A Message from the Editor

It is my great pleasure as Acting Editor of *Public Health Reports* (*PHR*) to launch the first issue of the year for 2012. This issue explores a wide range of public health topics, from those with general applicability, such as U.S. polio outbreak risk/poliovirus vaccine availability, to local issues, such as rising *Clostridium difficile* incidence in Michigan hospitals. Although the topics are wide-ranging, some common themes emerge, which correlate to several current federal action plans and strategies. As such, they provide further support to the scientific evidence base needed to inform and drive change.

As one example, Ending the Tobacco Epidemic: A Tobacco Control Strategic Action Plan for the U.S. Department of Health and Human Services[1] (HHS), released in November 2010, outlines a goal for ongoing research and the need to change social norms. The article by Max and colleagues reports that despite many years of tough tobacco-control policies in California, people continue to be exposed to secondhand smoke at home and in the workplace. They conclude that policies need to be fully enforced and interventions targeted to groups with the greatest exposure rates, including minority populations. Additionally, this article advances the goals in the HHS Action Plan to Reduce Racial and Ethnic Health Disparities,[2] released in April 2011, to improve the health, safety, and well-being of all American people.

Several other articles also highlight health disparities. Fine et al. examined chlamydia trends, risk factors, and socioeconomic measures, and found that the infection risk for chlamydia was significantly higher for women from racial/ethnic minority groups compared with white women. In another article, Kucik et al. studied racial/ethnic variation in the prevalence of selected birth defects and concluded that racial/ethnic disparities were suggested in 57% of the birth defects included in their research.

VerLee et al. analyzed hospital discharge data for Michigan residents admitted with *Clostridium difficile* infection (an intestinal bacterial infection) and found that rates are on the rise, particularly among vulnerable populations (e.g., the elderly, females, and African Americans). They concluded that increased prevention and infection-control efforts should be directed toward these at-risk populations. This study also informs another HHS initiative, the HHS Action Plan to Prevent Healthcare-Associated Infections,[3] released in June 2009. One of the nine national targets in this plan is the elimination of *Clostridium difficile* from hospitalized patients.

A concerted government vaccine strategy, the most recent iteration of which is the 2010 National Vaccine Plan,[4] has helped eliminate polio from the U.S., but we remain vulnerable to importations as long as these diseases persist elsewhere in the world. Thompson and colleagues explore the risk of polio outbreaks in the U.S. and whether the current poliovirus stockpile is sufficient to handle an outbreak. Although they determine that the risk of widespread transmission is unlikely, pockets of un- or underimmunized children could lead to cases of paralytic polio; thus, the need for a sufficient poliovirus stockpile remains.

This issue of *PHR* is also accompanied by a special supplement from the National Vaccine Advisory Committee (NVAC), "A Pathway to Leadership for Adult Immunization." This supplement details the recommendations approved by the NVAC in June 2011 for establishing a national adult immunization program.

What all of these articles have in common is a focus on prevention through public health. The National Prevention Strategy: America's Plan for Better Health and Wellness[5] released on June 16, 2011, is the nation's first-ever national roadmap to health and wellness. It was produced by the National Prevention, Health Promotion, and Public Health Council, which comprises 17 federal departments and is chaired by the Surgeon General, Dr. Regina Benjamin. Its vision—to improve the health and quality of life for individuals, families, and communities by moving the nation from a focus on sickness and disease to one based on wellness and prevention—requires all of us to work together.

Mary Beth Bigley, DrPH, MSN, ANP
Office of the Surgeon General

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