Medical Director's Report
Board of Health
January 2010

General Activities – November & December

- Jail review was conducted at the Tompkins County Jail. These are generally done about every four months. Quality of the records was excellent and no health care problems identified.

- Participated in a meeting of the Bioterrorism and Pandemic Flu Committee on November 17th.

- Records were reviewed and orders signed for Rabies and Early Childhood Intervention Programs, as well as policies and procedures for adult domestic violence victims and other departmental issues.

- I also participated in redrafting the Tompkins County Asthma Action Plan. A subcommittee of the Health Planning Council is working to distribute and use this action plan to help improve medication of patients as well as improve the effectiveness of prevention of asthma care and the timeliness of acute asthma intervention.

- In December reviewed documents coming across my desk for approval and updates.

- Reviewed the newest updates in terms of cervical cancer screening guidelines from the American College of Obstetrics Gynecology and from the United States Preventive Services Task Force. In addition, reviewed the latter's guidelines in terms of mammography screening and the issues surrounding that.

Pandemic Flu Update

The delivery of seasonal and H1N1 vaccine was sluggish and an issue for the private health care sector, as well as the public health care sector. The unexpected delay in seasonal vaccine delivery impeded the ability to deliver vaccine to the population. The lack of injectible H1N1 vaccine also had a major impact on vaccinating high-risk groups for pandemic influenza.

There is an increased volume of H1N1 vaccine now being released with guidelines for vaccination being liberalized to include all persons desiring H1N1 vaccine. This change in recommendations is as a result of increased supply, as well as meeting the demand of the high-priority interest groups due to our targeting vaccine delivery of the past few months. In addition, the demand from high-risk groups has reduced to a point where liberalizing delivery can be contemplated.

The prevalence of H1N1 disease has reduced in the recent couple of weeks. The CDC is viewing this as a time for vaccination in anticipation of a possible third wave of H1N1 Pandemic Flu virus later in the winter. Its impact on health remains essentially the same as before. Additional studies have confirmed the safety of the Pandemic Flu vaccine.

Infant Mortality – United States vs. Europe

Data was looked at by the Centers for Disease Control and Prevention regarding infant mortality. This is defined as the death of a child from birth through one year of age. It's judged to be an important indicator of the health of a nation. The United States' infant mortality rate has not improved since the year 2000 (nine years). Indeed, the percentage of preterm births in the United States has increased by 36% since 1984. That means that the percentage of babies born prior to 37 weeks of gestation has gone up by one-third. Basic findings from the report indicated that the mortality rates if a baby is born less than 37 weeks of gestation are lower in the United States than in most European countries. However, what causes our poor infant mortality rate overall is that we have a lot more of these babies born at less than 37 weeks of gestation. Therefore, we have more babies dying in absolute numbers at gestation of 37 weeks or less than in other countries. This then skews our mortality rate overall. In specific, one in eight births in the United States is born prior to 37 weeks compared to one in 18 births in Ireland and Finland. When one looks at babies born at 37 weeks or more (full-term babies), the United States' mortality rate is the poorest compared to selected European countries in the year 2004. 2.4 per 1,000 babies died who were born at 37 weeks or more compared to the lowest percentage of 1.4 in Finland and the next leading competitors for our rate was Poland and Denmark at 2.3. Although our death rate for infants at 37 weeks and more is not good, the data overall for mortality is skewed by a much higher percentage of preterm births that we have and even though we manage to prevent a large number of these babies from dying, the overall data places us poorly on the world stage. The international ranking for the United States in infant mortality fell from 12th in the world in 1960 to 23rd in the world in 1990 to 29th in the world in 2004 and 30th in the world in 2005. As mentioned above, the United States' mortality rate did not improve from the year 2000 to the year 2005. The mortality rate for the United States is 5.8 per 1,000 for infants born at 22 weeks of gestation or more. This is compared to 3 per 1,000 for Norway and Sweden and worse than us were Hungary, Poland, and Slovakia at 6.6, 6.8, and 7.0 respectively. Canada's infant mortality rate stood at 5.4 for overall mortality including those less then 22 weeks of gestation. The United States on that ranking was 6.9. Our populations, although Canada is much smaller, are comparatively diverse in makeup.

Comment: The prevailing question is why do we have so many preterm births? That is a question that has been researched for many years. Etiologies all the way from infectious disease problems to socio-economic strata to outreach have been looked at. Perhaps of more concern is the poor data for infant 37 weeks of gestation and more.

This report does not address the factors of causation, but provides an update in terms of our rankings overall.

Tobacco Funding in NYS for Tobacco Prevention & Control Program

The funding for this program which has been instrumental in help to lower the usage rates of tobacco in our state has been hampered with further cutbacks in its funding.

This is the program that helps in terms of Tobacco Coalition projects, providing a Tobacco Quit Line, patches for tobacco cessation to State citizens, media coverage and advertisements to both encourage people to quit and also to encourage susceptible individuals from ever starting. The most at-risk group in the latter category is our youth and that is the greatest source of new tobacco users.

These tobacco funds come from the Tobacco Settlement of 1998 in which billions of dollars was in the settlement from the tobacco companies and transferred to states. These monies have been used variously to work down various budget items and nationally the amount of money available for tobacco cessation and prevention has only been 3% of the total. Despite this, about a 5% reduction down to the level of about 20% nationwide has been achieved in reducing tobacco usage. The level of tobacco funding is a far cry from the 15% of tobacco settlement funds that is recommended by the CDC to fully fund tobacco cessation and prevention efforts.

Since the cost of tobacco usage is borne by municipalities and the State through higher health care expenditures for sick and injured persons, it behooves us to lower our tobacco risk exposure by helping our citizens never start and to quit if started.

Taxation of tobacco products does have a meaningful impact on tobacco usage. Tobacco media pieces and facilitating quitting and denormalizing the use of tobacco are key elements in our efforts. Therefore, it is with distress that one sees threatened funding cuts to tobacco outreach. This is a short-term savings to be borne by higher expenditures in the future dealing with tobacco associated deaths and illnesses.

Safety of Influenza A (H1N1) 2009 Vaccines

As of the Morbidity and Mortality Weekly Report of December 11, 2009, the data available on the H1N1 vaccine has continued to be good in terms of its safety. No patterns of safety issues have emerged. Continuing monitoring is ongoing. Among the methodologies being used to monitor the safety of the vaccine is the Vaccine Adverse Event Reporting System (VAERS), the Vaccine Safety Datalink (VSD), a population-based active surveillance for Guillain-Barré syndrome, Real-Time Immunization Monitoring System, Post-Licensure Rapid Immunization Safety Monitoring, Defense Medical Surveillance System (a system of the U.S. Department of Defense), the Veterans Affairs Adverse Drug Event Reporting System (VA ADERS), Medicare data systems, Indian Health Service electronic health records, Vaccines and the Clinical Immunization Safety Assessment Network.