

PUBLIC HEALTH PROGRAMS AND PRACTICES

Organ Transplant Success Rate Continues High, HRSA Report Shows

Nearly 94 percent of patients with kidney transplants—the most common transplant procedure—were alive 1 year after surgery, according to a national report released by the Health Resources and Services Administration (HRSA) of the Public Health Service. The rate is almost a full percentage point greater than for a similar study reported in 1991.

"The 1994 Report of Center-Specific Graft and Patient Survival Rates" shows patient survival after 1 year for kidney transplants at 93.8 percent; pancreas, 90.5 percent; heart, 82.4 percent; liver, 76.7 percent; lung, 68.4 percent, and heart-lung, 57 percent.

"Lung transplant patients showed the greatest increase in survival, with an improvement of almost 15 percent over the previous study period," said HRSA Administrator Ciro V. Sumaya, MD, MPMTM.

Despite this success rate—and some 38,000 people on the national waiting list to receive organs—there were only 4,800 donors in the country during 1994. This represents only one-third of the estimated potential donors (if all donors were identified and if all families consented to donation).

The report was compiled by the United Network for Organ Sharing of Richmond, VA, under contract to HRSA's Division of Transplantation in the Bureau of Health Resources Development. The information is intended to assist patients, their families, and physicians when considering transplant options, and to help transplant centers evaluate their outcomes compared with other centers.

This is the second time national organ-specific and transplant-center-specific data have been collected. An earlier report covering data from 1987 to 1989 also showed a high transplant success rate, including a 92.9-percent 1-year survival rate for kidney transplants.

The nine-volume report is the only national documentation of the success of transplant technology on a hospital-by-hospital basis. The report analyzes data on 60,100 transplant procedures performed on 57,457 patients in 640

transplant programs at 261 hospitals during the period October 1, 1987, to December 31, 1991.

Division of Organ Transplantation Director Judith B. Braslow explained that data on survival rates for both the organ (graft survival) and the organ recipient (patient survival) are averaged nationally. Data from each center are compared against these national averages, taking into account the patient mix at each center, including the medical diagnosis, the age, sex, and race of the patient, the type of donor (living donor or cadaver), the number of transplant procedures performed at each center, and advances in transplant technology.

This comparison results in the expected survival rate specific to each transplant center. When patient characteristics are taken into consideration, actual survival rates at most transplant centers are similar to their expected rates. Less than 10 percent of the programs had actual rates below their expected rates.

"The 1994 Report of Center-Specific Graft and Patient Survival Rates" consists of nine volumes, two with kidney transplant data and one each with data on heart, liver, pancreas, heart-lung, and lung transplants. There is also an executive summary and a user's guide.

Telephone numbers and addresses of transplant centers or organ procurement groups can be obtained by calling the United Network for Organ Sharing at 804-330-8500.

A copy of the entire report, a single volume, information on a maximum of 10 transplant programs, or the report's executive summary, or user's guide can be obtained by calling the toll-free numbers 1-800-243-6667 or 1-800-243-donor.

Vaccination Compensation Criteria Revised

The Health Resources and Services Administration (HRSA) of the Public Health Service has announced changes in some of the criteria used by the Federal Government to make childhood vaccine injury awards.

The major revisions made after considering findings by the Institute of Medicine (IOM) add one condition as vaccine-related and remove others. The major changes follow:

- Chronic arthritis, if it arises within 42 days of the rubella (German measles) vaccine's administration, is added to those conditions which may be compensated for.
- Residual seizure disorder and shock-collapse or hypotonic-hyporesponsive episode after the pertussis (whooping cough) vaccine will no longer be given a legal presumption that they are caused by the vaccine.

Serious reactions to vaccines are rare but can be costly to an affected person's family. Congress created the National Vaccine Injury Compensation Program in 1986 to provide a no-fault system for the care of those who develop a problem following vaccination without their having to resort to expensive, and less certain, litigation. To qualify for compensation, parents can either demonstrate that an injury was caused by a vaccine or simply show that an injury listed on the Vaccine Injury Table occurred.

If the condition is included in the table, parents can apply for compensation without having to prove cause and effect. Removal of a condition from the Vaccine Injury Table does not bar parents from being compensated. Parents may receive compensation if they demonstrate a cause and effect relationship.

When the initial Vaccine Injury Table was established, Congress suggested that IOM, which is part of the National Academy of Sciences, should review the literature on adverse events associated with the pertussis and rubella vaccines. Congress mandated that the Secretary of Health and Human Services then update the Vaccine Injury Table based on current medical information. This is the first set of changes to the table.

Petitions for compensation under the Program are filed with the U.S. Court of Federal Claims. Recommendations on whether claims meet the requirements for compensation are made to the court by HRSA based in part on the table.

The revisions were proposed in

1992 based on findings of the July 1991 IOM report, "Adverse Effects of Pertussis and Rubella Vaccines."

