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What to Watch for in Health Legislation: Reauthorizing SCHIP

The health agenda for the 110th United States Congress is expected to be crowded, and reauthorization of the State Children's Health Insurance Program (SCHIP) is high on the list of issues that will loom large in the coming year, according to a report released in December by a group of organizations active in children's health care. SCHIP, a law that Congress passed initially in 1997, which provides federal funding to states for programs to insure children whose family incomes are too high for Medicaid but too low to allow them to buy health insurance is scheduled to expire in September this year.

In the report, "Too Close to Turn Back: Covering America's Children," the American Academy of Pediatrics, the March of Dimes, and the National Association of Children's Hospitals outlined the key issues Congress must address in the SCHIP reauthorization.

But before dealing with SCHIP, the groups pointed out, it's important to remember that SCHIP "stands on the shoulders of Medicaid," since SCHIP insures children whose family incomes are too high to qualify for Medicaid. That makes it imperative to keep Medicaid strong, whatever else happens in the coming year, the report says.

For SCHIP itself, described as "the most successful health care reform Congress has undertaken in the last 10 years," the report cites three important areas Congress needs to address. They are:

- Insuring adequate federal funding;
- Eliminating barriers to enrollment;
- Promoting quality initiatives.

Funding

As one of its last acts in the congressional session that ended in December 2006,

Congress agreed to redistribute currently unused federal SCHIP funds from states that did not use them to states that are experiencing funding shortfalls. But that is a temporary expedient, and more long-reaching problems exist, including the fact that SCHIP programs have grown since 2002 to the point that a difference of more than a billion dollars is predicted in 2007 between the amounts states will need to operate their SCHIP programs and the allotments they will get from the federal government.

As the law stands now, states must spend some of their own money on SCHIP, but the federal government contributes from 65 percent to 85 percent, depending on the state, a considerably higher share than it pays for Medicaid. Unlike Medicaid, however, the amount that a state can draw down for SCHIP is capped and is divided among states according to allotments determined each year by a formula that takes into account a state's share of low-income children and its numbers of uninsured low-income children.

States may use their SCHIP funds to expand Medicaid or to cover children in separate non-Medicaid child health programs. Currently, every state has a SCHIP program, with coverage available to families at 200 percent or more of the federal poverty level in 41 states and to families below the poverty level in 10 others states. States have broad flexibility to set SCHIP income eligibility levels.

Access

Currently, 19 percent of uninsured children are believed to be eligible for SCHIP, and approximately 70 percent of those eligible for SCHIP are enrolled.

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That still leaves a way to go before all children have health insurance, advocates say. They point to a poll of American voters conducted in November 2006 that found 56 percent of voters favor investing more money in SCHIP in order to increase the number of children who are covered. Another 26 percent of those polled said they would be willing to increase funding simply to assure that current coverage can continue. That's 82 percent of the electorate, a number Congress should keep in mind when the time comes to authorize SCHIP, supporters say.

The report urges Congress to eliminate barriers that keep eligible children from getting SCHIP coverage. Among suggested new approaches are offering performance-based assistance with coverage costs to states that succeed in covering all or large numbers of uninsured children. Surveys have also found that in many states enrollment requirements and paperwork need to be simplified and made culturally available. In many cases, families whose incomes make them eligible for SCHIP appear to avoid SCHIP because they lump it with Medicaid as a form of welfare.

Assessing Quality of Care

"In the nearly 10 years since enactment of SCHIP, the world of quality and performance measures in health care has opened up dramatically," said Lawrence McAndrews, president of the National Association of Children's Hospitals. "However, there's been little federal investment in quality and performance measures for children's health care. It's time to do that for kids, through both SCHIP and Medicaid."

The March of Dimes "strongly recommends" that the reauthorization bill include provisions to strengthen the quality of health care that SCHIP enrollees receive. Most national quality initiatives to date have focused on adults, but as children are developing, they have different health care needs than adults, and SCHIP would be an excellent vehicle for measuring pediatric quality, the March of Dimes says, possibly with the Agency for Healthcare Research and Quality (AHRQ) in the U.S. Department of Health and Human Services taking the lead in developing pediatric measures.

