

JEL Summit reminds youth that "Time's Up"

By Josh Swalla, ZLR Public Relations

The Iowa Department of Public Health's youth-led tobacco control organization, Just Eliminate Lies (JEL), had a record number of attendees at this year's JEL Summit, held July 27-29 at Drake University in Des Moines. The theme for this year's summit was Time's Up; and the JEL members used the three days to focus on holding the state's policy makers accountable for Iowa's growing tobacco-control problems.

"We are asking the individuals who we are electing into office be responsible in their decision making," says Thomas Oldham, JEL president. "Time is up. The public health of all Iowans cannot



JEL Executive Council members line up as Thomas Oldham, JEL president welcomes everyone to the summit.

be put aside any longer. Iowa's legislators must take it upon themselves to raise the state's tobacco tax and increase state funding for the Iowa Department of

Public Health's Division of Tobacco Use Prevention and Control."

For the past five years JEL has held a youth to-

bacco control summit, with the help of the IDPH. Each year the members of the executive council, JEL's governing body, convene to plan the year's upcoming summit. The council selects the theme for the summit and the three main

Iowa celebrates 80 years of IDPH

By Ron Eckoff

The Iowa Department of Public Health was created 80 years ago, in 1924, consolidating the State Board of Health, the hotel inspector, and the Boards of medical examiners, dental examiners, embalming, nursing, osteopathy, optometry, chiropractic, and podiatry. The head of the department was named

the commissioner of health.

The State Board of Health had been created in 1880 and the lead employee was the board's secretary. Actually, there were only two employees, and the appropriation was \$5,000 per year. In spite of the state's rapidly increasing population and a continual increase in responsibili-

ties, the appropriation stayed at \$5,000 for over 20 years. (Sounds like "do more with less.")

As licensing boards were established, they were supported by fees rather than appropriations. At the end of the fiscal year, or the biennium, any remaining

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We want to know what you think

Please take a few moments to complete a three minute, 13-question survey about the Iowa Health FOCUS at <http://www.idph.state.ia.us/do/focus.asp>.

JEL Summit reminds youth that “Time’s Up”

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objectives the group will tackle in the upcoming year. This year’s objectives including educating Iowans about the need for an increase in the state’s tobacco tax. It also includes reinstatement of the state’s tobacco prevention and control budget to a level recommended by the U.S. Centers for Disease Control (CDC), and educating Iowans about the need to support the FDA regulation of tobacco products. The CDC recommends that Iowa spend \$19.35 million each year in tobacco prevention programs. The state currently sets aside \$5.1 million for the programs.

“This year’s goals center around being held responsible for your actions,” said JEL executive council member Jacklyn McEachran. “Our state legislators were elected into office because their constituents believed they could help make their district and state a better, safer place to live. If they were to increase the tax on tobacco, reinstate funding for tobacco prevention and support the

FDA regulation of tobacco products, Iowa would be a healthier and more economically sound place to call home.”

According to The Campaign for Tobacco-Free Kids, Iowa ranks 29th among states funding tobacco prevention programs, spending just \$5.1 million

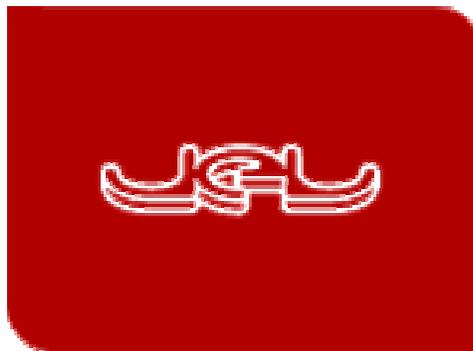
each year; and 40th in state cigarette excise tax. Iowa’s tax on a pack of cigarettes is just 36 cents, 38.4 cents below the national average for non-tobacco producing states.

