



# Newsletter

INFORMATION RESOURCE CENTER  
Embassy of the United States of America

## Health Issues

April 2010



On March 23rd, 2010, the President signed health reform into law, completing a task worked on by seven Presidents before him. He referenced many people had met who had struggled with health care bills and insurance, including his mother, as his motivations for signing the bill.

*Here, in this country, we shape our own destiny. That is what we do. That is who we are. That is what makes us the United States of America. And we have now just enshrined, as soon as I sign this bill, the core principle that everybody should have some basic security when it comes to their health care. -- President Obama, 3/23/10*



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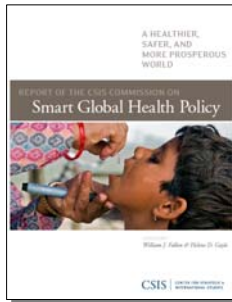
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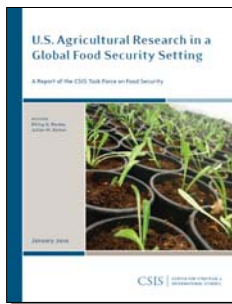
## PUBLIC HEALTH, DIET, NUTRITION AND PREVENTION



**A HEALTHIER, SAFER, AND MORE PROSPEROUS WORLD.** Center for Strategic & International Studies. William J. Fallon and Helene D. Gayle. March 18, 2010.

According to the report, as the United States applies smart power to advance U.S. interests around the world, it is time to leverage the essential role that U.S. global health policy can play. Americans have long understood that promoting global health advances our basic humanitarian values in saving and enhancing lives. In recent years, support for global health has also proven its broader value in bolstering U.S. national security and building constructive new partnerships. [PDF format, 56 pages].

[http://csis.org/files/publication/100318\\_Fallon\\_SmartGlobalHealth.pdf](http://csis.org/files/publication/100318_Fallon_SmartGlobalHealth.pdf)



**U.S. AGRICULTURAL RESEARCH IN A GLOBAL FOOD SECURITY SETTING.** By Philip G. Pardey and Julian M. Alston. CSIS, Jan 11, 2010

Agricultural research and development are at a crossroads. The close of the twentieth century marked changes in policy contexts, fundamental shifts in the scientific basis for agricultural R&D, and shifting funding patterns for agricultural R&D in developed countries. Even though rates of return to agricultural research are demonstrably very high, we have seen a slowdown in spending growth and a diversion of funds away from farm productivity enhancement. Together these trends will contribute to a slowdown in farm productivity growth at a time when the market has, perhaps, begun to signal the beginning of the end of a half-century and more of global agricultural abundance. It is a crucial time for rethinking national policies and revitalizing multinational approaches for financing and conducting agricultural research.

[http://csis.org/files/publication/100111\\_Pardey\\_USAgriRes\\_Web.pdf](http://csis.org/files/publication/100111_Pardey_USAgriRes_Web.pdf)

**HEPATITIS AND LIVER CANCER: A NATIONAL STRATEGY FOR PREVENTION AND CONTROL OF HEPATITIS B AND C.** Institute of Medicine. January 11, 2010.

Up to 5.3 million people, 2 percent of the U.S. population, are living with chronic hepatitis B or hepatitis C. These diseases are more common than HIV/AIDS in the U.S. Yet, because hepatitis B and hepatitis C often present no symptoms, most people who have them are unaware until they develop liver cancer or liver disease many years later. The study finds that these diseases are not widely recognized as serious public health problems, and as a result, that viral hepatitis prevention, control, and surveillance programs have inadequate resources.

<http://www.iom.edu/~media/Files/Report%20Files/2010/Hepatitis-and-Liver-Cancer-A-National-Strategy-for-Prevention-and-Control-of-Hepatitis-B-and-C/Hepatitis%20and%20Liver%20Cancer%202010%20%20Report%20Brief.aspx>

**DIET QUALITY WORSENS AS ALCOHOL INTAKE INCREASES.** National Institutes of Health, March 25, 2010

People who drink more are also likely to eat less fruit and consume more calories from a combination of alcoholic beverages and foods high in unhealthy fats and added sugars, according to a new study by researchers at the National Institute on Alcohol Abuse and Alcoholism (NIAAA), National Cancer Institute (NCI), and the the U.S. Department of Agriculture (USDA). The study of more than 15,000 adults in the United States found that

increased alcoholic beverage consumption was associated with decreased diet quality. The article is in the April 2010 issue of the Journal of the American Dietetic Association.