The Center for Children and Families report, "Too Close to Turn Back: Covering America's Children," is available online at <http://ccf.georgetown.edu>.

See also:

Assessing the Impact of SCHIP, Ten Years Later
<http://www.healthinschools.org/ejournal/2006/oct3.htm>

Congress Asked to Assure SCHIP Funding after October 1
http://www.healthinschools.org/2006/sept20_alert.asp

HPV Vaccination: Should States Make It Compulsory?

In June last year, the federal Food and Drug Administration (FDA) licensed a vaccine against human papillomavirus (HPV), thereby opening a debate in states over whether vaccination against HPV should be compulsory for girls entering sixth grade.

The vaccine, Gardasil, developed by the pharmaceutical company Merck, is considered a major public health development, since it protects against four strains of HPV, the most common sexually transmitted disease in the United States. Preventing HPV is of special importance because the infection is estimated to proceed to cervical cancer in as many as 10,000 women annually. And reasoning that the greatest benefit will occur if the vaccine is given before a female becomes sexually active, the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (CDC) recommended that it be administered routinely to girls 11 or 12 years of age.

The committee took no position on whether vaccination should be required by law, leaving it to the states to make that determination. In September 2006, the Michigan state legislature became the first to propose adding HPV to the list of required childhood vaccinations, and it is expected that other states will follow Michigan's lead.

Writing in the December 7 issue of the *New England Journal of Medicine*, author James Colgrove speculates that making the vaccination compulsory will "ignite a new round of polarizing debates." He expects that opposition will come not only from religious conservatives who view the vaccine as a threat to teenage abstinence, but also from a growing number of parents and others who object to compulsory pediatric immunization in general, even against classic diseases such as polio, measles, and pertussis.

"Laws making vaccination compulsory raise unique ethical and policy issues," Colgrove writes. On the one hand, "High levels of herd immunity protect all members of the community, including those who cannot receive vaccines because of medical contraindications. This protection is a justification for compulsion." On the other hand, bioethicists and parents who argue against compulsory immunization say that compulsion violates patient autonomy and the medical requirement for informed consent.

In the case of HPV vaccination, there is also opposition because HPV is not "casually transmissible" but only spreads through sexual contact. Similar concerns have been raised about school-based requirements for vaccination against hepatitis B, which spreads primarily among sexually active people and injection-drug users, leading some parents to argue that hep B vaccine should be given only to those groups rather than to all children.

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Colgrove notes that “A large body of evidence demonstrates that school-based laws are an effective and efficient way of boosting vaccine-coverage rates. Requiring HPV vaccination by law will almost certainly achieve more widespread protection against the disease than will policies that rely exclusively on persuasion and education. A critical question is whether achieving a higher level of coverage justifies the infringement on parental autonomy that compulsory vaccination inevitably entails.”

“Any new vaccine that a state adds to its list of requirements must be judged in the context of both the increasingly lengthy and complex regimen of vaccines that children now receive and the possibility that additional mandates may inflame grassroots opposition, be it religious, philosophical, or ideological. Although issues of religion and adolescent sexuality have dominated the discussion, the move to require HPV vaccination raises broad questions about the acceptability of mandatory public health measures, the scope of parental autonomy, and the role of political advocacy in determining how preventive health measures are implemented.”

The article “The Ethics and Politics of Compulsory HPV Vaccination,” was published in the December 7, 2006, issue of the New England Journal of Medicine. Dr. Colgrove is an associate research scientist at the Center for the Ethics of Public Health in the Mailman School of Public Health at Columbia University.

See also:

Vaccine Will Protect Against Some Kinds of HPV
http://www.healthinschools.org/2006/june9_alert.asp

Cough Medicine Makers Say They’re Alarmed at Teen Misuse

People have been buying and using over-the-counter remedies for coughs and colds for more than 50 years, according to the Consumer Healthcare Products Association (CHPA), a trade association representing U.S. manufacturers and distributors of over-the-counter medicines, and the CHPA says it’s as alarmed as anyone about recent findings that teens are turning to those products to get an easily available “high.”

