

# focus

October 2004

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## Flu vaccine coordination underway

Iowa's public health community is continuing to work on ways to protect as many high-risk Iowans as possible from the flu this season given the shortage of available influenza vaccine. Working together, these groups have taken a number of proactive steps to address the vaccine shortage.

Tuesday, October 5, the CDC was notified by Chiron Corporation that none of its influenza vaccine (Fluviron) would be available for distri-

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**Iowa public health answers call to help**—Director Mincer Hansen sends off two response teams of Iowa public health workers that were sent to the hurricane-stricken Southeast to assist in recovery efforts. See article on page 3.

## Uninsured children less likely to have well-child visits

*By Beth Jones, Covering Kids and Families in Iowa Coordinator*

A new analysis of data from the University of Iowa Public Policy Center shows that 65 percent of uninsured children in Iowa have not had a well-child visit in the past year.

The survey also showed that uninsured children were much less likely to have a regular source of medical care with about three-fourths reporting they had personal doctor or nurse compared to over 90 percent of children covered by Medicaid or private insurance. The analysis con-

cludes that many uninsured children lack access to basic health care services; sometimes rely on hospital emergency rooms for routine care; and are more likely than insured children to have an unmet or delayed medical need.

"What these data tell us is what low-income working parents across this state and nation already know -- that not having health insurance is bad for our state's children. Without insurance, too many children are missing the regular check ups

and preventive care that will prepare them to do their best in school," said Beth Jones, project coordinator for *Covering Kids and Families* in Iowa.

Additional findings from the analysis of data from the 2000 Iowa Child and Family Household Health Survey indicate that uninsured children are missing out on medical treatments they could receive if they were enrolled in Medicaid or *hawk-i*. Among low-income uninsured children, whose family income

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# Flu vaccine coordination underway

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bution in United States for the 2004-2005 influenza season. Chiron produces about half of the vaccine used in the United States. The Iowa Department of Public Health has been working with the Centers for Disease Control and Prevention (CDC) and local providers to assess the impact this will have on Iowans.

The CDC has released revised recommendations for this season to target those persons at highest risk from complications of influenza.

Priority groups for vaccination with inactivated influenza vaccine this season are:

- all children aged 6-23 months,
- adults older than 65 years,
- persons between 2-64 years with underlying chronic medical conditions,
- all women who will be pregnant during influenza season,
- residents of nursing homes and long-term care facilities,
- children 6 months-18 years of age on chronic aspirin therapy,
- health-care workers with direct patient care, and
- out-of-home caregivers and household contacts of children less than 6 months.

People in the following groups should not get flu vaccine before talking with their doctor:

- People who have a severe allergy (i.e. anaphylactic allergic reaction) to hens' eggs.
- It is prudent to avoid vaccination in people who previously developed Guillain Barré syndrome (GBS) the 6 weeks after getting a flu shot.

IDPH needs the help of providers and the public to make sure the vaccine goes to those who truly need it most. IDPH has asked local health departments to determine the amount of flu vaccine on hand, as well as survey local community partners and

doctors offices to determine their vaccine supply. Local health departments will also seek out groups of high-risk individuals in need of the flu vaccine, but do not have access to the vaccine at this time.

IDPH is also asking Iowa community groups and businesses (such as college health centers, other businesses, etc.) that have bought vaccine for low-risk individuals to defer these vaccinations and to notify their local public health department. That will allow those public health agencies to coordinate efforts to redistribute this flu vaccine to high-risk populations.

While there is concern about the supply of flu vaccine in Iowa, public health experts are reminding Iowans that the first flu cases in the state typically don't arrive until December. This will allow state, local public health and medical partners time to get people vaccinated before the flu season actually arrives.

Iowans can also work to keep from getting sick throughout the flu season by doing the following:

- Staying home from work or school if feeling ill from the flu. That will help slow the spread of disease to others.
- Covering the nose and mouth, preferably with disposable tissue, when coughing or sneezing.
- Practicing good hand-washing techniques by cleaning hands with soap and warm water for at least 15 seconds.
- Getting plenty of rest, exercise, and eat properly.
- Cleaning surfaces you touch frequently, (door knobs, water faucets, refrigerator handles, and telephones).