<http://www.nih.gov/news/health/mar2010/niaaa-25.htm>



**NIH-LED INTERAGENCY GROUP IDENTIFIES RESEARCH NEEDS TO STUDY CLIMATE CHANGE AND HUMAN HEALTH IMPACTS, April 21, 2010.**

A report released today by a federal working group highlights 11 key categories of diseases and other health consequences that are occurring or will occur due to climate change. The report, *A Human Health Perspective on Climate Change*, provides a starting point for coordination of federal research to better understand climate's impact on human health. The recommendations of the working group include research to identify who will be most vulnerable, and what efforts will be most beneficial. "This white paper articulates, in a concrete way, that human beings are vulnerable in many ways to the health effects of climate change," said Linda Birnbaum, Ph.D., director of the National Institute of Environmental Health Sciences (NIEHS) and the National Toxicology Program, whose institute led the interagency effort. "It lays out both what we know and what we need to know about these effects in a way that will allow the health research community to bring its collective knowledge to bear on solving these problems." <http://www.nih.gov/news/health/apr2010/niehs-21.htm>  
The Report: <http://www.niehs.nih.gov/health/docs/climatereport2010.pdf>

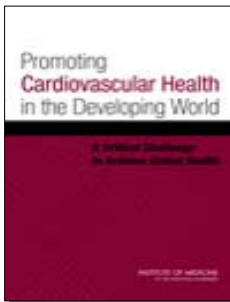


**NEW REPORTER'S GUIDE TO U.S. GLOBAL HEALTH POLICY FROM KAISER PROVIDES ESSENTIAL CONTEXT AND EXPLAINS MAJOR POLICY ISSUES. Global Health Council, March 31, 2010**

The Kaiser Family Foundation issued a new Reporter's Guide to U.S. Global Health Policy, an easy-to-use online reference for the media covering various aspects of global health and foreign policy issues. For journalists, a basic understanding of global health is now essential when covering a wide range of topics - not just stories about disease outbreaks or medical advances, but also Congressional policy debates, foreign policy and international relations, economics, food issues, military conflicts, and natural disasters. The guide provides important context and up-to-date background information for reporters trying to better understand global health policy issues, including overviews of HIV/AIDS, malaria, tuberculosis, neglected tropical diseases, maternal and child health, water-related diseases and food insecurity.

Article: <http://globalhealth.org/news/article/12224>

For full article and to download report, visit: <http://www.kff.org/globalhealth/guide/>



**PROMOTING CARDIOVASCULAR HEALTH IN THE DEVELOPING WORLD: A CRITICAL CHALLENGE TO ACHIEVE GLOBAL HEALTH. National Research Council. Valentin Fuster and Bridget B. Kelly, Editors. March 22, 2010.**

Cardiovascular disease (CVD), once thought to be confined primarily to industrialized nations, has emerged as a major health threat in developing countries. Cardiovascular disease now accounts for nearly 30 percent of deaths in low and middle income countries each year, and is accompanied by significant economic repercussions. Yet most governments, global health

institutions, and development agencies have largely overlooked CVD as they have invested in health in developing countries. [HTML format, various paging].

[http://books.nap.edu/openbook.php?record\\_id=12815&page=R1](http://books.nap.edu/openbook.php?record_id=12815&page=R1)

**HEALTH AND MEDICAL RESEARCH IN SINGAPORE: OBSERVATORY ON HEALTH RESEARCH SYSTEMS. RAND Corporation. Sonja Marjanovic and Siobhan Ni Chonail. January 19, 2010.**

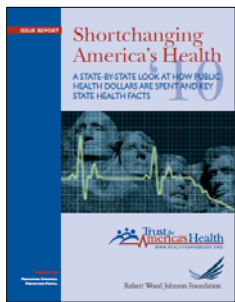
The briefing provides an overview of biomedical and health research in Singapore. The report discusses the structure of the health research system in Singapore, presenting the funding sources, sectors performing biomedical and health research and development (R&D) and Singapore's health research priorities. It also looks at the processes and performance of the Singapore health research system, providing an overview of the types of funding packages available for building biomedical R&D capacity and competitiveness. The authors discuss Singapore's science commercialization and technology transfer initiatives, with some examples of the system's performance. [PDF format, 51 pages].

[http://www.rand.org/pubs/documented\\_briefings/2010/RAND\\_DB591.pdf](http://www.rand.org/pubs/documented_briefings/2010/RAND_DB591.pdf)

**IS THERE A EUROPEAN MEDICAL RESEARCH AREA?: OBSERVATORY ON HEALTH RESEARCH SYSTEMS. RAND Corporation. Emmanuel Hassan and Susan Ella Kirk. January 5, 2010.**

The briefing provides an overview of the European Research Area and explores whether such an integrated research area exists in health and biomedical research. [PDF format, 52 pages].

[http://www.rand.org/pubs/documented\\_briefings/2010/RAND\\_DB588.pdf](http://www.rand.org/pubs/documented_briefings/2010/RAND_DB588.pdf)



**SHORTCHANGING AMERICA'S HEALTH--A STATE-BY-STATE LOOK AT HOW PUBLIC HEALTH DOLLARS ARE SPENT. Trust for America's Health, March 2010**

A March 2010 report from the Trust for America's Health (TFAH) and the Robert Wood Johnson Foundation (RWJF) found federal spending for public health has been flat for nearly five years, while states around the country cut nearly \$392 million for public health programs in the past year. These cuts leave communities around the country struggling to deliver basic disease prevention and emergency health preparedness services.