The fifth annual summit focused on teaching teens how they can better work with their local legislators, as well as city and school councils. Breakout sessions focused on topics such as media advocacy, street mar-

keting, how to work with their community partnerships and the influence big tobacco has on government. They provided Iowa teens with the information and resources needed to combat big tobacco and institute tobacco use prevention programs on a local level.

The summit closed on Thursday, July 29, with a street marketing event and press conference

focusing on FDA regulation, the state’s tobacco tax, and the need for a fully funded, comprehensive state tobacco prevention program. JEL activities and other tobacco-use prevention and control activities are funded by the state of Iowa from the master settlement agreement with the tobacco industry, and administered by the Iowa Department of Public Health.



Iowa celebrates 80 years of public health

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fees reverted to the state general fund. Since there was no appropriation, boards were left with absolutely no money to use until they received fees in the new year.

In 1880, the board of health was composed of seven physicians, one engineer and the attorney general. In 1884, the position of state veterinary surgeon was created and made a member of the board. The law was changed again in 1913 and the board then consisted of the governor, secretary of state, auditor, treasurer, four physicians and an engineer.

With the reorganization in 1924, the Executive Council (governor, secretary of state, treasurer, auditor, and secretary of agriculture) became

the state board, and there was an Advisory Board of Health composed of five health officers.

The first federal funds received were for venereal disease control in 1919 when the state passed a Venereal Disease Control Act and appropriated \$15,000 to match \$15,000 in federal funds. There were free VD clinics in 12 cities. In one year, Dr. Jeanette Throckmorton, the department’s “lecturer” for women and girls, gave 460 lectures to 66,540 women and girls. There were also other activities directed at men and boys, including the placement of books on VD in barbershops.

In 1926-1928, the department was receiving 2 ½ cents per capita in state appropriations, the lowest in the country. The average of other

states was nine cents per capita. Dr. Henry Albert, the commissioner of health, stated in the introduction to the Biennial Report: “It may be said that the fundamental basis underlying the care of the sick and the prevention of disease is on a lower plane in Iowa than in any other state in the union.”

He blamed this on insufficiency of laws and lack of funds. Dr. Albert died of acute appendicitis before the depression caused a reduction in funding, leaving the department with an even lower level of funds.

Problem gambling summit highlights programs

By Kevin Teale, Communications Director

Problem gambling and substance abuse are the focus of a three-day multi-state conference in Kansas City, Mo. The Midwest Conference on Problem Gambling and Substance Abuse will be held August 11-13 at the Hyatt Regency Crown Center.

This conference is the first of its kind in the Midwest and is drawing speakers from

throughout the country. Representatives from the Iowa Department of Public Health and the Prairielands Addiction Technology Transfer Center have been helping to plan and coordinate this event for the past year.

The conference is the result of a joint endeavor by organizations

throughout the four-state region – Iowa, Kansas, Missouri and Nebraska. The Substance Abuse and Mental Health Services Administration

(SAMHSA) provided a grant for the conference.

The three-day conference will begin at 7 p.m. August 11 with a panel discussion involving several known experts in the

problem gambling field. It is open to the public.

“We’re very excited to be involved in the planning and coordinating of such a worthwhile event,” said Frank Biagioli, administrator of the Iowa Gambling Treatment Program. “The conference is bringing nationally renowned problem gam-

bling experts to the Midwest, which provides a great opportunity for treatment providers and others who may be interested in problem gambling to learn from some of the best in the field.”

Conference presenters include several people from Iowa such as Biagioli and;

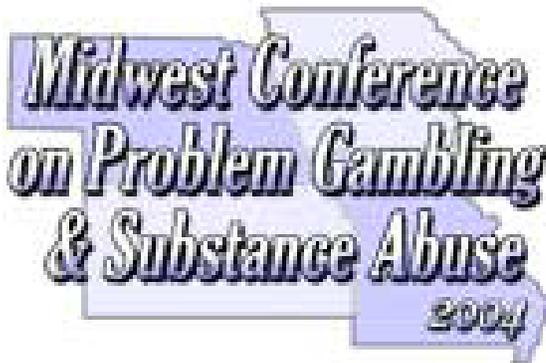
Kenneth Brickman, executive vice president and chief operating officer for the Iowa Lottery Authority;

Jeff Graber, director of surveillance for Harrah’s Casino in Council Bluffs; and

Peter Nathan, professor in the Department of Community and Behavioral Health at the University of Iowa and distinguished professor of psychology for the University of Iowa Foundation.