For more information about the flu vaccine and how to protect Iowans from the flu visit [www.idph.state.ia.us](http://www.idph.state.ia.us).

## Notes for Health-Care Professionals

Health-care workers who should be vaccinated:

- Persons who provide direct patient care – floor nurses, emergency room physicians, hospital respiratory therapists, etc.
- X-ray techs shooting complicated, time-consuming x-rays in an ICU

Health-care workers who should not be vaccinated at this time

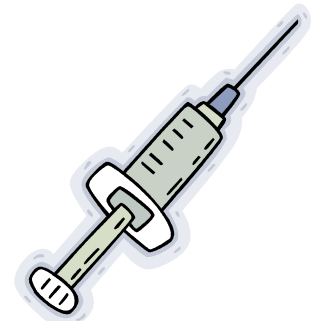
- Receptionists, housekeeping staff, etc.
- X-ray techs working in an outpatient setting doing mammograms
- School nurses

Health care workers in the priority group should, if possible, receive FluMist (the live, attenuated influenza vaccine), because they are one of the only groups in the priority list that can receive this vaccine.

The injectable (killed) vaccine should be saved for the other high-risk groups that cannot receive the live flu vaccine.

Additional notes for persons giving influenza vaccine:

- It is now standard of practice in Iowa to give influenza vaccine only to those in the priority / high-risk groups
- There is no Iowa law against giving children influenza vaccine that contains thimerosal.



# Iowa public health answers call to help

By Kevin Teale, Communications Director

**M**ore Iowans extended a helping hand to the hurricane-ravaged sections of the U.S. Southeast as a two teams of Iowa public health workers went to assist in the recovery efforts. The two teams of 16 were comprised of nurses, public health workers and paramedics and were stationed at emergency shelters in Florida.

“Once again, Iowa is prepared to answer calls for assistance,” said Dr. Mary Mincer Hansen, director of the Iowa Department of Public Health. “The need in Florida is great. We’re told power may not be com-

pletely restored in Northwest Florida for several weeks, putting a tremendous stress on public health workers dealing with the third hurricane to hit the state this summer.”

The Iowans are being deployed through the Emergency Management Assistance Compact (EMAC), a formal agreement between state offices of emergency management to assist in times of disasters. The Iowa request was relayed to the Iowa Department of Public Health through Iowa Homeland Security and Emergency Management (HLSEM)

A report by the Centers for Disease Control and Prevention (CDC) detailed some of the health needs of hurricane victims in shelters. Besides basic necessities such as food and water, the shelter residents find themselves without needed medication or with pre-existing medical conditions being worsened by the disaster. The Florida request for assistance specifically asked for public health workers because of their medical and public health needs.

## Iowa Public Health Disaster Response Team Members

### Agency

Baum Harmon Mercy Clinic  
Buena Vista Regional Medical Center  
Cedar County Public Health  
Crawford County Memorial Hospital  
Emmet County Public Health  
Iowa Health Systems  
Iowa Department of Public Health  
Iowa Department of Public Health  
Iowa Department of Public Health  
Iowa Department of Public Health  
Iowa Department of Public Health  
Iowa Department of Public Health  
Grinnell Regional Public Health  
Johnson County Ambulance Svcs  
Lee County Public Health  
Linn County Public Health  
Mercy Medical Center –Sioux City  
Mercy Medical Center –Des Moines  
Mercy Medical Center –Des Moines  
Mercy Medical Center – Des Moines  
Mercy Medical Center –Dubuque  
Pocahontas County Public Health  
Polk County Visiting Nurse Services  
Siouxland District Health Department  
Siouxland Paramedic, Inc  
Shelby County Public Health  
Visiting Nurse Association of Pottawattamie County  
Warren County Public Health  
Worth County Public Health  
Wright County Public Health

### Name

Jacqueline Kramer  
Julie Scadden  
Vickie Butterbrodt  
Angela Albertsen  
Karen Miller  
Richard Pentico  
Deb Weber  
Ellen McCardle-Woods  
John Carter  
Laurie Page  
Lucia Dhooge  
Peggy Clarahan  
Sharon Monroe  
Debra Fraker  
Cory Bonnett  
Rebecca Fader  
Diane Davis  
Monica Arens  
Brenda McGraw  
Jeffrey Safley  
Major Anderson  
Lisa Latham  
Lea Kinney  
Carolyn Nelson  
Shelby Kroona  
Brent James  
Vickie Gillespie  
Debra Clark  
Rebecca Curtiss  
Shana Butler  
Shawn Schutt



# Uninsured children less likely to have well-child visits

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makes it likely that they are eligible for coverage through Medicaid or **hawk-i**:

- 65 percent had not had a well-child visit in the past year.
- Eighty percent of uninsured children in Iowa were eligible for either Medicaid or **hawk-i**.
- Almost nine out of ten insured children and parents with the same insurance coverage.

