

## Partnership forms to help Iowans fight the flu

By Kevin Teale



Dr. Dale Andringa, Wellmark Blue Cross and Blue Shield (right) looks on as Craig Lang, Iowa Farm Bureau presents IDPH Director Mary Mincer Hansen with a check for \$100,000 to aid in flu prevention efforts.

The flu vaccine shortage this year and new state legislation have combined to create a unique partnership that has, as a goal, keeping Iowans healthy this winter. The partnership includes a statewide media campaign, plus educational materials directed at child-care centers, schools, and businesses. It is designed to reduce the risk of Iowans becoming ill from the flu this season, but should also reduce the risk and spread of other winter illnesses as well. The Iowa Department of Public Health, Iowa Farm Bureau, and Wellmark Blue Cross and Blue Shield made the announcement of the partnership November 29.

The partnership was made possible by House File 2555, passed by the Iowa General Assembly last session and signed into law by Governor Tom Vilsack. The legislation allows the department to accept gifts to be used by department programs for specific purposes.

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## Risk communication course to be offered on Prepare Iowa

By Dena Fife

Iowa's learning management system, Prepare Iowa, will soon be offering risk communication as a short, on-line, manageable course. Kevin Teale, communications director with the Iowa Department of Public Health partnered with the Upper Midwest Center for Public Health Preparedness (UMCPHP) College of Public Health at the University of Iowa to create the online risk communication course. Linda Wickelhaus, instructional designer, worked with Teale to develop the final course and compiled the course information into three modules consisting of one-hour sessions.

The first module, "Using the Guidelines," covers risk communication theories and guidelines. The second module, "Creating a Message Map," covers what a mes-

sage map is and why it's useful when creating statements for the media. The third module, "Checklists and Other Resources," includes checklists of what is necessary to have in place at an administrative level to effectively communicate with the public, media, health-care providers, and the response community during a bioterrorism event. It also includes resources to support effective and appropriate communication during an event.

The risk communication course is intended for health practitioners who need to increase their ability to effectively communicate with the public, media, health-care providers and response community during a public health emergency - in particular, during a bioterrorism event. The course was pilot-tested by volunteers from the local

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# Partnership forms to help lowans fight the flu

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Efforts originally began last summer when the Iowa Farm Bureau put together a plan to offer flu vaccinations to Farm Bureau members. When this year's vaccine shortage made that program impossible, Farm Bureau offered funds set aside for that program, \$100,000, to the department to assist in flu prevention efforts. Wellmark Blue Cross and Blue Shield, also recognizing the severity of this year's situation, agreed to match the Farm Bureau donation.

"We know the vaccine situation this year has made it impossible for many lowans who would normally receive a flu vaccination to get one," said Dr. Mary Mincer Hansen, director of the Iowa Department of Public Health. "I couldn't be more pleased these two Iowa leaders have stepped forward to help all lowans remain healthy."

"The Iowa Farm Bureau understands the importance of educating lowans about staying healthy," said Iowa Farm Bureau Federation President Craig Lang. "That's why we had planned an extensive campaign that would provide thousands of flu shots for our members prior to the vaccine shortage. By reallocating those resources to the Iowa Department of Public Health and partnering with Wellmark, we can help ensure that our members and all lowans know how to protect themselves and their families through this flu season."

While flu impacts thousands of lowans each year, other winter illnesses can be just as disruptive to home, work and schools. "Because of the current vaccine shortage, we believe this effort to better educate lowans about taking precautions to help prevent viral illness this winter is extremely important," said Dr. Dale

Andringa, chief medical officer, Wellmark Blue Cross and Blue Shield. "Also, it is important to remember that viral infections like the flu and colds should not be treated with antibiotics, as antibiotics only work for bacterial infections. If you get sick and go to the doctor, don't be surprised if your doctor tells you that you have a viral infection and does not prescribe an antibiotic. It is imperative that we avoid the over use of antibiotics because of the growing problem of bacteria resistant to antibiotics."

The highlight of the education efforts will be a broadcast campaign that will run from mid-December to mid-January, educational materials distributed to schools and businesses by the Iowa public health community, and a web site with winter illness information ([www.healthyiowa.org](http://www.healthyiowa.org)).

## Risk communication course to be offered on Prepare Iowa

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and regional level who provided feedback on course length, relevancy, navigation, orientation, difficulty and effectiveness. Changes are being made based on the feedback received from the group. Most of the pilot users felt the course was challenging, but not too difficult. Results from a pre-test and post-test showed improvement in all the individuals after taking the course.