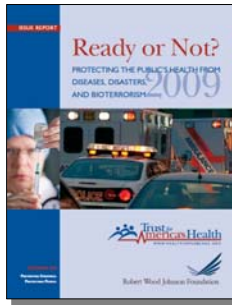
<http://healthyamericans.org/assets/files/TFAH2010Shortchanging05.pdf>



**ADULT IMMUNIZATION: SHOTS TO SAVE LIVES. Trust for America's Health, February 2010**

A February 2010 report "Adult Immunization: Shots to Save Lives," by the Trust for America's Health (TFAH), the Infectious Diseases Society of America (IDSA), and the Robert Wood Johnson Foundation (RWJF) found that more than 30 percent of adults ages 65 and older had not been immunized against pneumonia in 36 states as of 2008. The U.S. Centers for Disease Control and Prevention (CDC) and other experts recommend that all seniors should be vaccinated against pneumonia, which is a one-time shot for most individuals, since seniors who get the seasonal flu are at risk for developing pneumonia as a complication.

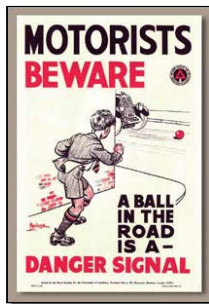
<http://healthyamericans.org/assets/files/TFAH2010AdultImmzBrief13.pdf>



**READY OR NOT?: PROTECTING THE PUBLIC'S HEALTH FROM DISEASES, DISASTERS, AND BIOTERRORISM. Trust for America's Health. December 15, 2009.**

The report finds that the H1N1 flu outbreak has exposed serious underlying gaps in the nation's ability to respond to public health emergencies and that the economic crisis is straining an already fragile public health system. It contains state-by-state health preparedness scores based on 10 key indicators. [PDF format, 96 pages].

<http://healthyamericans.org/reports/bioterror09/pdf/TFAHReadyorNot200906.pdf>



**PUBLIC HEALTH CAMPAIGN: GETTING THE MESSAGE ACROSS. WHO 2009**

This book takes a historical look at the power of posters to persuade people to change their behavior. It charts decades of changing health priorities, advertising trends and government regulations, inviting the reader to reflect on how public health campaigns have evolved, and how they could be improved. The book contains a large global sample of public health posters with translations in Arabic, Chinese, English, French, Spanish and Russian. It is designed to provide public health professionals, policy-makers, program managers and students of public health with an important resource; one that will be equally useful to anyone with an interest in graphics, social mobilization or health. The eight chapters contain a selection of posters from all WHO regions, introduced with a brief history.

<http://www.who.int/about/history/publications/9789240560277/en/index.html>

## HEALTH CARE SYSTEM

### OVERSIGHT CHALLENGES IN THE MEDICARE PRESCRIPTION DRUG PROGRAM.

Testimony before the Committee on Homeland Security and Governmental Affairs, U.S. Department of Health & Human Services. Robert Vito. March 3, 2010.

This is the transcript of the testimony of Robert Vito, Regional Inspector General for Evaluation and Inspections, Office of Inspector General, U.S. Department of Health and Human Services, before the U.S. Senate Committee on Homeland Security and Governmental Affairs.

<http://oig.hhs.gov/testimony/docs/2010/3-3-10VitoHomelandSecSub.pdf>



**SIX WAYS NOT TO REFORM HEALTH CARE, By John E. Calfee | AEI OUTLOOK SERIES | AEI Online. (January 2010)**

The Senate and House have both passed health care reform bills, but the two bills differ in important respects. Attempts to reconcile these differences have been forestalled by the election of Republican Scott Brown (Mass.) to fill the Senate seat long held by Ted Kennedy. Whether the Obama administration and congressional leaders can resurrect this legislation in some form remains to be seen. The fact remains, however, that Congress came very close to passing legislation that would change

myriad components of the health care system. Unfortunately, both reform bills involved nearly unfathomable complexity, invited a variety of adverse consequences, and failed to address key problems in the health care system. Instead of taking the time to create common-sense legislation to address shortcomings in the U.S. health care system, Congress proceeded under

the mistaken assumption that any bill to fundamentally reform the health care system is better than no bill at all.

<http://www.aei.org/outlook/100934>



**THE MASSACHUSETTS HEALTH PLAN: MUCH PAIN, LITTLE GAIN. Aaron Yelowitz and Michael F. Cannon. CATO Policy Analysis no. 657. January 19, 2010**

In 2006, Massachusetts enacted a sweeping health insurance law that mirrors the legislation currently before Congress. After signing the measure, Gov. Mitt Romney (R) wrote, "Every uninsured citizen in Massachusetts will soon have affordable health insurance and the costs of health care will be reduced." But did the legislation achieve these goals? And what other effects has it had? This paper is the first to use Current Population Survey data for 2008 to evaluate the Massachusetts law, and the first to examine its effects on the accuracy of the CPS's uninsured estimates, self-reported health, the extent of "crowd-out" of private insurance for both children and adults, and in-migration of new Massachusetts residents.