"Public insurance programs provide much needed health care coverage for children who would otherwise be uninsured," said Angie Doyle Scar, state **hawk-i** outreach coordinator. "In fact, without these programs, the number of uninsured in Iowa would be much higher, and many of them would be children."

According to data from the U.S. Census Bureau, in 2002 there were 8.5 million uninsured children in the United States, or 11.6 percent of the nation's children. Millions of these

children are needlessly going without health-care coverage because many of them are eligible for low-cost or free health-care coverage programs. Medicaid and SCHIP provide at least 17 million children with coverage that includes routine checkups, hearing

about low-cost and free health-care coverage and the national toll-free 1(877) KIDS-NOW number through billing statements, children's prescription information sheets, advertising circulars, milk cartons and special tax information forms.



and vision screenings, prescription medicines, and hospitalization. Eligibility for these programs varies by state, but, on average, a family of four earning up to \$37,000 a year or more may qualify.

*Covering Kids & Families* also works with corporate partners to promote Medicaid and SCHIP enrollment. Some of the 2004 corporate partners include Capital One, CVS/pharmacy, Giant Food, LLC, Stop & Shop, and H&R Block. These corporations promote messages

"Corporations that work with *Covering Kids & Families* give much more than an in-kind gift or advertising space, they provide an opportunity," said Sarah Shuptrine, director of the *Covering Kids & Families* National Program Office. "An opportunity to let parents and guardians know that help is available for an all too common problem--affording health care for their children."

Families can learn more about low-cost and free health-care coverage for children by calling **hawk-i** customer service toll-free at 1(800) 257-8563 or visiting [www.hawk-i.org](http://www.hawk-i.org).

## Board of interpreters for the hearing impaired appointed

By Matt Paul, Office of the Governor

**G**overnor Tom Vilsack made appointments September 24 to the Licensing Board of Interpreters for the Hearing Impaired. The board was created by Senate File 2298, which was signed by the Governor on May 17. The board appointees will serve three year staggered terms and must be confirmed by the Senate.

The Licensing Board of Interpreters for the Hearing Impaired is charged with acting on matters concerning licensure and the process of applying for, granting, suspending, imposing supervisory or probationary conditions upon, reinstating, and revoking a license. The board will also establish and collect licensure fees, administer the requirements for

documentation to demonstrate competence as an interpreter, and process applications for licenses and license renewals. In addition, the board will establish and maintain a public registry of licensed interpreters for the hearing impaired, will develop continuing education requirements for license renewal, and will evaluate interpreter license requirements in other states to determine if reciprocity may be granted.

The board will be housed in the Iowa Department of Public Health, Bureau of Professional Licensure.

The board is composed of seven members:

- Diana Kautzky of Johnston, president of Deaf Services Unlimited, sign-language interpreter
- David Moorman Rice of Gilbert, Director of Interpreting Services, Deaf Action Center, sign-language interpreter
- Carissa Huffman of Bettendorf, sign-language interpreter
- Judy Gouldsmith of Council Bluffs, coordinator of Interpreter Services at Metropolitan Community College, sign-language interpreter
- Phillippe Gallant of Norwalk, senior account manager, Sprint
- Dr. Bethany Sather of Ankeny, pharmacist and pharmacy manager at Medicap Pharmacy
- Stuart Thiessen of Polk County, executive director of Pass-it-On, a nonprofit deaf organization



# IDPH and UMCPHP collaborate to Prepare Iowa

By Dena Fife, LMS Coordinator

In December of 2003, the Iowa Department of Public Health (IDPH) and the Upper Midwest Center for Public Health Preparedness (UMCPHP), College of Public Health at the University of Iowa partnered together to introduce Iowa's first Internet-based learning management system (LMS), Prepare Iowa, [www.prepareiowa.com](http://www.prepareiowa.com). Prepare Iowa is a learning management system designed to serve as a central resource that can manage, track, and deliver training and education on topics from bioterrorism to public health.