For more information about the conference, visit

http://www.888betsoff.com/links/midwest_conference.shtm.



One-fifth of Iowa counties report West Nile virus

By Kevin Teale, Communications Director

The presence of West Nile virus has been confirmed in a fifth of Iowa counties this summer, with the bulk of the West Nile season still to come.

This includes the first confirmation of West Nile from a sentinel bird flock. These flocks are placed around the state and regularly sampled for West Nile. The WNV-positive flock was in Woodbury County, which had previously reported a positive bird.

This year, West Nile positive birds have been reported in 17 counties, one county has reported a positive horse, and the three human cases. It is mainly transmitted through the bite of a mosquito that has picked up the virus while feeding

on a WNV- infected bird. Last year, Iowa had 147 human cases of West Nile virus, including six fatalities. Iowa’s three human cases this year include one fatality.

“Typically, August and September are the highest period of West Nile activity, so the risk to Iowans will increase over the coming weeks,” said Dr. Patricia Quinlisk, Iowa state epidemiologist. Dr. Quinlisk also warned Iowans not to wait until West Nile is found in a county before taking precautions.

“Our 20 counties with confirmed West Nile activity are scattered statewide, meaning the virus is most likely present in every county,” she said.

To reduce the chances of being

bitten by a mosquito, Iowans should avoid going outside between dusk and dawn; when outdoors, wear socks, pants and long-sleeved shirts and apply an insect repellent that includes DEET. Check doors and windows for tears in screens and eliminate sources of standing water, such as wading pools and discarded tires.

Once West Nile is confirmed in a county this year, residents no longer need to collect dead birds for testing. Information about the disease is available by calling the state toll-free West Nile hotline, 866-WNV-IOWA (1-866-968-4692) or on the IDPH web site: www.idph.state.ia.us <<http://www.idph.state.ia.us>> .

Midcourse review maintains the momentum of HI 2010

By Louise Lex, PhD, Healthy Iowans 2010 Coordinator

Iowa is making changes in its road map for keeping Iowans healthy. The road map, *Healthy Iowans 2010*, is considered the broadest collaborative planning effort to have been undertaken in the state.

The strength of the document is that hundreds of Iowans have been enlisted to help write the plan, track it, revise it, and update it. As a result, there is broad ownership and shared responsibility for taking action. New to the document in 2004 is a chapter on vision and one on bio-emergencies.

Since March, 25 chapter teams have begun the hard work of deciding what needs to be eliminated, updated, or completely rewritten. Chapter team members represent wide constituencies from disparate groups, industry, consumers, government, educational institutions, health-care providers, and voluntary associations.

One of the two overarching goals of the plan is the elimination of health disparities. To make sure that this 2010 goal is taken seriously, resource people from the disparate groups review every draft chapter using a checklist. They are members of the chapter teams and the Healthy Iowans 2010 Review Team. The chapter teams also are paying attention to implementing the Olmstead decision—addresses the needs of people with disabilities.

Before approving each chapter, the review team, comprised of representatives from each chapter team, asks the hard questions of the chapter presenter. Dr. Sheila McGuire Riggs, senior epidemiologist and executive director of the Wellmark Foundation, chairs the monthly review meetings that began on July 23. Christopher Atchison, associate dean of the College of Public Health, University of Iowa, vice chair. Dr.