Check out [www.prepareiowa.com](http://www.prepareiowa.com) in the coming weeks for the risk communication course, which will be available in the course catalog. Several more upcoming programs are in the development stages for Smallpox Renewal, Quarantine and Isolation, Basic Epidemiology, and National Incident Management Systems (NIMS). For more information contact Dena Fife at [dfife@idph.state.ia.us](mailto:dfife@idph.state.ia.us) or Tim Beachy at [tim-beachy@uiowa.edu](mailto:tim-beachy@uiowa.edu).

## New tobacco division director Bonnie Mapes

**B**onnie Mapes is the new director of the Division of Tobacco Use Prevention and Control. She joined the Iowa Department of Public Health on November 3 and her main responsibilities will include general oversight of the division including overall program management, budget, planning and being a community and media liaison.

Mapes received her BA in Economics and began her career working with small non-profits. She then worked with tobacco control at the community-level in California and then at Denver Public Health as the tobacco control program administrator. She is looking forward to seeing the society change in Iowa, where tobacco use is no longer the norm.

Bonnie can be reached at [bmapes@idph.state.ia.us](mailto:bmapes@idph.state.ia.us) or at (515) 281-6225.



Iowa Department of Public Health

Promoting and Protecting the Health of lowans

# Antibiotic resistance task force: a public health guide

By Mary Rexroat

Since 1998 there has been a task force to address the development of bacterial resistance to antibiotics in Iowa. The goals of the task force are to 1) facilitate appropriate use of antibiotics, 2) discourage prescribing practices that promote the development of antibiotic resistance and 3) decrease the spread of antimicrobial resistance with appropriate control measures. Current membership are representatives from the Iowa Hospital Association, Cahaba GBA, Iowa Academy of Family Physicians, Iowa Chapter, American Academy of Pediatrics, Iowa Department of Public Health, Iowa Health Care Association, Iowa Medical Society, Iowa Nurses Association, Iowa Pharmacy Association, Iowa Veterinary Medical Association, Iowa's State-wide Epidemiology Education and Consultation Program, University Hygienic Laboratory and University of Iowa Hospitals and Clinics.

A comprehensive statewide laboratory-based surveillance program designed to detect and monitor antibiotic resistance throughout Iowa began in 1999. Through the Iowa Antibiotic Resistance Surveillance Program (IARSP), facilities that are isolating *Streptococcus pneumoniae*, *Enterococcus spp.*, *methicillin-resistant Staphylococcus aureus* or Group A *Streptococcus* from invasive sites should submit a specimen to the University Hygienic Laboratory (UHL). Additionally, *Staphylococcus aureus* resistant to vancomycin from any body site is included in the IARSP.

In 1999 a Report of the Iowa Antibiotic Resistance Task Force: A Public Health Guide was published. This report provided guidelines representing a consensus of opinions of the members of the task force in multiple specific settings. The report, along with posters, brochures, and educational material was mailed to approximately 8,000 health-care providers.

This fall the Report of the Iowa Antibiotic Resistance Task Force: A Public Health Guide was updated and placed on the IDPH web at <http://www.idph.state.ia.us/adper/common/pdf/antibioticreport.PDF>.

This revised report contains information concerning antibiotic use, levels of antibiotic resistance in Iowa, and recommendations for the laboratory, primary care, acute care, long-term care, home care and hospice, outpatient dialysis, schools and child care, veterinary medicine and the community. It provides guidelines for people and institutions in Iowa on addressing, preventing and/or reducing antibiotic resistance, for example; transfer of patients colonized with antibiotic resistant bacteria between long-term care facilities and hospitals, recommended treatment of ear infections, and how a community can address resistance.

The task force's multidisciplinary approach signifies its joint interest in the evolution of antimicrobial resistance. The task force urges all readers and especially public health workers and health-care providers to educate themselves on this complicated and changing subject.

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## Health Work force Projections 2002-2012

By Mary Kelly

National work force projections for 2002-2012 suggest that there will be a strong demand for health-care workers with professional as well as technical expertise. According to the projections prepared by the Bureau of Labor Statistics, total U.S. employment is forecasted to increase by 21.3 million jobs or 15 percent. Professional and related occupations, and service occupations – two groups at the opposite ends of educational and earnings ranges – are projected to increase the fastest and to add the most jobs. These occupations are expected to account for more than half of the total job growth over the decade.

Health-related businesses are among the fastest growing industries. Community care facilities for the elderly, residential care facilities, and ambulatory health care services, except offices of health practitioners, are listed among the top ten fastest growing industries during the next ten years.

Of the fastest growing occupations, 18 of 31 are

health professions and health support occupations. The majority of jobs are assistive or aide positions, typically requiring on-the-job training rather than collegiate education. Medical assistants are projected to have the greatest percentage of increase.

Registered nurses rank first among the top ten health occupations projected to have the largest numerical growth. The need for registered nurses is expected to increase significantly with 623,000 nurses needed for anticipated growth and to replace the retiring work force. More new positions are expected to be created for registered nurses than for any other occupation.