Prepare Iowa can be accessed 24 hours a day from any computer with an Internet connection, and allows users to assess their knowledge in various areas of public health and bio-emergency competencies. Users are then directed to competency-based courses and

training opportunities based on their self-assessment results. Users can tailor their training plans to fit their professional needs, enroll in online

Prepare Iowa will soon be going through several enhancements later this fall; the look and feel of Prepare Iowa will stay the same, but the user



courses, view a calendar of events, access a course catalog, track courses completed, and training programs attended.

Currently, Prepare Iowa has 700 registered users with 580 users that have assessed themselves in the core public health and bioterrorism competencies. As the system expands, more competency areas from cooperative partner disciplines, such as environmental health and health care, will be added.

may notice a few upgrades. Some changes will include a new "Forgot Your Password" link, easier site navigation, and an updated home page that contains brief announcements, as well as new course offerings.

For more information about Prepare Iowa, visit [www.prepareiowa.com](http://www.prepareiowa.com) or contact Dena Fife, LMS Coordinator, [dfife@idph.state.ia.us](mailto:dfife@idph.state.ia.us) or Tim Beachy, LMS Coordinator, [tim-beachy@uiowa.edu](mailto:tim-beachy@uiowa.edu).

## Remember simple safety rules this Halloween season

By Debbi Cooper

With witches, goblins, and superheroes descending on neighborhoods this Halloween, children as well as adults can get so caught up in the fun that they sometimes forget simple safety rules. The following can be used as safety recommendations for children, homeowners, and adults.

### For Children:

- An adult should accompany small children. Older kids should go in groups and have a set time to return.
- Wear light-colored or reflective costumes that fit and are flame retardant. Use face paint rather than masks that could obscure vision.
- Carry a flashlight or glow stick.
- Remember "stranger danger" rules.
- Walk, slither, or sneak on sidewalks only and look both ways before crossing the street to check for cars and low-flying brooms.
- Making kids a spooky Halloween dinner will make it less tempting to eat the candy they collect before parents have a chance to pick out their favorites (they should also inspect it and toss out anything suspicious).

### For Homeowners:

- Make sure the pathway to the home is well lit and the yard is clear of such things as ladders, hoses, dog leashes and flower pots.
- Battery powered candles for your jack o'lanterns are preferable to real ones but if you do use real candles, place your pumpkins well away from where trick-or-treaters will be walking.
- Healthy food alternatives for trick-or-treaters include packages of crackers, packaged fruit rolls or mini boxes of raisins. Non-food treats could include pencils or stickers.

### For Adults:

Adults like to have as much fun during Halloween as kids do. Adult parties tend to be a little wilder than children's parties. Remind adults to keep an eye on the drinking. Take keys away from anyone that may be driving. Have at least one person volunteer to be a designated driver for those who may need a ride home.

For more safety information contact Debbi Cooper at [dcooper@idph.state.ia.us](mailto:dcooper@idph.state.ia.us).



# Greene County moves forward with CHNA-HIP

By Cindy Kail, Green County Public Health

Over 30 enthusiastic diverse community/county members have been participating in the Community Health Needs Assessment – Health Improvement Planning (CHNA-HIP) process in Greene County.

The kick-off event was held in April at Greene County Medical Center Public Health Department. Carol Peterson, IDPH, gave an overview of the purpose of the CHNA-HIP process. Cindy Kail, public health director, demonstrated to the participants how to find the assessment and planning tools and Family and Community Information Tracking System (FACITS) data on the IDPH web site. The participants were armed with a list of resources, and received a demonstration on how to search the Internet to find data on health indicators for the county.

The participants were divided into sub-groups to assess the community's health status, based upon their top areas of interest. Each group was asked to present comparative health indicator data, priority health concerns, and a list of current resources, programs and agencies that are addressing the concerns. This strength-based assessment process was chosen because Kail had learned the effectiveness of this



Greene County community members work together to develop their Community Health Needs Assessment and Health Improvement Plan (CHNA-HIP). Left side: Environmental Health sub-group: Vern Foje, board of health; Sherry Bates, board of health chair; and Tom Heater, sheriff's department. Right side: Youth Assets sub-group: Lisa Fredrickson, public health advisory committee; Mike Haluska, Jefferson-Scranton School Superintendent; and Donna Sutton, public health supervisor.

approach through the *Iowa PH Leadership Institute*.