Gilbert Ramirez, associate dean, College of Health Sciences, Des Moines University is advisor to the team. Cheryll Jones is a representative of the Iowa State Board of Health and is also a representative of the chapter team for Respiratory

Christopher Atchison—Public Health Infrastructure

Cheryll Jones—Respiratory Diseases: Asthma

Gloria Jorgensen—Sexually Transmitted Diseases and HIV Infection

John Hostettler—Substance Abuse and Problem Gambling

Vienna Hoang—Tobacco Use

John Lundell—Unintentional Injuries

Mary Richards—Violent and Abusive Behavior

Jill Gonder and Gary Ellis—Vision

Kim Dorn—Bio-emergencies

Resource persons include Jayne Walke—seniors; Janet Peterson—gender; Charlotte Nelson—gender; Howard Matalba—homeless/ race; Janice Edmund-Wells—race/ethnicity; Mark Dickey—low income; Kay DeGarmo—disabilities

The review meetings are held once a month, on Fridays, in the McAuley Room, Mercy Capital Medical Center in Des Moines.

Following is a schedule of chapter presentations:

August 27—Heart Disease and Stroke; Physical Activity and Fitness; Environmental Health; Occupational Health and Safety; Food and Drug

September 24—Public Health Infrastructure; Maternal, Infant, and Child Health; Disabilities; Vision; Oral Health

October 22—Family Planning; Nutrition and Overweight; STD & HIV; Mental Health and Mental Disorders; Access to Health Services

November 12—Cancer; Diabetes; Education and Community-Based Programs; Tobacco Use; Violent and Abusive Behavior



Diseases: Asthma.

Following is a list of chapter team representatives on the review team:

Ronald Eckoff—Access to Quality Health Services

Charles Lynch—Cancer

Jacqueline Butler/Jeanne Clawson—Diabetes

Kay DeGarmo—Disabilities

Jorg Westermann—Educational and Community-Based Programs

Tom Newton—Environmental Health

Tom Klaus—Family Planning

Dan Henroid (Alternate—Jennifer Moulton)—Food and Drug Safety

Jim Torner—Heart Disease and Stroke

Allan Lynch—Immunization and Infectious Disease

Jen Van Liew—Maternal, Infant, and Child Health

Patricia Crosley—Mental Health and Mental Disorders

Judy Solberg—Nutrition and Overweight

Tom Brown—Occupational Safety and Health

Sheila McGuire Riggs—Oral Health

Katherine Thomas Thoms—Physical Activity

Back-to-school a time for health insurance

Before the school year begins, Covering Kids & Families (CKF) is launching its annual Covering Kids & Families Back-to-School Campaign to encourage parents with uninsured children to put enrolling them in *hawk-i* at the top of their back-to-school checklists.

“Kids who have health-care coverage are better prepared to learn in school,” said Beth Jones, CKF project coordinator, “That’s why enrolling uninsured children in *hawk-i* should be a top priority for parents as they prepare to send their kids back to school. The coverage offered through *hawk-i* means health security for kids and peace of mind for parents.”

Iowa has approximately 32,500 uninsured children and most of them are eligible for low-cost or free health-care coverage offered through *hawk-i*. Many families are not aware that their children may qualify for coverage. In Iowa, a family of four can earn up to \$37,700 a year or more and qualify for *hawk-i*. Eligibil-

ity is based on family size and income.

Health-care providers play an important role in helping families put health insurance on their back-to-school checklists. As kids go back to school they get needed immunizations and annual checkups, both easier when children have health insurance.

Covering Kids & Families in Iowa and *hawk-i* outreach coordinators throughout the state will be stepping up their efforts to increase the number of children enrolled in *hawk-i*, they will host several health fair events, exhibit at county fairs and school registrations, release media campaigns statewide, and hold many more events.