If these projections come to pass, there are implications for recruitment, retention and education of the health care work force. The nature of the health care workplace is bound to change with the increased use of technical personnel to replace professionally educated workers. For the next decade, health related careers will be in great demands with few declines expected in any occupation.

This information was excerpted from an issue brief available at the reports section of [www.idph.state.ia.us/hpcdp/health\\_care\\_access\\_content/rhpc/shortage.htm](http://www.idph.state.ia.us/hpcdp/health_care_access_content/rhpc/shortage.htm).



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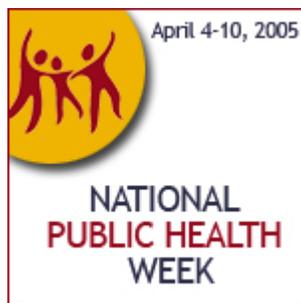
Promoting and Protecting the Health of Iowans

# Iowa Plans for National Public Health Week 2005

By Jeneane Moody

Public health partners from across Iowa have convened a planning workgroup to coordinate and disseminate statewide activities to celebrate National Public Health Week 2005. National Public Health Week is promoted by the American Public Health Association (APHA) and occurs April 4 – 10, 2005. For 2005, APHA has selected a theme to create awareness of the impact of aging on the public's health – "Empowering Americans to Live Stronger Longer."

Lakitia Mayo of APHA says that National Public Health Week 2005 will focus the public's awareness of the impacts and opportunities for America's aging population from the perspective of the individual, the community and policy making. APHA will put together a planner's toolkit with activities focused on the 3 Ds: Defend (prevention), Detect (screening), and Direct (managing health in aging).



Once developed, APHA will make its National Public Health Week 2005 resources available online at: <http://www.apha.org/NPHW/toolkit/>

Iowa's planning workgroup represents state and local public health agencies, the professional public health association and educators of Iowa's public health work force. Partners include:

Iowa Department of Public Health  
Iowa Public Health Association  
Iowa Association of Local Public Health Agencies  
Des Moines University  
Iowa State University  
University of Iowa College of Public Health  
University of Northern Iowa

The workgroup will take initial steps this year to plan and coordinate statewide efforts and expects that its organizing will grow in subsequent years. National Public Health Week is an opportunity for Iowa's public health community to draw the public's attention to the importance of public health in every Iowan's life.

## The holidays are a time for fun and safe toys

By Debbi Cooper

My sources at the North Pole tell me some of the hottest toys for this holiday season include Balloon Lagoon, Leapster, Robosapien, and Bratz. Because of the safety issues, I was dismayed to learn that battery powered scooters and trampolines were also included on that list. If you're considering buying a scooter or trampoline for your child, please come see me because we need to have a chat.

Toys are fun and can help children learn about themselves and their environment. Unfortunately, toys can also be dangerous. In 2003, there were 11 toy-related deaths (all under the age of 15) reported to the Consumer Product Safety Commission and an estimated 206,500 toy-related injuries were treated in hospital emergency rooms.

The following tips will help fami-

lies choose appropriate toys for this holiday season.

- Everyone likes to think their child is smarter and more capable than other kids of the same age. I remember peeling out of the Lucas Building parking lot in 1986 because I'd heard a rumor that a hardware store in Des Moines had one Cabbage Patch Kid left. I knew my daughter would just DIE if she didn't get one for Christmas even though she was only four months old. Don't fool yourself. If a toy is beyond your child's mental or physical ability it will be boring or worse yet it will present a significant safety hazard.
- For infants, toddlers, and all children who still mouth objects, avoid toys with small parts that could pose a fatal choking hazard. A 35 mm film canister makes a wonderful small parts tester. Any toy or toy part that fits within the diameter can be a

choking hazard.

- Look for sturdy construction, such as tightly secured eyes, noses, and other potential small parts. When shopping for stuffed toys, don't be afraid to pull arms, legs, eyes and noses. My children have christened me with the title "Stuff Toy Mauler."
- For all children eight years and younger, avoid toys that have sharp edges and points.
- Be a label reader. Look for labels that give age recommendations and use that information as a guide.
- When buying bikes, roller blades, skateboards, etc. remember the gift is not complete unless proper protective gear is included.

The Consumer Product Safety Commission offers some wonderful brochures on age appropriate toys. Contact Debbi Cooper at [dcooper@idph.state.ia.us](mailto:dcooper@idph.state.ia.us) if you're interested.



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# The holidays: joy, celebration and food

By Carlene Russell

**O**n Christmas and New Years, families gather around the dinner table to embrace their heritage, share traditions, enjoy traditional foods —and usually stuff themselves. This holiday season, consider some simple nutrition and physical activity tips to keep you and your family healthy.