The sub-groups have completed their work. Priorities from each sub-committee are being collated for review at the November meeting, when the group will select their top two health problems. At a December working meeting, action plans will be developed to address the top health concerns, with a final review in Janu-

ary before the plan is submitted to IDPH.

"We have been extremely pleased with the independent effort of the community members who are participating in our assessment process to date," said Donna Sutton, public health supervisor. "They are committed to discovering how we can build upon our strengths to address current and future health needs of Greene County."

## Mark Your Calendar

*The Governor's Conference on Public Health*

*Barn Raising V:*

*Building Iowa as a Healthy Community*

Our Past: What can we learn from it?  
Our Present: What are we doing now?  
Our Future: Where do we need to go?

July 28 and 29, 2005

Drake University, Des Moines

Registration Fee: \$50.00  
Look for the brochure with registration in MAY!



Iowa Department of Public Health  
Promoting and Protecting the Health of Iowans

# Lead poisoning is still a big problem in Iowa

By Rita Gergely, Chief, Bureau of Lead Poisoning and Prevention

The words “childhood lead poisoning” call to mind images of poor children living in dilapidated housing in a large city, eating chips of lead-based paint. Because of this image, many still classify childhood lead poisoning as an urban problem and one that would not exist in a rural state such as Iowa. However, childhood lead poisoning **is** a problem in Iowa because much of the housing in Iowa was built before 1950 and is likely to contain lead-based paint.

Iowa ranks fifth in the nation for the percentage of its housing built before 1950 and third in the nation for the percentage of its housing built before 1940. Most pre-1950 houses contain lead-based paint hazards because the people who live in them cannot afford routine maintenance.

The counties with the highest percentage of older housing are some of the most rural and poorest in Iowa. Children who live in these homes become lead-poisoned when they put paint chips or exterior soil that is contaminated with paint chips in their mouths or when they get lead-contaminated house dust and soil on their hands and then put their hands in their mouths.

Childhood lead poisoning has significant ill effects on the health of children and on community health. At blood levels as low as 10 micrograms per deciliter, children’s intelligence, hearing, and growth are affected. It is harmful to the developing brains and nervous systems of children under the age of six and at very high blood levels, children can have severe brain damage or even die. The occurrence of lead poisoning in Iowa among children under six years old is 9.5 percent, more than four times the national average of

2.2 percent. Most lead-poisoned children demonstrate no visible symptoms, which makes it important to have an effective program to prevent it.

The Bureau of Lead Poisoning Prevention seeks to prevent lead poisoning through four major programs:

Childhood Lead Poisoning Prevention Program (CLPPP)

Adult Blood Lead Epidemiology and Surveillance (ABLES)

Lead-Based Paint Activities Training and Certification Program

Pre-renovation Notification Program

The CLPPP focuses on increasing the number of children tested for lead poisoning, providing environmental and medical case management for lead-poisoned children, and educating Iowa medical providers, parents, and property owners about the problem. It also aims to build the capacity of local health departments to respond to the problem of lead poisoning.

Currently, the bureau provides funding and technical assistance to local childhood lead-poisoning prevention programs in 68 counties. It also directly conducts childhood lead poisoning prevention activities and follows all cases of childhood poisoning in 31 counties. The CLPPP is one of the few programs where IDPH staff spends a significant amount of time working with families in their homes. Working with Iowa’s Latino population has been a challenge for the CLPPP. However, the bureau has recruited four bilingual staff to help address this issue.

In the Adult Blood Level Epidemiology and Surveillance (ABLES) program, staff collects data on blood lead levels in adults and does limited follow-up with adults who have elevated blood lead levels. Through the

Lead-Based Paint Activities Training and Certification Program, the bureau assures that lead professionals such as inspector/risk assessors and lead abatement contractors are properly trained and certified and that they follow the work practice standards contained in Iowa’s administrative rules.