In voluminous press releases and colorful brochures in English and Spanish, the CHPA is hoping to stem widespread teen misuse of OTC drugs such as cough medicines, reported in the most recent Monitoring the Future survey of 8th, 10th, and 12th grade students in U.S. schools. And the CHPA says it’s working with the Community Anti-Drug Coalitions of America to develop “the first toolkit entirely focused on addressing and preventing cough medicine abuse.”

The Monitoring the Future survey, which is conducted every year by investigators at the University of Michigan, asked students for

the first time this year about their non-medical use of over-the-counter medicines such as cough suppressants, and found that 4.2 percent of 8th graders, 5.3 percent of 10th graders, and 6.9 percent of 12th graders reported taking cough or cold medicines with dextromethorphan (DXM) during the past year to get high. Since there are no previous-year data to compare, it is not known whether such use of over-the-counter medications is growing, but the National Institute on Drug Abuse, which sponsors the Monitoring the Future surveys, expressed “concern” about non-medical use of over the counter drugs.

How it all started is not clear, given the 50-year record of over-the-counter cold medication, but the CHPA says the Internet is partly responsible. “The Internet is full of predators who actively encourage dextromethorphan abuse and even provide detailed instructions,” CHPA president Linda Suydam said in a statement released simultaneously with the 2006 Monitoring the Future study.

The dextromethorphan Suydam refers to is the active ingredient in more than 100 over-the-counter cough and cold products; it was first approved by the federal Food and Drug Administration (FDA) in 1954 as a cough suppressant that works by raising the coughing threshold in the brain. The ingredient is not considered addictive, even in high experimental doses, but the CHPA notes that “teens engaged in this sort of substance abuse behavior may develop a pattern of habitual use.”

“It is not possible to accidentally abuse dextromethorphan; it takes vast amounts that are far beyond the recommended dosage,” the CHPA said in a fact sheet. However, the fact sheet points out, a raw, unfinished form of dextromethorphan can be purchased over the Internet and is very dangerous when abused—mixed with alcohol or other drugs, for example. The CHPA said it’s working with members of Congress to get legislation passed that would ban the sale or distribution of this unfinished dextromethorphan by all but entities registered with the Food and Drug Administration.

The CHPA urges parents to be aware of the possibility that their teens are buying lots of cough medicine, or taking it from the family medicine cabinet, and should watch for symptoms of acute overdose, including confusion, dizziness, blurred vision, slurred speech, loss of physical coordination, stomach pain, vomiting, and rapid heart beat. The fact sheet also offers some of the slang terms for dextromethorphan, which vary by product and region of the country but may include Dex, DXM, Robo, Skittles, Triple-C, and Tussin. If you are using, you may be Robo-ing, Robo-tripping, or Skittling.

And just to be clear what is being talked about, the CHPA provides examples of some of the OTC medicines that contain dextromethorphan, including:

- Alka-Seltzer Plus Cold and Cough Medicine,
- Coricidin HBP Cough and Cold,

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- Dimetapp DM,
- Mucinex DM tablets,
- PediaCare cough medicines,
- Select Robitussin cough products,
- Sudafed cough products,
- Theraflu cough products,
- Triaminic cough products,
- Tylenol Cough and Tylenol Cold products,
- Vicks 44 Cough Relief products,
- Certain Vicks DayQuil and NyQuil LiquiCaps.

The CHPA points out that there are a number of store brands that contain dextromethorphan, as well.

Unspoken in the CHPA's handouts is a powerful incentive to companies to reduce abuse of their over-the-counter drugs, which account for billion of dollars of sale every year. The cloud on the horizon for the companies is the possibility that, if misuse becomes rampant, the medications will become available only "back of the counter," dispensed by pharmacists rather than pulled off a shelf, possibly even with a requirement that purchasers sign a register at the time of purchase.

The CHPA and Partnership for a Drug-Free America offer a background paper on cough medicine abuse for parents and educators at www.drugfree.org/Portal/drug_guide/DXM and a teen-oriented website that's intended to counter misinformation available on line, at www.dxmstories.com.