These efforts are part of a nationwide campaign launched by CKF, a national initiative of The

Kids with health-care coverage are better prepared to learn

- Most children in America’s classrooms who are uninsured are eligible for low-cost or free children’s health insurance.
- Uninsured children are 70 percent more likely than children with health insurance not to get care for common conditions.
- Uninsured children are less likely to receive proper medical care for sore throats, earaches, and asthma—common childhood illnesses that are often the cause of school absences.

Robert Wood Johnson Foundation, to connect uninsured children and adults with low-cost and free health care coverage in all 50 states and the District of Columbia.

“The comprehensive coverage offered through *hawk-i* helps keep Iowa’s kids healthy,” said Angie Doyle Scar, state *hawk-i* outreach coordinator. “We need health-care providers to encourage parents to find out if their kids are eligible.”

IDPH at the fair

The Iowa Department of Public Health is hosting a booth at the Iowa State Fair, August 12-22. It is located at the south side of the Varied Industries Building in the 600 aisle. The display highlights the IDPH mission statement, “promoting and protecting the health of Iowans.”

IDPH programs will be highlighted daily and IDPH volunteers will staff the booth for the run of the fair from 9 a.m. to 9 p.m. The booth will have a scavenger hunt with a donated bicycle and helmet, pedometers and t-shirts as prizes.

In addition to the scavenger hunt, there will be lots of giveaway items and brochures. Some of the giveaways include sun-block samples, magnets, CD’s, pens, pencils, and juice cups. Immunization schedules and English and Spanish brochures on various health topics will also be available.



Obtaining Past Issues

Back issues of *Iowa Health FOCUS* are available on the Iowa Department of Public Health web site at www.idph.state.ia.us. The link is under Quick Links on the right side of our home page under Publications & Data.

A look back at the public health veterinarian

A guest editorial by Dr. Ron Eckoff

Many people believe the mold was broken after Russell Currier was born. I had the pleasure of working with Russ for 26 years and may even believe it myself.

But the question is: "Was the mold used previously?" I have found some evidence in the *Fifth Biennial Report of the State Board of Health 1887-1889* that suggests the mold was used before.

The State Board of Health was created in 1880 with seven physicians, one engineer and the attorney general as members. In 1884, the position of State Veterinary Surgeon was created and that person was automatically a member of the State Board of Health. The first state veterinary surgeon was M. Stalker of Ames. He was succeeded by James I. Gibson of Denison, then Paul O. Koto of Forest City, then James I. Gibson, now of Des Moines. In 1913, the State Board of Health law was changed again and the state veterinary surgeon was no longer a member of the board.

The 1887-1889 Biennial Report includes two items that sound to me like something Dr. Currier might have said. They are not specifically attributed to the state veterinary sur-

geon, but I have to believe he either wrote them or influenced them.

Item 1: The following question was submitted to the State Board: "Have local boards the power to protect their community against the ravages of rabid dogs?" Answer by the state board: "Yes. The best protection against nine tenths of the dogs is to cut their tails off close to their ears."

Item 2: The biennial report also included a paper regarding rabies. It first discusses a report of a dog in Lucas County that was presumed to be rabid that bit a horse and fought with another dog shortly before it died. In the following several weeks, three horses, five hogs, six cattle, and five more dogs in the area died, again thought to be due to rabies. One boy was bitten, but did not become ill. The report then discusses the symptoms observed in the various animals.

The next section is an extensive discussion of rabies in dogs and urges a ten-day confinement of dogs suspected of having rabies. The final portion of the paper is what reminded me of Dr. Currier's way with words. "To say, 'kill the dogs' would be too extreme. There are many dogs; more fit to live than many men. Yet it will not be denied there are too many dogs, thousands of them, like thousands of

men, born only to curse their species. Thousands of dogs are without responsible masters. They cannot be restrained and imprisoned, as can be dissolute human beings."