Through this program, IDPH staff also works with rental housing and housing rehabilitation programs in Iowa to assure that lead-based paint hazards are addressed by these programs.

Finally, the Pre-renovation Notification Program requires landlords and contractors to give information about lead-based paint to property owners and occupants when they disturb paint in a home built before 1978, the year that the manufacture and use of lead-based paint was banned in the United States.

The Bureau of Lead Poisoning Prevention conducts all of these activities with a staff of only nine people, which is a very small staff compared to other states with similar workloads. The bureau accomplishes this by cross-training all staff in all programs, so that each staff person can perform activities in all of the program areas. This provides an integrated lead poisoning prevention program, which is the most efficient model and provides the best service to the citizens of Iowa.

Program funding comes from the Centers for Disease Control and Prevention (CDC), the Environmental Protection Agency (EPA), and the state of Iowa. It is becoming more difficult to provide an integrated lead program because CDC and EPA have placed many restrictions on the use of their funds that are not compatible with Iowa’s approach. The heavy workload and the challenges presented by federal funding restrictions and Iowa’s increasingly diverse population mean that there is rarely a dull moment in the Bureau of Lead Poisoning Prevention.



# Iowa grant aims to reduce youth violence

By Kevin Teale, Communications Director

The Iowa Department of Public Health will receive \$98,609 to improve child and adolescent health by enhancing capacity to prevent violence. Iowa is one of eight recipients to receive funding from the Centers for Disease Control and Prevention (CDC) for the two-year program that will work to support change in societal norms and environmental conditions contributing to violence.

"Through this funding, Iowa will be able to focus on protecting and preventing our youth from becoming involved in violence." Janet Zwick, director for the IDPH Division of Behavioral Health and Professional Licensure said. "It will strengthen our efforts to prevent violence in our

communities with financial support, training and technical assistance to better understand the situations that contribute to and help people avoid violence. With this knowledge, we can stop violence from breaking down our communities."

The program will provide information on risk and protective factors for various forms of violence including youth suicide, teen dating violence, school violence, and bullying. Research findings will be used to guide the development of prevention strategies that can address these forms of violence.

"Violent injuries alone affect more than 877,700 young people from 10 to 24 years old each year. We can't keep seeing our children

die or suffer terrible injuries from these senseless acts of violence," said Ileana Arias, PhD, acting CDC Injury Center director. "That is why these grants are important – we need to learn more about risks and what protective factors work to keep our children safe from harm."

Iowa was selected from among numerous applicants following an objective review by public health experts. Other states selected for funding include Colorado, Massachusetts, Michigan, Minnesota, New Mexico, Rhode Island and Virginia.

To learn more about Iowa's violence prevention efforts visit [www.idph.state.ia.us](http://www.idph.state.ia.us) or the CDC's Injury Center web site at <http://www.cdc.gov/injury>.

## Bailey Recognized as AHA Volunteer of the Year

Robert Poindexter, American Heart Association (AHA) Regional Manager, from St.

Louis surprised Anita J. Bailey of Spencer with a letter of appreciation and plaque honoring her as the 2003-2004 Emergency Cardiovascular Care (ECC) Volunteer of the Year. The award praised Bailey for her commitment, guidance and exemplary fulfillment of her role as Regional Faculty, CPR Instructor, AHA Advocate and Leader of the ECC Committee.

The 20 ECC committee members are "experts in their field" including physicians, nurses, respiratory therapists, EMS personnel and lay citizens. The ECC is responsible for implementation and oversight of the entire AHA training network; including basic, advanced and pediatric life support programs. Bailey has



been reappointed to serve as the ECC committee chair through June 30, 2006. She will continue to lead the experts as they work to improve the Chain of Survival in every community. Strategies focus on universal 911, early CPR, Public Access Defibrillation and early EMS advanced life support. Since 1995, Anita has been an EMS Systems Development Coordinator with the Bureau of EMS. Her role of liaison to the AHA has been valuable to both organi-

zations. The blend of science, education and regulation has worked well for implementation Public Access Defibrillation programs. She coordinates the Heartsaver program that provides CPR and AED training for IDPH employees.