Three Looks at Teen Mental Health and Suicide

Three articles available free from the December 28, 2006, issue of the *New England Journal of Medicine* deal with the troubling issues around mental illness in teenagers, including suicide.

Screening

"Uncovering an Epidemic—Screening for Mental Illness in Teens," by Weill Cornell Medical College professor Richard Friedman, describes TeenScreen, a school-based mental health screening program that was developed at Columbia University and consists of having teens fill out a short questionnaire and then participate in an interview with a master's level social worker or clinical psychologist, who attempts to determine if the questionnaire responses are "clinically significant." If they are believed to be so, the clinician recommends a more comprehensive psychiatric evaluation to the teen and his parents. In 2005, TeenScreen screened 55,000 young people in 42 states and found that about one-third rated positive on the questionnaire. Half of those—about 17 percent—were referred for further evaluation after the clinical interview.

Dr. Friedman notes that although the screening is voluntary and requires active consent of the parents and assent of the teen, "Not

everyone approves of screening teens for psychiatric illness." One congressman has, in fact introduced legislation to ban the use of federal funds for such screening, on the grounds that the real goal is to make screening mandatory.

There is also concern about the high sensitivity but relatively low specificity of the screening instruments, a combination that leads to many false positive results. Friedman suggests, however, that the potential consequences of falsely identifying a teen as needing psychiatric evaluation "seem less dire than those of failing to identify a suicidal teenager. Stigma is real, but unlike suicide, it doesn't kill."

Families and Suicidal Behavior

In a second article, "Familial Pathways to Suicidal Behavior," Doctors David Brent and J. John Mann, of the University of Pittsburgh School of Medicine and Columbia University College of Physicians and Surgeons, examine the role of familial transmission of vulnerabilities in teen suicides and conclude that, in combination with stressors, family characteristics (such as suicide by a parent or sibling) may predispose to suicidal behavior. They note that studies of adopted children and twins show that suicidal behavior is explained by both genetic and environmental factors, with the familial influence strongest in persons under the age of 25.

It's hard to settle on the cause of a suicide because our knowledge of what leads up to suicidal behavior is so limited, the authors say, but they mention that "impulsive aggressive traits appear to be transmitted from parent to child, along with a tendency toward suicidal behavior," probably because such traits make it more likely that a person will act on suicidal thoughts. And they doubt that imitation is what causes a young person to commit suicide, since often in studies the family member who did so was not even known to the teen.

That leaves the genetic component, and the authors are careful to say that current findings are insufficient to predict accurately who will commit suicide. They suggest, however, that "impulsive aggression, neurocognitive difficulties, and family adversity" might be good places to start in treating someone who has attempted suicide. "In fact," they say, "some promising treatments that reduce the recurrence of suicidal behavior focus on enhancement of the regulation of emotions, tolerance for distress, and cognitive flexibility in order to improve the efficacy of generating viable alternatives to suicide during a crisis." Mood stabilizers such as lithium prevent suicide in some populations and deserve further study, the authors say, because even though they have undesirable side effects, they do positively affect decision making or impulsive aggression.

The Antidepressant Quandary

In the third article, Dr. Gregory Simon of the Center for Health Studies at Group Health Cooperative in Seattle notes that in

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March 2004, the federal Food and Drug Administration (FDA) issued a public health advisory regarding worsening depression and suicidal thoughts and behavior in patients treated with the newer antidepressant drugs fluoxetine (Prozac), sertraline (Zoloft), paroxetine (Paxil), fluvoxamine (Luvox), citalopram (Celexa), escitalopram (Lexapro) bupropion (Wellbutrin), venlafaxine (Effexor), nefazodone (Serzone), and mirtazapine (Remeron). In February 2005, the FDA extended the warning to all antidepressant drugs, noting that placebo trials had shown antidepressants are associated with increased risk of suicidal behavior in children and adolescents.

That is leaving a lot of uncertainty about how to treat depressed children and adolescents, since the FDA did not actually advise against the use of antidepressants in that population but simply recommended more frequent follow-up visits. Despite the long list of suspect antidepressants, only one of them—Fluoxetine—is currently approved in the United States for treating depression in children and adolescents. “For the time being,” Dr. Simon says, “physicians who are considering the treatment of depression in a child or adolescent must make recommendations to patients and families in an environment of considerable risk and uncertainty.”