The most responsible thing to do, is to lessen the number of dogs, especially the females. Regulate them by law. Require a high license for the keeping of a bitch, -say twenty-five or thirty dollars, and for dogs one fourth less. For fancy breeds provide a special license of not less than one hundred dollars. Require every animal to be recorded and to wear a collar on which is inscribed the name of the owner and the number of the license; grant authority to shoot on sight every dog not wearing the licensed badge, and make it the duty of all police officers to enforce the law. This will decrease the possibility of rabies to the minimum, and prevent in a large measure the loss of human life, and of property of the farmer in live stock."

July 1, 1949, Dr. Stanley Hendricks joined the Iowa Department of Public Health as the Public Health Veterinarian. He was succeeded by Dr. Currier. Fifty five years and just two people. Quite a record of service.

System for newborn screening results will be online this fall

By Denise Ramsey, Iowa EHDI Coordinator

A new law became effective Jan. that requires all Iowa newborns to be screened for hearing loss. The law also mandates that the results of the screen and any re-screens or diagnostic assessments for children 0-3 years old be submitted to the Iowa Department of Public Health for follow-up.

Hospitals, Area Education Agencies (AEAs) and private practice audiologists began reporting the results of newborn hearing screenings and diagnostic assessments to IDPH in early January. This informa-

tion is being reported on paper screening forms. IDPH has received over 20,000 of these forms to date.



Soon, the department will implement a web-based reporting system to eliminate the use of these forms.

The new web-based system, eScreenerPlus™ (eSP™) will be the

primary Early Hearing Detection and Intervention surveillance tool. Hospitals and audiologists will be able to use eSP™ to manage their screening programs and to report required data to the department.

This new system will make an integrated hearing record available to public health and medical professionals simultaneously. eSP™ is compatible with all types of screening equipment currently available and will be rolled out to hospitals and AEAs later this year.

Iowa projections show demand for registered nurses

By Eileen Gloor, Center for Health Workforce Planning

The National Center for Health Workforce Analysis in the Bureau of Health Professions, Health Resources and Services Administration (HRSA), projects the nation's current, moderate shortage of RNs will continue to grow in severity during the next two decades if current trends prevail. A 2004 document prepared by HRSA and The Lewin Group reports state-level projections using independent Nursing Supply and Demand Models.

Nursing Supply Model (NSM)

The NSM produces annual projections of RN supply. Starting with the number of licensed RNs in 2000, the NSM adds the estimated number of newly licensed RNs, subtracts the estimated number of separations, and tracks cross-state migration patterns. The model projects the number of licensed RNs and applies labor force participation rates to estimate the number of RNs active in the health work force. Nurses who report working full-time are counted as one FTE, while nurses who report working part-time or for only part of the year are counted as 0.5 FTEs.

Nursing Demand Model (NDM)

The NDM projects state-level demand for RNs. Demand is defined as the number of FTE nurses that employers are willing to hire given population needs, economic considerations, the health-care operating environment and other factors. The NDM projects nurse demand as a function of changing demographics, patient acuity, economic factors, and various characteristics of the health-care environment, such as managed care en-

rollment rates.

Future Supply of RNs in Iowa

By 2015, every state is projected to experience some level of shortfall. RN demand shortfall projections for Iowa and the U.S. follow:

	2005	2010	2015	2020
Iowa	8% (-2,300)	11% (-3,400)	18% (-5,800)	27% (-9,100)
U.S.	10% (-218,800)	17% (-405,800)	27% (-683,700)	36% (-1,016,900)

The NSM and NDM are powerful tools for projecting RN supply and demand. However, the models were not designed to address all factors that impact Iowa's projected demand for nurses.

For this reason, the Iowa Department of Public Health, Bureau of Health Care Access, works with a variety of public and private partners to track and report trends in demographics, economics, education, cross-state migration and healthcare utilization patterns, and promote strategies to recruit and retain health workers.

For information, please contact Eileen Gloor, Center for Health Workforce Planning, at (515) 281-8309 or egloor@idph.state.ia.us.