Anita began teaching CPR in early 1979. "We have seen a lot of changes in basic life support over the years. The technique of CPR

and methods of instruction have both changed dramatically because of extensive research. I vividly remember every time I have done CPR and early on, we had very few saves. The odds improved with early defibrillation. Today, anyone with minimal training and access to an automatic external defibrillator (AED) can save a life. AED's are often located in public places like airports, shopping malls and schools. What a difference," said Bailey.

"Now, the classroom is much more friendly and actually fun. The lessons are more realistic with lots of hands-on scenarios. Techniques have been simplified. Instructors are trained to tailor the course to the student needs. The AHA continues to modify and improve textbooks and videos too."

Bailey encourages everyone to stay calm and just do his or her best in an emergency. Plan ahead with AHA CPR training and at least call for help if there is a problem. Seconds count.





# Epidemiology Notes



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

## Ten Steps to a Safe Kitchen

Did you know that many experts believe the kitchen is home to more potentially dangerous bacteria than even the bathroom? Not an appetizing thought, but practical preventive steps can be taken to reduce the incidence of foodborne infections. Despite the fact that America's food supply is the safest in the world, 76 million cases of foodborne illness occur in the United States every year. With September being declared National Food Safety Month, no time is better than right now to take action. The Iowa State University Extension Office Food Safety Project web site (<http://www.extension.iastate.edu/foodsafety/>) has some great resources on food safety, including these ten steps to a safe kitchen:

1. Keep your refrigerator at 40° F (4° C) or less.
2. Refrigerate cooked, perishable food as soon as possible, within two hours after cooking.
3. Sanitize your kitchen dishcloths and sponges regularly.
4. Wash your cutting board with soap and hot water after each use.
5. Cook ground beef, red meats, and poultry products to a safe internal temperature (at least 160°F). Use a meat thermometer.
6. Don't eat raw or lightly cooked eggs.
7. Clean kitchen counters and other surfaces that come in contact with food with hot water and detergent or a solution of bleach and water.
8. Allow dishes and utensils to air-dry in order to eliminate re-contamination from hands or towels.
9. Wash hands with soap and warm water immediately after handling raw meat, poultry, or fish.
10. Defrost meat, poultry, and fish products in the refrigerator, microwave oven, or cold water that is changed every 30 minutes.

## Common Questions on Pertussis

Because of continuing outbreaks of pertussis (whooping cough), IDPH continues to receive questions on the disease. Here are a few of the most common ones:

**Who is infectious with pertussis?** Health-care practitioners should consider pertussis in any patient with an acute cough illness characterized by one or more of the following symptoms: prolonged cough, cough with paroxysms, whoop, or post-tussive gagging/vomiting.

A **symptomatic** person is considered infectious up to 21 days after cough onset, or until they have completed 5 days of appropriate antibiotic therapy. During this time, they should limit all social interaction (school, work, etc.) to avoid the spread of disease to susceptible contacts.

**Asymptomatic** contacts to a case of pertussis are not contagious, but should receive appropriate antibiotic prophylaxis. They can continue normal activities.

**How do you treat pertussis?** The recommendations for antibiotic treatment and antibiotic prophylaxis are the same. If prophylaxis is started quickly, illness can be prevented. If treatment is begun early in the course of illness, symptoms of pertussis may be modified. If treatment begins later in the course of illness, it may not decrease symptoms, however it will decrease the period of infectiousness. Guidelines on antibiotic prescribing can be obtained at [www.idph.state.ia.us/common/pdf/immunization/epi\\_pertussis\\_control\\_guidelines.pdf](http://www.idph.state.ia.us/common/pdf/immunization/epi_pertussis_control_guidelines.pdf).

**Who should be tested for pertussis?** Only symptomatic persons should be tested! However, persons with symptoms consistent with pertussis who are either a contact of a known case of pertussis or are part of an outbreak situation will be considered a case of pertussis regardless of whether

a test is done or not. There is no need to withhold treatment while waiting for or confirming pertussis with test results.

Specimen kits and instructions are available by calling UHL at 319-335-4500. More information on pertussis testing at UHL can be accessed at [http://www.uhl.uiowa.edu/kitsquotes/forms/respiratory\\_slip\\_noclient.pdf](http://www.uhl.uiowa.edu/kitsquotes/forms/respiratory_slip_noclient.pdf).