He cites some figures to point up the problems facing practitioners. “Among 10,000 children and adolescents who begin taking antidepressants for depression, approximately 6 will die by suicide during the next 6 months” and another 30 will be hospitalized after a serious suicide attempt. Of those 10,000 children and adolescents, approximately 3,000 will stop taking their medication within a few weeks, 4,000 will never return for a follow-up visit, and 6,000 will not recover from depression during the next 6 months.

“Our treatment of depression is growing wider, but it is often only inches deep,” Dr. Simon says.

The article “Uncovering and Epidemic—Screening for Mental Illness in Teens,” can be accessed at <http://content.nejm.org/cgi/content/full/355/26/2717?query=TOC>.

The article, “Familial Pathways to Suicidal Behavior—Understanding and Preventing Suicide among Adolescents,” can be accessed at <http://content.nejm.org/cgi/content/full/355/26/2719?query=TOC>.

The article, “The Antidepressant Quandary—Considering Suicide Risk When Treating Adolescent Depression,” can be accessed at <http://content.nejm.org/cgi/content/full/355/26/2722?query=TOC>.

See also:

Parents Resource Center: Suicide and Suicide Prevention
<http://www.healthinschools.org/parents/suicide.htm>

Screening High School Students for Suicide Risk: A Report on the

Suicide Risk Screen

<http://www.healthinschools.org/ejournal/2006/feb2.htm>

InFocus: Adolescent Depression and Mental Health Services

<http://www.healthinschools.org/focus/2002/no5.htm>

WORTH NOTING

Recommended 2007 Immunization Schedules for Children and Adolescents

The annual recommended immunization schedules for children and adolescents in the United States in 2007 were approved by the American Academy of Pediatrics, the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, and the American Academy of Family Physicians. The schedules reflect current recommendations for the use of vaccines licensed by the U.S. Food and Drug Administration. This year, because of the increasing complexity of the immunization schedule, the recommendations are divided into two separate schedules, one for children 0 to 6 years of age and one for children 7 to 18 years of age. Changes this year include:

- Administration of human papillomavirus (HPV) vaccine for girls 11 to 12 years of age with catch-up immunization of girls 13 to 18 years of age.
- Routine administration of a second dose of varicella vaccine at 4 to 6 years of age.
- Administration of influenza vaccine for children 6 to 59 months of age, with vaccine also recommended for close contacts of children 0 to 59 months old.
- Routine administration of oral live rotavirus vaccine to all infants at ages 2, 4, and 6 months.

For the full text of the 2007 recommendations, see <http://www.cispimmunize.org>.

December News Alerts

The following information appeared during the month of December 2006 in the News Alerts section of the website of the Center for Health and Health Care in Schools, at www.healthinschools.org.

December 1, 2006

CDC Says One Million in U.S. Live with HIV

Today, December 1, is World AIDS Day, and the Centers for Disease Control and Prevention (CDC) marked the day by noting that in the United States alone, one million people are now believed to have HIV, with many of them diagnosed so late in the illness that they may not fully benefit from available treatments. The CDC also announced that it is launching a new Internet gateway to federal HIV/AIDS information that will guide users

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to prevention, testing, treatment, and research programs and to federal HIV/AIDS policies and resources. "As we pause today to remember those lost to AIDS, let us also honor them with a renewed commitment to completely stopping the spread of HIV in the United States and around the world," said CDC Director Julie Gerberding. The new website is at www.AIDS.gov.