Iowa cases of food-borne illness increasing this summer

By Kevin Teale, Communications Director

Dozens of Iowans have been left with unpleasant memories of a summer cookout after an alarming increase in the number of food-borne illnesses reported this summer.

In some cases, the number of cases of illnesses such as *E. coli* O157 has more than doubled from the same period the last few years. *E. coli* O157 not only causes bad diarrhea, it can occasionally cause kidney failure and other complications that can be life threatening. Several children have had these serious complications this summer in Iowa.

These diseases are caused when basic food handling rules regarding cleanliness, cooking and food temperatures are not followed.

One of the most serious diseases is *E. coli* O157 which can occur when meat, especially ground meat, is not completely cooked.

There is one simple rule that can cut down on the number of *E. coli* O157 illnesses. "Cook all ground or chopped meat patties and poultry until the center is at 160 degrees. If you do not have a meat thermometer, cook until the center is gray or brown and all juices running from the meat are clear, with no trace of pink or cloudiness," said Dr. Patricia Quinlisk, Iowa state epidemiologist.

Other ways families can stay healthy include:

- Thaw meat in the refrigerator, not on the kitchen counter.
- Use different plates for raw and cooked meat and do not replace cooked meat on a plate with raw meat juices.
- Wash hands, utensils, and cutting boards in hot soapy water after contact with raw meat before using again.
- Wash hands after going to the bath-

room, diapering an infant, and before preparing food.

- Keep hot foods (cooked meats) hot, and cold foods (salads and lunchmeat) cold.

"Food-borne illness peaks in the summer months," said Dr. Quinlisk. "The hot and humid months provide prime growing conditions for bacteria. Also, people find themselves having picnics and grilling outside, away from some of the safety features a kitchen provides, such as temperature-controlled cooking, refrigeration and easily-accessible washing facilities."

Some examples of the increase are *E. coli* O157 (47 cases in 2004, average YTD of 2001-2003 is 26), *salmonella* (233 in 2004, average YTD of 2001-2003 is 171), and *campylobacter* (271 in 2004, average YTD of 2001-2003 is 207).

Epidemiology Notes



From the Center for Acute Disease Epidemiology, Iowa Department of Public Health, 1 800 362-2736 (24-hour number)

ECHO-9 Viral Meningitis

The Iowa Department of Public Health has received several reports of viral meningo-encephalitis from counties around the state, including Polk, Wapello and Shelby. These cases have occurred primarily in younger children. Laboratory testing has identified the enterovirus family as the cause of illness in five cases - two in western Iowa and three in central Iowa; the three cases in central Iowa have been further characterized as echovirus 9 serotype (Echo 9).

Since enteroviruses are spread primarily via the fecal-oral route, the most important preventative step is proper handwashing. The IDPH recommends washing hands for at least 20 seconds using warm water and soap.

Also, children with gastroenteritis or diarrhea should refrain from swimming, due to the risk of fecal-oral transmission of the virus through water, especially ponds, rivers, and lakes. In most cases, waterborne spread of the virus can be prevented by adequate chlorination in swimming pools. While fewer than one out of 1,000 people infected with enterovirus will develop meningitis (the chance of developing encephalitis is even more unlikely), Iowa is entering the peak season for enteroviral transmission and more cases are expected.

Seasonal: CDC Survey Report - Hazards of spas

July 2 in MMWR (<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5325a2.htm>) the CDC published a survey of over 5,000 spa (whirlpool, hot tub) inspections, primarily in Florida. Over half of the inspections found one or more code violations and 11 percent resulted in immediate closure of the spa.

Spa maintenance is difficult because the water is hot and agitated, and the bather load can be extremely high compared to a swimming pool. Most spas in Iowa are in hotel/motels or in health clubs; high turnover of personnel also hinders good maintenance. An improperly maintained spa can be the source of skin rashes, eye and ear infections, and respiratory illnesses (such as Legionella).