[http://www.cato.org/pub\\_display.php?pub\\_id=11115](http://www.cato.org/pub_display.php?pub_id=11115)

**OBAMACARE: IMPACT ON TAXPAYER FUNDING OF ABORTION. Chuck Donovan. Heritage Foundation, April 19, 2010**

The Patient Protection and Affordable Care Act (PPACA) will spawn a new wave of federal and state legislative debate—as well as judicial action—on abortion funding. Moreover, the executive order signed by President Obama on March 24 to limit federal abortion funding will have little or no effect on the new war over taxpayer-funded abortions.

<http://www.heritage.org/Research/Reports/2010/04/Obamacare-Impact-on-Taxpayer-Funding-of-Abortion>

**IMPROVING CHINA'S HEALTH CARE SYSTEM. Organization for Economic Co-operation and Development. Richard Herd et al. February 1, 2010.**

Overall, health outcomes in China have improved tremendously over the past three decades, especially thanks to the reduction in some traditional infectious diseases. [PDF format, 32 pages].

[http://www.oilis.oecd.org/oilis/2010doc.nsf/LinkTo/NT00000B02/\\$FILE/JT03277817.PDF](http://www.oilis.oecd.org/oilis/2010doc.nsf/LinkTo/NT00000B02/$FILE/JT03277817.PDF)

**INTERNATIONAL BENCHMARKING OF HEALTH CARE QUALITY. RAND Corporation. Ellen Nolte. February 18, 2010.**

There is growing interest in the systematic assessment and international benchmarking of quality of care provided in different healthcare systems, and major work is under way to support this process through the development and validation of quality indicators that can be used internationally. Recognizing that cross-national data comparison remains a challenge, there is now a considerable body of data that allow for comparisons of health care quality in selected areas of care. The report includes a description of existing indicators that could be used to compare health care quality in different countries, along with a discussion of specific problems in making comparisons at this level of detail. [PDF format, 64 pages].

[http://www.rand.org/pubs/technical\\_reports/2010/RAND\\_TR738.pdf](http://www.rand.org/pubs/technical_reports/2010/RAND_TR738.pdf)

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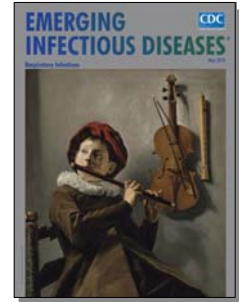
**INFECTIOUS DISEASES NEWS**

**EMERGING INFECTIOUS DISEASES** Volume 16, Number 5. Centers for Disease Control and Prevention, May 2010

<http://www.cdc.gov/ncidod/eid/>

**PANDEMIC INFLUENZA**

**THE DOMESTIC AND INTERNATIONAL IMPACTS OF THE 2009-H1N1 INFLUENZA A PANDEMIC: GLOBAL CHALLENGES, GLOBAL SOLUTIONS.** Institute of Medicine. David A. Relman et al. December 29, 2009.



In March 2009, a new H1N1 influenza A virus emerged in Mexico and the United States. On June 11, 2009, the World Health Organization declared a pandemic in response to the sustained global spread of the virus. President Obama, on October 24, 2009, signed an official proclamation declaring the 2009-H1N1 influenza A swine flu outbreak a national emergency in the United States. While the 2009 H1N1 pandemic appears to be the mildest pandemic of the past century, many scientific and policy questions related to this virus remain unanswered. [http://books.nap.edu/openbook.php?record\\_id=12799](http://books.nap.edu/openbook.php?record_id=12799) [HTML format with a link].

**AFTER H1N1, RESEARCHERS WARN OF A POTENTIAL NEW SUPERBUG.** By Bryan Walsh. *Time, Inc.*, Feb. 22, 2010

When the 2009 H1N1 flu virus emerged last April, it triggered the first new pandemic in more than 40 years, producing endless headlines and panic. But, now, some 10 months into the pandemic, the public's fear has subsided. H1N1 turned out to be relatively weak, and action by global and national health officials has helped blunt the damage caused by the virus; by mid-February, more than 16,000 people worldwide had died from the new flu, according to the World Health Organization (WHO), but that figure is in line with mortality in a normal flu year. But the close of the H1N1 pandemic does not eliminate the long-term threat from influenza. Another pandemic could arise at any time, and a new paper published in the Feb. 22 Proceedings of the National Academy of Sciences (PNAS) demonstrates that it could even come from an existing flu virus that many of us have forgotten about: the H5N1 bird flu, which has infected 478 people in 15 countries since 2003, with 286 deaths — a fatality rate higher than 50%. <http://www.time.com/time/health/article/0,8599,1967118,00.html>

**HIV/AIDS**



**HIV PREVENTION AMONG INJECTION DRUG USERS-- STRENGTHENING U.S. SUPPORT FOR CORE INTERVENTIONS,** By Richard Needle and Lin Zhao. CSIS, Apr 7, 2010