**Who is considered to be exposed to pertussis (a "contact")?** Contacts are persons who had:

- Direct face-to-face contact with a symptomatic case patient,
- Shared confined space in close proximity for a prolonged period of time (more than one hour) with a symptomatic case-patient,
- Household-type contact with a symptomatic case patient,
- Close contact for 10-20 hours in a week with a symptomatic case patient, or
- Others in special situations (public health can help identify these situations).

Pertussis is a reportable disease requiring public health follow up to prevent further cases. If you see a possible case of pertussis, please call your local health department or CADE at (800) 362-2736.

## New Manual on Communicable Disease

The new, 18<sup>th</sup> edition of the Control of Communicable Disease Manual (one of the best, if not the best handbook for infectious disease control in the community) is now available. More information on the Manual, including on-line ordering, can be obtained through the American Public Health Association, [www.apha.org/media/science.htm#cdm](http://www.apha.org/media/science.htm#cdm).



# Worth Noting

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## Building Healthy Sustainable Communities

Midwest Regional Building Healthy Sustainable Communities is scheduled for November 9 & 10 in Sioux City. The conference will help participants access and identify a healthy sustainable community, and is a valuable workshop for persons committed to improving their community and quality of life. To find out more about the conference visit [www.stlukes.org](http://www.stlukes.org).



## La Leche League of Iowa Breastfeeding Conference 2004

The Le Leche League of Iowa will be having a conference October 15-16 at the Marriott WDM Hotel and Conference Center. The conference guest speaker will be Dr. Jack Newman, M.D., author and leading authority on breastfeeding and the management of breastfeeding cases.

Jack Newman graduated from the University of Toronto medical school as a pediatrician in 1970. He started the first hospital-based breastfeeding clinic in Canada in 1984 at Toronto's Hospital for Sick Children. He has been a consultant with UNICEF for the Baby Friendly Hospital Initiative in Africa, and has published articles on the subject of breastfeeding in Scientific American and several medical journals. Dr. Newman has practiced as a physician in Canada, New Zealand, and South Africa. Author and contributor to several books, Dr. Newman's latest book is *The Ultimate Breastfeeding Book of Answers*.

Other conference topics will include: essentials of breastfeeding; norms for the breastfed baby - numbers on demand; poor weight gain - approach and case studies; and when breastfeeding is NOT contraindicated.

Lunch, refreshment breaks, conference materials, CEU fees, and Dr. Newman's latest book, *The Ultimate Breastfeeding Book of Answers* are included in the registration price. This conference has been approved for 0.6 CEUs/6.0 contact hours by the Iowa Board of Nursing Provider #22. Application has been made for continuing education credits for certified lactation consultants and registered dietitians. To find out more about this conference, or to download a registration form, go to <http://www.LLLIaConf.com/> or call 515-457-7070.

## Apply Now for the 2004 Governor's Environmental Excellence Awards

Iowa businesses, organizations and individuals are invited to apply for the 2004 Governor's Iowa Environmental Excellence Awards. This premier environmental awards program, sponsored by Governor Vilsack and the state of Iowa, recognizes leadership and innovation in the protection of Iowa's water, land and air.

Awards will be given for overall environmental excellence and special recognition in water quality, waste management, energy efficiency/renewable energy, air quality and habitat restoration/development. Categories include: community/local government, business and industry, agriculture, civic organizations, public sector facilities, and more.

The application deadline is November 5, 2004. To obtain an application, go to [www.iowadnr.com/other/ee/index.html](http://www.iowadnr.com/other/ee/index.html), or contact: Jill Cornell, Department of Natural Resources (515) 281-0879; e-mail: [Jill.Cornell@dnr.state.ia.us](mailto:Jill.Cornell@dnr.state.ia.us).

## Gambling Court: An Innovative Idea

Gambling Court: An Innovative Idea, by Judge Mark G. Farrell, Reflections on the implementation of & outcomes from the first gambling treatment court in the United States, will be held Wednesday, November 17 from 8 a.m.-12 p.m. in Des Moines. Visit <http://www.trainingresources.org/GamblingCourt1117.pdf> for more information.

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What would you like to see in the Iowa Health FOCUS? Send your suggestions for future articles, letters to the editor, upcoming events, or to add names to the mailing list by e-mailing us at [staylor@idph.state.ia.us](mailto:staylor@idph.state.ia.us).

