applications will be accepted on the following filing schedule:

Standard Deadline: January 31, 2010
Standard Fee: \$2,000

Late Deadline: April 30, 2010
Late Fee: \$2,200

Please contact us if further information is needed.

Terri A. Silver

Credentialing Program Director

Phone: 301-656-3378

Fax: 301-656-3815

Address:

ABAM - Credentialing Dept.

4601 N Park Ave, Upper Arcade Ste 101

Chevy Chase, MD 20813

13. Upcoming Meetings and Conferences

Preventive Medicine 2010

February 17 – 20, 2010, Crystal City, Virginia, is www.ACPM.org

Global Conference On Human Right/ Human Trafficking & Child Abuse

Organized and sponsored by the World Human Right Organization (WHRO) in collaboration with other NGO's here in USA.

February 17 – 20, 2010 in Anaheim Convention center California, USA

February 24 – 27, 2010 in Savannah Central Hall, Dakar-Senegal, West-Africa.

If you are interested to participate and want to represent your country, you may contact the conference secretariat for more details and information. Below is the contact address of the conference secretariat via email: whro.secretary@insing.com or h.theresa@insing.com

American Association of Maternal & Child Health Programs Annual Conference

March 6-10, 2010

Gaylord Nation Hotel and Convention Center

National Harbor, MD

www.amchp.org

Physician Consortium for Performance Improvement

Convened by the American Medical Association

March 18-19, 2010

Washington Marriott

Washington, DC



Meetings Continued

Updates in Correctional Health Care

April 24 - 27, 2010 · Nashville, Tennessee

With a theme of Partners in Public Health, the conference intent is to share innovative developments, practices and research findings, thus enabling attendees to augment their knowledge and skills and to improve health care in their organizations.

While covering a broad range of correctional health topics, the program will emphasize the intertwining roles of public health and correctional health. Corrections presents a tremendous opportunity for interventions that lead to reduced illness rates, financial savings, improved public safety and better use of health care systems and resources. This conference will focus on how to design and implement a comprehensive approach that includes early detection and assessment, health education, prevention, treatment and continuity of care. Program Information –

<http://www.ncchc.org> Call for proposals – <http://www.ncchc.org/education/CFP.html>

18th Annual NALBOH Conference: Call for Presentation

Journey to the Future: Facing Public Health Challenges Today for a Healthier Tomorrow,
August 5-7, 2010, Omaha, Nebraska

The Physician Consortium for Performance Improvement

Convened by the American Medical Association
September 23 - 24 Renaissance OHare
Chicago, IL.

American Public Health Association

Social Justice: A Public Health Imperative
November 6-10, 2010
Denver, CO.

14. 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.



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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 2010 Membership Form right away at <http://www.aaphp.org/Membership/2010/2010MembForm.pdf> and send it to us by fax or postal mail. Please make your 2010 membership as generous as you can. Consider "Supporting" or "Sustaining" membership for 2010 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 (904) 529-7761 or by calling the AAPHP Membership Director @ (904) 860-9208.

Please also tell your friends and colleagues about AAPHP's representation of Public Health Physicians. E-Bulletin subscriptions are currently still free, on request, to any interested physician or medical student. We welcome new subscribers and members. Thank you for your support!

Kevin Sherin, MD, MPH (ksherin@yahoo.com) AAPHP President and E-Bulletin Editor

15. AAPHP Members in the News

Joseph Murphy, MD, was recognized as a 25 year AMA Outreach Recruiter. Dr. Murphy serves AAPHP as AMA Alternate Delegate. (Joseph Murphy, MD, is second from the right, and on the far left is AMA President, J. James Rohack MD



16. Will the D225G Mutation Herald More Severe Illness in Patients with 2009 H1N1 Influenza?

Reprinted from the Clinicians Biosecurity Network

By Amesh A. Adalja, MD, December 11, 2009

To date, the H1N1 influenza A pandemic has been one of the mildest on record. Although millions of people have been infected, relatively few have become severely ill or died. Nonetheless, scientists have been looking for evidence of a mutation that might cause the virus to become more lethal. Recently, a mutation was found in a few isolates.

D225G Mutation Detected

On November 20, 2009, officials in Norway announced the discovery in 3 patients of isolates that contained a mutation in the hemagglutinin gene, which resulted in a change from aspartic acid to glycine at the 225 amino acid position of the hemagglutinin surface glycoprotein. This D225G mutation (also referred to as D222G using a different numbering system) affects host binding site specificity of the virus and is worrisome because of its potential for causing severe disease.^{1,2} This mutation was also present in the virus that caused the 1918 H1N1 pandemic.

Altered Binding Specificity May Cause More Severe Disease

Influenza viruses bind to respiratory cells via sialic acid molecules that are on cell surfaces. Most human influenza viruses preferentially bind to sialic acid residues linked by alpha 2,6 bonds—the predominant type found in the upper respiratory tract. Alpha 2,3 bonds, which are the target of avian influenza viruses, are located primarily in the lower respiratory tract of humans, which explains the high incidence of severe pneumonia in patients with H5N1 avian influenza. The D225G mutation confers the ability of an influenza virus to bind to the alpha 2,3-containing cells in the lower respiratory tract, which would be expected to lead to a more serious infection. However, it is believed that this heightened ability to bind to lower respiratory tract cells may diminish the transmissibility of the virus, even as it may cause more severe disease, as is the case with H5N1 infection.^{2,3}

Some Viruses Containing D225G Have Caused Fatal and Severe Illness in Norway

The Norwegian isolates first reported to contain the D225G mutation were discovered in specimens taken from 2 fatal cases and 1 severe case of influenza. There appears to be no epidemiological link among the 3 Norwegian patients, suggesting that each isolate represents an independent mutation. There has been no evidence of transmission of the mutated virus.¹

D225G Mutations Have Been Found in Other Countries

A number of severe cases of respiratory disease in Ukraine have been reported by the World Health Organization (WHO), and the D225G mutation was found in isolates from some of these cases.^{4,5} WHO reports that this mutation also has been observed in Brazil, China, Chinese Taipei, Finland, France, Italy, Japan, Mexico, Spain, and the U.S.. Interestingly, though, the mutation has been found in patients with both mild and severe cases of influenza.⁶

Tracking D225G and Confirming Associated Disease Manifestations Is Crucial

The presence of the D225G mutation has been noted in several different geographic areas—including the U.S.—presumably due to independent spontaneous mutations.⁷ As the current pandemic continues, case control studies of patients with this mutation will be essential to confirm the severity of associated clinical disease. While still rare, this mutation, like the mutation associated with oseltamivir resistance, and the Shanghai mutation [see *CBN Report for July 17, 2009*], illustrates the constantly changing nature of the influenza virus, which always has the potential to mutate into a more severe pathogen.

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17. To Contact E-Bulletin

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***** About AAPHP E-Bulletin ***** 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-Bulletin. To subscribe, please send a request to the Membership Director, Sandra Magyar, magyarsf@bellsouth.net or AAPHP Secretary, Dave Cundiff, MD, MPH, at cundiff@reachone.com . In your request, please confirm that you are a physician (MD, DO, or international equivalent) or a medical student.

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***** End of E- Bulletin Message *****