This report offers recommendations on one aspect of the HIV pandemic that provides an opportunity for major gains in global HIV prevention: injecting drug use. In some regions of the world—Eastern Europe and Central Asia, for example—the ratio of new HIV infections among injecting drug users (IDUs) to those gaining access to ART exceeds the global five-to-two average. At the same time, there is overwhelming evidence that syringe exchange and medication-assisted drug treatment (MAT, that is, treatment of substance use disorders with either methadone or buprenorphine) are highly effective in preventing the spread of HIV among IDUs; yet these interventions continue to receive little attention and few resources, and they remain unavailable to the vast majority of people who inject drugs. <http://csis.org/publication/hiv-prevention-among-injection-drug-users>

## **POLICY BRIEFS MODELING THE POTENTIAL IMPACT OF AN AIDS VACCINE IN DEVELOPING COUNTRIES. IAVI, Feb. 22, 2010**

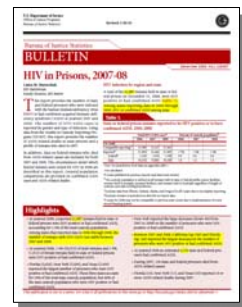
The International AIDS Vaccine Initiative (IAVI) is pleased to announce the publication of three new policy briefs which focus on the potential impact of an AIDS vaccine in developing countries. IAVI, in collaboration with the Futures Institute, has worked to provide policy-makers with information about the possible impact of an AIDS vaccine, taking into account the effects of both scale-up of existing treatment and prevention programs and different vaccination strategies. Findings from this research highlight the game-changing potential of an AIDS vaccine in the fight against the pandemic, and underscore the critical need for sustained global investment in research and development of an AIDS vaccine.

<http://globalhealth.org/news/article/12061>

## **HIV/AIDS IN SOUTH AFRICA: IMPROVED PROGNOSIS. Council on Foreign Relations. Peter Navario. February 22, 2010.**

The global fight against HIV and AIDS cannot be won without success in South Africa, but while President Zuma's government has made progress, it has to do more to prevent future infections and provide better treatment, says CFR's Peter Navario.

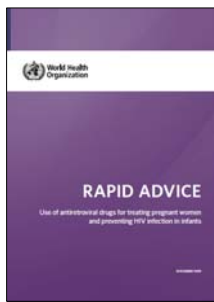
[http://www.cfr.org/publication/21492/hiv aids\\_in\\_south\\_africa.html](http://www.cfr.org/publication/21492/hiv aids_in_south_africa.html)



## **HIV IN PRISONS, 2007-08. U.S. Department of Justice. Laura M. Maruschak. December 9, 2009.**

The report provides data on the number of female and male prisoners who were infected with the human immunodeficiency virus (HIV) or had confirmed AIDS. Findings include the number of AIDS-related deaths in state and federal prisons, a profile of those inmates who died in state prison, and a comparison of AIDS rates between prison inmates and the general population. The report also covers the circumstances under which inmates were tested for HIV.

<http://www.ojp.usdoj.gov/bjs/pub/pdf/hivp08.pdf> [PDF format, 12 pages].



## **RAPID ADVICE: USE OF ANTIRETROVIRAL DRUGS FOR TREATING PREGNANT WOMEN AND PREVENTING HIV INFECTIONS IN INFANTS. World Health Organization, November 30, 2009.**

The World Health Organization releases new recommendations on treatment, prevention and infant feeding in the context of HIV, based on the latest scientific evidence. WHO now recommends earlier initiation of antiretroviral therapy (ART) for adults and adolescents, the delivery of more patient-friendly antiretroviral drugs (ARVs), and prolonged use of ARVs to reduce the risk of mother-to-child transmission of HIV. For the first time, WHO recommends that HIV-positive mothers or their infants take ARVs while breastfeeding to prevent HIV transmission. [PDF format, 25 pages].

[http://www.who.int/hiv/pub/mtct/rapid\\_advice\\_mtct.pdf](http://www.who.int/hiv/pub/mtct/rapid_advice_mtct.pdf)

## **RESEARCH SHEDDING LIGHT ON ROLE OF ANTI-BODIES IN FIGHT AGAINST HIV/AIDS. Joe DeCapua. Voice of America, 05 April 2010**

Over the last six months, scientists have revealed they've learned a lot more about human anti-bodies, which could lead to a better designed AIDS vaccine candidate. Anti-bodies are proteins that fight off infection from viruses, bacteria and other foreign objects. However,

they've not been able to mount enough of a response to stop HIV, the virus that causes AIDS, in its tracks. "Vaccine development historically relies on anti-body responses. Vaccines generally are meant to boost the immune response and to help the body fight off a coming attack," says Mitchell Warren, head of AVAC, AIDS Vaccine Advocacy Coalition. He describes a strong anti-body response as "the secret of success for most vaccines. So it's been very much the target for AIDS vaccine research and development."