HRSA held up the final regulation until it could also review a followup study by IOM called "DPT Vaccine and Chronic Nervous System Dysfunction: A New Analysis," published in 1994.

HRSA also reviewed recommendations by the Public Health Service Task Force on the Vaccine Injury Compensation Program and two other advisory bodies—the National Vaccine Advisory Committee and the Advisory Commission on Childhood Vaccines.

The revisions to the table became effective March 10, 1995. Claims filed on or after the effective date will be adjudicated using the new table.

Additional information can be obtained from Shelly Burgess, HRSA, tel. 301-443-3376.

Stanford Center Handbook Designed to Help Health Advocates Effect Change

The Stanford Center for Research in Disease Prevention of the Stanford University School of Medicine has published "Public Health Advocacy: Creating Community Change to Improve Health," a handbook for advocates.

The book is primarily intended for those who are new to advocacy—people who have found a need to change conditions that are relevant to the health of their communities but are uncertain how to proceed. The handbook is designed to give them confidence, whether they intend to bring about changes in laws and policies, draw attention to shortages of health facilities, confront corporate polluters of air and water, or fight city hall.

The 162-page book takes the new advocate systematically through the steps needed for success, starting with the formation of a group, and proceeding through analysis of the issues, strategic planning, use of the media, and evaluation. It also provides worksheets, examples of successful advocacy, and resources for further study and guidance.

The book was written by five experts who combine academic knowledge of the subject with practical experience in the field. Coordinating the team was

David G. Altman, PhD, Associate Professor at Bowman Gray Schools of Medicine, Wake Forest University. The other authors were Professor Stephen B. Fawcett, PhD, University of Kansas, Fabricio E. Balcazar, PhD, University of Illinois, Thomas Seekins, PhD, University of Montana, and John Q. Young, PhD, Stanford University.

The handbook is a component in the series of health promotion materials produced by the Stanford Center for Research in Disease Prevention, under a grant from the Henry J. Kaiser Family Foundation.

"Public Health Advocacy: Creating Community Change to Improve Health," can be obtained for \$24, plus \$4.50 shipping and handling, from the Stanford Center for Research in Disease Prevention Distribution Center, 1000 Welch Rd., Palo Alto, CA 94304-1825; telephone (415) 723-0003.

HHS Issues Biennial Report on U.S. Prevention

The Department of Health and Human Services (HHS) has issued "Prevention '93/'94," the fifth biennial report on the prevention-related activities of the Federal Government.

This listing of the comprehensive prevention programs of HHS includes those of its component parts—the Administration on Aging, the Administration for Children and Families, the Health Care Financing Administration, and the nine agencies of the Public Health Service.

In addition, other agencies of the Federal Government report prevention programs such as the activities of the Environmental Protection Agency; the Women, Infants, and Children Program of the Department of Agriculture; and the Occupational Safety and Health Program of the Department of Labor.

"Healthy People 2000: National Health Promotion and Disease Prevention Objectives" serves as the framework for "Prevention '93/'94." The national initiative set forth in "Healthy People 2000" established three overarching goals—increase healthy life-span, reduce health disparities, and achieve access to preventive services—to be achieved by the year 2000.

The nation's prevention agenda for improvements in public health rests on three categories of preventive action:

1. Health promotion, encompassing both healthy behaviors and risk reduction;
2. Health protection, addressing screening as well as the physical and social environment; and
3. Preventive services, including immunizations, counseling, and other clinical preventive services.

Within these three categories of prevention are 21 priority areas that provide the substance of health promotion and disease prevention strategies. A 22nd priority area addresses improvements in surveillance and data systems necessary for tracking progress of the Healthy People 2000 objectives.

Chapter 1 of "Prevention '93/'94" highlights model prevention programs for minorities. These programs were nominated by the State Healthy People 2000 action contacts and the minority health directors of agencies of the Public Health Service.

Chapter 2 provides a snapshot of the health status of all Americans. Trends in mortality rates and the causes of deaths are examined. New tables have been added since "Prevention '91/'92" to illustrate the differences among race and ethnic groups in selected causes of death. Life expectancy by race and sex, and years of healthy life by race and ethnicity are provided.

Chapter 3 describes the prevention activities of HHS and other Federal departments and agencies.

Chapter 4 displays the expenditures for prevention by HHS. Organized by Healthy People 2000 priority areas, this inventory tracks fiscal year 1992 actual spending and estimated 1993 funding by agency in the Public Health Service and from the Administration for Children and Families and the Health Care Financing Administration. A summary table shows block grant resources.

"Prevention '93/'94," order No. 017-001-00522-3, is available from the U.S. Government Printing Office for \$17.

New Foundation Initiative to Track Changing Health Care System

The Robert Wood Johnson Foundation has launched a multi-million-dollar ini-