December 5, 2006 **Nation's Health Gets Its Annual Check-Up**

A yearly assessment of the healthiness of the United States, taking into account personal behaviors, the environments in which people live and work, decisions made by public officials, and the quality of medical care delivered by health professionals, ranks Minnesota as the healthiest state for the fourth year in a row, followed by New Hampshire, Hawaii, and Connecticut. Louisiana is ranked as the least healthy state, with Mississippi, South Carolina, Tennessee, and Arkansas making up the bottom five. The report, which is produced by United Health Foundation in partnership with the American Public Health Association and Partnership for Prevention, notes that the United States continues to trail other countries in important statistics such as healthy life expectancy and infant mortality. The report also notes that since 2000, the rate of improvement in overall health status has stagnated, due largely to the persistence of tobacco use, the relatively high infant mortality rate, and increasing prevalence of obesity. There has been an increase in the percentage of uninsured people, which now stands at 15.9 percent of the U.S. population. The entire report, "America's Health Rankings," can be viewed at www.americashealthrankings.org or www.unitedhealthfoundation.org.

December 6, 2006 **Pediatricians Welcome Electronic Medical Records**

If every newborn left the hospital with a standard electronic health record, it would be the first step in maintaining a personal health record, and such a record would help in coordinating the child's medical care, according to a statement of support for electronic medical data issued today by the American Academy of Pediatrics (AAP). Electronic records would be valuable for perfectly healthy children but would be especially helpful in the case of children with chronic diseases such as asthma and children in foster care, said Dr. Alan Zuckerman of the AAP's Council on Clinical Information Technology. Zuckerman said the AAP is aware of "the complex privacy protection needs of children" and looks forward to good models for involving adolescents in appropriate use and access to their personal health records. The AAP statement came as the heads of several major American corporations announced that they are forming an independent nonprofit institute to develop a web-based framework called Dossia for maintaining lifelong personal health records. The institute can be contacted at www.dossia.org.

December 8, 2006 **Beverage Deals Not Very Profitable for Schools, Study Finds**

Contracts between schools and beverage companies give schools up-front money in return for allowing soft drinks to be sold in vending machines or elsewhere in schools, but the contracts aren't such a bargain for schools, an analysis of 120 contracts in 16 states has found. The average annual revenue to schools from such deals ranged from 60 cents to \$93 per student per year, with some schools obviously getting a better cut than others, sometimes because they signed exclusive contracts permitting just one company to sell and market its beverages in schools. The majority of the soft-drink profits—two-thirds of every dollar—go to the beverage companies, with schools on average realizing only \$18 per year per student, or approximately one-fourth of one percent of the cost of educating that student, which according to the National Center for Education Statistics is about \$8,000 per year. The study conducted by the Center for Science in the Public Interest and the Public Health Advocacy Institute was prompted by concern that schools are encouraging consumption of soft drinks, which are known to be the single-largest source of calories in teens' diets, linked more clearly than any other food to obesity. The study found that most states have very weak policies for addressing soda and junk foods in schools, though many of the largest school districts have taken action on their own to eliminate soda sales, and Congress is expected to consider legislation that would require the United States Department of Agriculture to update its nutrition standards for foods sold out of vending machines and in school stores and other school venues. The report, "Raw Deal: School Beverage Contracts Less Lucrative than They Seem," is available online, free of charge, at <http://www.cspinet.org/beveragecontracts.pdf>.

December 11, 2006 **Congress Adjourns, Leaves Domestic Programs at Current Levels**

The 109th United States Congress met for the final time December 8 and adjourned for good, leaving all domestic spending programs, including health, without new appropriations for fiscal year 2007. Instead, the House and Senate agreed to extend through February 17 next year the same levels of funding that domestic programs had in fiscal 2006, thereby leaving it to the new Democratic-controlled Congress that will convene in January to decide how much funding programs will have. Republicans on the House Appropriations Committee pointed out that the committee had approved all 2007 spending except for the Department of Health and Human Services before the July 4 congressional recess and had sent the bills on to the Senate, where none had ever been scheduled for floor action. Calling Congress's failure to pass appropriations "a disgraceful performance," the incoming new chairman of the House Appropriations Committee, Representative David Obey (D-WI) said he and the incoming chairman of the Senate Appropriations Committee, Senator Robert Byrd (D-WV) will announce next week how they plan to deal with "the leftovers from this congressional session."