<http://www1.voanews.com/english/news/health/decapua-aids-antibodies-5apr10-89926092.html>

## TUBERCULOSIS AND OTHER DISEASES



**"SAVING LIVES AND BUYING TIME": LESSONS IN GOOD SUBSIDY FROM THE AFFORDABLE MEDICINES FACILITY – MALARIA (AMFm). Global Subsidies Initiative. Wouter Deelder et al. March 2010.**

Malaria is one of the world's leading health problems. In response, over the last 15 years, the global health community has ramped up its fight against malaria. The policy brief draws lessons from the process of establishing the AMFm and provides recommendations for policy-makers on the elements of good subsidy design, including analysis and research, stakeholder consultations, supporting interventions to mitigate risks and unintended consequences, and a mechanism for monitoring and evaluation. [PDF format, 8 pages].

[http://www.globalsubsidies.org/files/assets/pb4\\_AMFm.pdf](http://www.globalsubsidies.org/files/assets/pb4_AMFm.pdf)

## **WHO ISSUES UPDATED TB TREATMENT GUIDELINES; EXPERTS SAY LACK OF TRIALS IN TB/HIV PATIENTS 'STRIKING'. Michael Carter, Aidsmap, Thursday, April 15, 2010**

Treatment regimens for tuberculosis should include an antibiotic of the rifamycin class for the full six months of therapy, according to new World Health Organization TB treatment guidelines. They also recommend that treatment should be taken daily during the intensive, four-drug period of induction treatment, and that HIV-positive patients should take daily treatment for the entire duration of their tuberculosis (TB) therapy. Antiretroviral therapy is endorsed in the guidelines for HIV-positive patients with active TB, regardless of their CD4 cell count. The new guidelines also recommend provider-initiated HIV testing for all TB patients regardless of a country's HIV prevalence, and drug susceptibility testing for all TB patients with HIV at the beginning of a treatment course. See below:



**WORLD HEALTH ORGANIZATION. TREATMENT OF TUBERCULOSIS: GUIDELINES, 4th Edition, 2010.**

Download the full guidelines at the WHO website

[http://www.who.int/tb/publications/tb\\_treatmentguidelines/en/index.html](http://www.who.int/tb/publications/tb_treatmentguidelines/en/index.html)

## **DENGUE AND PRIMARY CARE: A TALE OF TWO CITIES. WHO, 20 April 2010**

Dengue virus infection is increasingly being recognized as the world's major emerging tropical disease. The disease infects an estimated 50 to 100 million people annually. This article of the WHO Bulletin contrasts the neighbouring Brazilian cities of Rio de Janeiro and Niterói, providing an interesting case study to look at the factors that may be influencing the infestation rate.

<http://www.who.int/bulletin/volumes/88/4/10-076935/en/print.html>

**FEWER CHILDREN DYING OF MALARIA IN AFRICA. Lisa Schlein. Voice of America, April 20, 2010.**

A report by the Roll Back Malaria Partnership finds progress is being made in cutting malaria deaths, especially among children in Africa. The Partnership, which is composed of several United Nations and international aid agencies says many lives are being saved because of the widespread distribution of insecticide treated mosquito nets and the use of combination therapies or ACTs.

<http://www1.voanews.com/english/news/health/Fewer-Children-Dying-Of-Malaria-In-Africa-91623149.html>

**NARCOTICS AND SUBSTANCE ABUSE****NEW NATIONAL STUDY REVEALS 12 YEAR OLDS MORE LIKELY TO USE POTENTIALLY DEADLY INHALANTS THAN CIGARETTES OR MARIJUANA. SAMHSA 3/11/2010**

More 12 year olds have used potentially lethal inhalants than have used marijuana, cocaine and hallucinogens combined, according to data released today by the Substance Abuse and Mental Health Services Administration (SAMHSA) in conjunction with the 18th annual National Inhalants & Poisons Awareness Week. The National Inhalant Prevention Coalition (NIPC) and SAMHSA kicked off National Inhalants and Poisons Awareness Week at a press conference featuring information and personal stories about the dangers of inhalant use or "huffing." One of the leading participants in this year's event was the American Osteopathic Association (AOA), which represents more than 67,000 osteopathic physicians (DOs). The organization urged its members to take continuing education programs designed to help enhance physician awareness of this risk to youth.

<http://www.samhsa.gov/newsroom/advisories/1003110303.aspx>

**CHRONIC DISEASES****NIAID-DEVELOPED ANTIGEN SHOWS PROMISE AGAINST METASTATIC CANCER. Monday, April 19, 2010**

A new study in mice suggests that a novel antigen discovered in NIAID's Laboratory of Immunopathology (LIP) could be effective as a target for an antitumor vaccine, according to a presentation delivered at the 101st annual meeting of the American Association for Cancer Research. The antigen, called Brother of the Regulator of Imprinted Sites (BORIS), was discovered and characterized in 2001 by LIP scientists Victor V. Lobanenkov, Ph.D.; Dmitri I. Loukinov, Ph.D.; and Herbert C. Morse III, M.D. It is a tumor-promoting protein that normally is expressed in developing male reproductive cells, but frequently can be activated in various malignancies. Previous studies have shown that the immune system can inhibit cancer development and growth, and researchers are evaluating the potential role of cancer-testis antigens such as BORIS as targets for immunotherapies against tumors.