Commercial spa facilities in Iowa are required to employ a person trained and certified under a national pool operator training program. Since 1998, new spas are required to have equipment to automatically maintain chlorine or bromine levels. The responsible person still must have the knowledge, concern, and time to properly maintain the spa or unsanitary conditions can result.

Rabies Vaccine Availability

In the past few months, Imovax rabies vaccine has been unavailable from Aventis Pasteur due to production problems. To the best of our knowledge, inventory of Imovax rabies vaccine is still unavailable for purchase. Chiron Corporation is currently the only vaccine producer of human rabies vaccine, specifically RabAverta. For vaccine orders, call Chiron Customer Service at 800-244-7668.

Disease Reporting Information:

To speed up the disease-reporting process, we would like to encourage all reporters to call the disease reporting hotline at 1-800-362-2736. Another option is to fax the report to 1-515-281-5698. There is no need to be concerned with confidentiality issues, as our secure fax is located directly in the CADE offices, with no public access and is checked constantly during business hours. You

can find information and a printable poster at http://www.idph.state.ia.us/adper/cade_content/01lab.pdf.

If you have an emergency reportable disease, don't hesitate to call at any time. After hours, on weekends and during holidays, the message will walk you through the process of reaching our designated on-call person. (Medical/veterinary personnel are on call 24/7). Remember, the faster the disease is reported, the faster the appropriate response can be given to stop potential public health threats statewide.

Kiddie Pools and Diarrhea Prevention

The health department offers the following guidance in treating kiddie pools with chlorine to reduce risk of bacterial diarrhea transmission: Use about 1/3 -2/3 cups of household bleach per 100 gallons water to give good protection from bacterial diarrhea.

If the pool is in a sunny area, the chlorine will be used up quickly. Thus, more bleach will need to be added later in the day, and whenever more water is added. Test strips are available from pool retailers to check chlorine quickly and inexpensively.

The approximate volume for a kiddie pool with 6 inches of water is:

1. 6-ft diameter - 110 gallons
2. 8-ft diameter - 200 gallons
3. 10-ft diameter - 300 gallons
4. 12-ft diameter - 420 gallons

Worth Noting

IDPH 2004 Final Bill Summary

The IDPH 2004 Final Bill Summary is now available on the department's web page at:
http://www.idph.state.ia.us/do/legislative_updates.asp

Fundamentals of HIV Prevention Counseling

Fundamentals of HIV Prevention Counseling will be held September 21-23 in Des Moines. This three-day workshop will demonstrate effective, client-centered HIV prevention counseling strategies to assist clients in reducing their risk of acquiring or transmitting HIV. For more information, contact Training Resources at 515-309-3315 or go to www.idph.state.ia.us/conferences.asp.

Blow the Whistle on Asthma Walk

The 2004 "Blow the Whistle on Asthma" Walk will take place on Saturday, September 25, 2004 at Campbell Recreation Area in Clive. Registration is scheduled for 9 AM with the walk beginning at 10 AM. Proceeds from the walk will be used to support the American Lung Association's current educational programs: Camp Superkids and Asthma 101.

The walk will also provide additional funding for the American Lung Association's Asthma Clinical Research Centers, a network of 19 medical centers across the country, including one in Illinois, dedicated to finding better treatments, determining the cause of asthma and finding a cure for this increasingly deadly disease.

For more information about the walk, please call 515-334-9561 or 1-800-LUNG-USA.

Health Care Administration and Public Health Courses Start August 30

The fall term at Des Moines University starts on August 30 with a wide variety of courses. Courses are offered evenings and weekends to accommodate working adults.

Courses include:

- Occupational and Environmental Health
- Global Health
- Structure and Functions of Long Term Care Organizations
- Overview of Health Insurance
- And many more

Courses may be taken independently or as part of a degree plan. Call 515-271-1364 or e-mail hmadmit@dmu.edu with any questions or to register for courses.

Iowa Dept. of Public Health

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