December 12, 2006

New Report Says 9 Percent of Children Have Asthma

A report issued today by the Centers for Disease Control and Prevention (CDC) indicates that 6.5 million children under the age of 18 in the United States currently have asthma. That is nearly 9 percent of all children in that age range, more than double the percentage who were reported to have asthma in 1980. Among racial/ethnic groups, Puerto Rican and non-Hispanic black children have the highest percentages of asthma (19.2 and 12.7 percent respectively). Children with at least one asthma attack (nearly 4 million children) missed a total of 12.8 million school days due to asthma in school year 2002, the most recent year for which school data are available. Asthma-related visits to physician's offices have increased sharply since the early 1990s, while emergency department visits for children have remained fairly stable at approximately 100 visits per 10,000 children. The CDC reports that asthma death rates for children declined from 3.2 deaths per one million children under age 18 in 1999 to 2.5 deaths per one million in 2004. The report, "The State of Childhood Asthma," is available online at <http://www.cdc.gov/nchs>.

December 15, 2006

Immunization Registries Help Schools Verify Vaccination

A computerized information system that stores immunization records provided voluntarily by health care providers is aiding schools to comply with school-entry vaccination requirements, according to a progress report issued today by the Centers for Disease Control and Prevention (CDC). Grantees in 50 states, five cities, and the District of Columbia currently receive funding under section 317b of the Public Health Service Act to compile data from immunization programs managers, which is then made available to health insurance providers, health department clinics, Medicaid, and schools. The CDC reports that in 2005, approximately 56 percent of children six year of age and older participated in an Immunization Information System (IIS), an increase over the previous year's level of 48 percent. "Participation" is defined as having two or more vaccinations recorded in an IIS. "IISs are being used increasingly as a decision-making tool for immunization programs and health-care providers to generate patient reminders and recalls, perform vaccine inventory management and distribution tasks, conduct routine public health surveillance, conduct school assessments, and identify clusters of undervaccinated children," the CDC said. The report, "Immunization Information Systems Progress—United States, 2005" appears in the December 15, 2006, issue of *Morbidity and Mortality Weekly Report*, at <http://www.cdc.gov/mmwr>.

December 19, 2006

School Closings Seen Likely in Influenza Pandemic

If there were a major influenza outbreak in the United States, attention would be focused on community-wide mitigation strategies such as school closures, according to a report on pandemic

planning released December 18 by Frances Townsend, President Bush's Assistant for Homeland Security and Terrorism. Townsend said all federal agencies are making their own pandemic preparedness plans, and the Department of Health and Human Services (HHS) has held pandemic planning summits in all the states. Townsend said guidance will be issued in January for ways communities can use interventions such as early school closure, cancellation of public gatherings, and other "social distancing" behaviors in reducing illness during a pandemic. In other actions, the federal government is investing in development of new cell-based technologies to replace current egg-based procedures for producing influenza vaccine, and is looking into "adjuvants"—dose-stretching materials that would reduce the amount of vaccine necessary to immunize a person against a pandemic virus, thereby allowing more people to be vaccinated from existing resources. Townsend also said "all entities," including schools and families, should develop their own pandemic plans. Guidance for planning is available online at www.pandemicflu.gov.

December 21, 2006

Study Finds Shifts to Prescription, OTC Drugs in Teens

The good news is that use of illicit drugs has declined somewhat among 8th, 10th, and 12th graders, but the bad news is that students in those grades are increasingly turning to prescription opioids such as Vicodin and to over-the-counter medications such as cough syrup to get their highs, according to the 2006 Monitoring the Future survey released today. "Of significant concern is the finding that past-year use of Vicodin remained high among all three grades, with nearly one in ten high school seniors using it in the past year," the survey reported. Use of another opioid—OxyContin—dropped slightly among 12th graders but increased significantly among 8th and 10th grade students. On the other hand, the survey found marijuana use for all three grades "declined significantly" from 2005 to 2006, cigarette smoking is at an all-time low for all three grades, and past-month use of alcohol "continued to trend downward." Monitoring the Future is a nationwide survey that measures drug, alcohol, and cigarette use and related attitudes among adolescent students; the survey has been conducted since 1975 by investigators at the University of Michigan. The text of this year's report is available at <http://monitoringthefuture.org>.

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