<http://www.niaid.nih.gov/news/newsreleases/2010/Pages/cancerAntigen.aspx>

**MANGANESE AND PARKINSON'S DISEASE: A CRITICAL REVIEW AND NEW FINDINGS. Tomás R. Guilarte. Environmental Health Perspectives, April 2010.**

Objective: Excess accumulation of manganese (Mn) in the brain results in a neurological syndrome with cognitive, psychiatric and movement abnormalities. The highest concentrations of Mn in the brain are achieved in the basal ganglia and this may precipitate a form of parkinsonism with some clinical features that are similar and some that are different to those in Parkinson's disease (PD). Recently, there has been debate on the possibility that Mn may

have an etiological role in PD or accelerate the expression of PD. The goal of this review is to examine whether chronic Mn exposure produces dopamine neuron degeneration and PD or whether it has a distinct neuropathology and clinical presentation.

<http://ehp03.niehs.nih.gov/article/fetchArticle.action?articleURI=info%3Adoi%2F10.1289%2Fehp.0901748>



**A POPULATION-BASED POLICY AND SYSTEMS CHANGE APPROACH TO PREVENT AND CONTROL HYPERTENSION.** Institute of Medicine. Web posted February 22, 2010.

Hypertension is one of the leading causes of death in the United States, affecting nearly one in three Americans. It is prevalent in adults and endemic in the older adult population. Hypertension is a major contributor to cardiovascular morbidity and disability. Although there is a simple test to diagnose hypertension and relatively inexpensive drugs to treat it, the disease is often undiagnosed and uncontrolled. The report identifies a small set of high-priority areas in which public health officials can focus their efforts to accelerate progress in hypertension reduction and control.

[http://www.nap.edu/catalog.php?record\\_id=12819](http://www.nap.edu/catalog.php?record_id=12819) [HTML format with links].

#### **INFORMATION ON LIFE AFTER CANCER NOW AVAILABLE ON NIHSENIORHEALTH.GOV**

February 24, 2010 -- Older adults who have survived cancer can find out what to expect once treatment ends in Life after Cancer, the newest topic on NIH Senior Health. Visitors to the site will learn about managing follow-up care, physical and emotional changes, and relationships with family and friends.

<http://www.nia.nih.gov/NewsAndEvents/PressReleases/PR20100224cancer.htm>

### **MISCELLANEOUS**

**CALCULATING THE COSTS AND IMPACTS OF MALE CIRCUMCISION: Decision Makers' Program Planning Tool (DMPPT) and Policy Briefs.** The USAID | Health Policy Initiative, Task Order 1 Jan. 7, 2010

Male circumcision has been shown to reduce sexual transmission of HIV from infected women to their male partners. The Decision Maker's Program Planning Tool (DMPPT) enables the user to calculate the cost of male circumcision services by delivery mode based on clinical guidelines and locally derived information about staff time and salaries, supplies, equipment, and shared facility and staff costs. It also helps users calculate the net cost per HIV infection averted as a function of the number of male circumcisions performed for each service delivery and coverage timeframe option. The results presented in this brief overview and in the 14 country-specific briefs illustrate one of several possible scenarios; the scenarios can be modified to reflect a variety of possible policies at the country level.

<http://www.healthpolicyinitiative.com/index.cfm?id=onlineCDs&groupID=11>

**HAITI SURVIVORS STAND STRONG WITH NEW PROSTHETIC LIMBS.** By Trenton Daniel. Global Health Council. *Miami Herald*, April 16, 2010

Almost three months after doctors amputated Emmanuelle Lundy's left leg just below the knee, she is making birthday plans, posting upbeat status updates on Facebook, and looking forward to dancing at a big concert later this month.

Another thing she's doing: ignoring the stares of others as she learns to walk again with a prosthetic limb.

"If people look at me in a strange way, well, I feel normal, and people are going to have to look at me in a normal way," said Lundy, leaning on crutches. "It's my leg, even if I have to take it off to shower."

<http://www.miamiherald.com/2010/04/14/1580163/haiti-survivors-stand-strong-with.html>



**MEDICAL TOURISM: UPDATE AND IMPLICATIONS. Deloitte. December 2009.**

With health care costs increasing at six percent per year for the next decade, and medical tourism offering savings of up to 70 percent after travel expenses, the Deloitte Center for Health Solutions estimates that the medical tourism industry will recover from the current economic downturn and attain 35 percent annual growth in coming years. This growth holds important implications for U.S. health care providers, health plans, consumers and the government. [PDF format, 16 pages].

<http://www.deloitte.com/assets/Dcom->

[UnitedStates/Local%20Assets/Documents/us\\_chs\\_MedicalTourism\\_111209\\_web.pdf](http://www.deloitte.com/assets/Dcom-UnitedStates/Local%20Assets/Documents/us_chs_MedicalTourism_111209_web.pdf)

**INTERNATIONAL SPACE MEDICINE SUMMIT III: EXECUTIVE SUMMARY. James A. Baker Institute for Public Policy. George W. S. Abbey. February 16, 2010.**

The summary represents discussions and recommendations from the third annual International Space Medicine Summit organized by the Baker Institute Space Policy Program.

<http://www.bakerinstitute.org/publications/SP-pub-ISMSIIIExecSum-021510-web.pdf>



**WHAT WOMEN WANT: MEETING THE DEMAND FOR MEDICAL ABORTION REPORT. Peter Gordon et al. Marie Stopes International, April 16, 2010**

Marie Stopes International (MSI) is pleased to present our latest publication in the area of Evidence and Innovation. What Women Want: Meeting the Demand for Medical Abortion reviews current access to and demand for medical abortion. It identifies best practice and lessons learnt. It also highlights promising models from around the world for rolling out medical abortion simply and effectively.

<http://www.mariestopes.org/documents/publications/What-Women-Want.pdf>

**FAMILY PLANNING AND THE ENVIRONMENT: CONNECTED THROUGH HUMAN AND COMMUNITY WELL-BEING. Gaffikin L . Global Health Council, March 16, 2010**

This issue of Outlook provides an overview of the relationship between family planning and the environment, including lessons learned for integrated programs and case studies of tested approaches for extending family planning into remote areas. These communities suffer disproportionately from environmental degradation and associated poor health consequences. The efforts described are particularly innovative with regard to adapting to the special conditions and needs of rural subsistence communities that depend on dwindling natural resources. This focus speaks to family planning practitioners seeking new ways to reframe a key tenet of family planning work—its role in reducing social inequity.

Read the new issue of Outlook | <http://www.path.org/publications/details.php?i=1785>

Access recent issues of Outlook | [http://www.path.org/projects/outlook\\_issues.php](http://www.path.org/projects/outlook_issues.php)

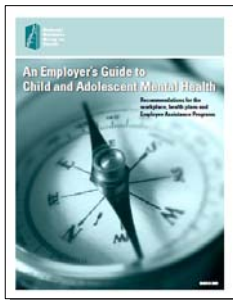
**UPDATED EXERCISE AND PHYSICAL ACTIVITY TIPS FOR OLDER ADULTS NOW AVAILABLE ON NIH SENIORHEALTH SITE**

March 24, 2010 -- Older adults who are interested in becoming physically active, restarting a lapsed exercise regimen or getting more benefit from their current exercise program can check out the updated Exercise and Physical Activity for Older Adults topic on NIHSeniorHealth.gov at <http://nihseniorhealth.gov/exercise/toc.html>

**THE IMPACT OF AIR QUALITY ON HOSPITAL SPENDING. John A. Romley, Andrew Hackbarth, Dana P. Goldman. RAND, March 2010.**

Air pollution is harmful to human health, but little is known about the costs of pollution-related health care. If such care imposes a significant burden on insurance companies and employers, they would have substantial stakes in improving air quality. Reduced medical spending could also benefit public programs such as Medicare and Medicaid. This study estimated the amount of medical spending by private health insurers and public purchasers, such as Medicare, that is related to air pollution. Specifically, the authors determined how much failing to meet air quality standards cost various purchasers of hospital care in California over 2005-2007. The results indicate that substantial reductions in hospital spending can be achieved through reductions in air pollution.

[http://www.rand.org/pubs/technical\\_reports/TR777/](http://www.rand.org/pubs/technical_reports/TR777/)

**EMPLOYER GUIDE TO CHILD AND ADOLESCENT MENTAL HEALTH. National Business Group on Health, April 2010.**

A new guide designed to help employers improve the delivery of child and adolescent behavioral services, and provide services for family caregivers, was officially released today by the National Business Group on Health, a national non-profit organization representing more than 280 mostly large, U.S. employers. "Like other chronic health issues, the effects of child and adolescent mental health disorders can be far reaching for those affected, their caregivers and the workplace," said Helen Darling, President of the National Business Group on Health. "The direct and indirect costs associated with adolescent mental health disorders are staggering. Parent caregivers, for example, are more likely to report increased work absences, reduced productivity, and job termination."

Article: <http://www.samhsa.gov/newsroom/advisories/1004215526.aspx>

The report: [http://www.businessgrouphealth.org/pdfs/CAMH\\_Guide\\_LoRes.pdf](http://www.businessgrouphealth.org/pdfs/CAMH_Guide_LoRes.pdf)

**DISPELLING MISPERCEPTIONS OF EMERGENCY CONTRACEPTION. WHO, 16 April 2010**

Emergency contraceptive pills are available in many countries, but have failed to have the desired impact on unwanted pregnancy rates. Lack of understanding and widely spread misperceptions have contributed to the low level of correct usage of such contraception. This article of the WHO Bulletin addresses the importance of providing reliable information on contraception.

<http://www.who.int/bulletin/volumes/88/4/10-077446/en/index.html>

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*Articles on health issues are available at*  
<http://www.america.gov/global/science.html>