As you plan your shopping list for much-anticipated holiday meal, look for ingredients that will make family favorite recipes not only tasty but good for you, too.

- Pack your shopping cart with plenty of fresh vegetables like potatoes, both white and sweet, winter squash, broccoli, carrots and green beans.
- Apples, cranberries and pears combine easily for a tasty salad, fruit crisp or topping for the turkey.
- Use whole-grain bread and wild rice as a stuffing side dish.
- For dips, sauces and pie toppings, use non-fat yogurt or fat-free sour cream. Non-fat yogurt works best in dishes that don't require heating.
- Use egg substitutes in place of whole eggs.
- Try evaporated skim milk instead of whole milk.
- Use low-sodium, fat-free chicken broth in mashed potatoes.
- Top casseroles with almonds instead of fried onion rings.
- Check cookbooks and cooking magazines for updated health-conscious versions of your family's favorite holiday recipes.
- To enjoy your meal and prevent overindulgence, eat slowly, savor each bite and engage in mealtime conversations. Take time to eat slowly, allowing your stomach to feel full.

Christmas celebrations are a lot like any other party. There are plenty of people, special foods and lots of temptation to over indulge.

While celebrations often lead to overeating, it is easy

to keep things under control if you've got a plan. The secret is moderation and balance.

- Start your day with a small meal that includes whole grains, fruit, dairy foods and protein like eggs, ham or peanut butter.



- Grab smaller snacks throughout the day, saving most of your calories for the main meal. Don't starve yourself before the meal. The longer you go without eating, the more you eat when you sit down for a meal.

- Drink a glass of milk or eat a piece of fruit beforehand to help control your appetite.
- Make just one trip to the party buffet.
- Fill up on fruits, veggies and grain foods.
- Limit cookies, cakes and other holiday treats to smaller portions.
- Select foods carefully. Think about what foods you want to eat, which ones you will just sample and which ones you will skip.
- Alternate alcoholic beverages with non-alcoholic drinks, because drinking alcohol can cause you to eat more.

Lastly, enjoy the celebration. Pace your eating and spend time visiting. You'll eat less and feel good about what you've eaten.

During the holidays and beyond, aim for 30 minutes of moderate physical activity on most days. Get the entire family involved. Take a walk, go for a bike ride, play a game of catch, build a snowman, go sledding or cross country skiing or play an old fashion game of Duck-Duck-Goose in the snow. If snow is not available, you can always blast the stereo and rock around the Christmas tree or go for a walk at the mall, taking the stairs instead of the escalator and try out a cross-county ski machine or stationary bike at the fitness store.

Good physical activity habits can teach kids that family exercise is as important as family meals.

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# A quiet summer for West Nile virus in Iowa

By Sarah Brend

Iowans infected with West Nile virus dropped dramatically this past summer as only 22 human cases, including two deaths were reported in the state. This is down from 147 Iowans, including six deaths in 2003. Could it be because Iowa had the coldest August in 132 years of state records? Quite possibly. An unseasonably cool weather pattern began in mid-June and prevailed through much of August.

This cool weather provided poor conditions for the production of *Culex* mosquitoes, which are the primary vector of West Nile virus. Iowa sees the majority of West Nile activity in late August and September. Activity was quiet and mainly sporadic through most of the summer; warm weather surprisingly returned in September and with it a significant increase in West Nile activity. Excluding dead bird West Nile

positives, West Nile virus activity peaked in the state the third week in September (dead bird positives usually precede human activity and that activity peaked in August).

Nationally, this past summer was also a mild season for West Nile virus. The nation saw a decrease in the number of persons sickened, killed or who acquired severe disease after being infected with the virus. The brunt of the activity was in the western states of Arizona and California which was a relatively naïve population as West Nile virus extended into these areas after a continual westward spread across the United States since 1999. Weather and mosquito control are thought to have played a key role in the drop in human cases.

The drop in numbers could also be attributed to an increased awareness of West Nile virus in the general public. This awareness includes

the fact that the virus is transmitted to humans through the bite of a mosquito and mosquitoes breed in standing water. The key ways to prevent West Nile virus are to avoid becoming bit (e.g. wear a mosquito repellent containing DEET) and to eliminate mosquito breeding sites. More and more people are taking the initiative and realizing the importance of applying mosquito repellent while being outdoors.

What the 2005 season will bring is still unknown. Although the epidemiology and ecology of the virus is still uncertain, the annual reoccurrence of West Nile virus activity suggests that transmission will continue during the coming years. Weather, mosquito control, and basic prevention messages will likely have an impact.

For more information about West Nile virus in Iowa visit [www.idph.state.ia.us/adper/](http://www.idph.state.ia.us/adper/)

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## Move Over National Public Radio – It's Time for the Iowa Public Health Association Fall Membership Recruitment Drive

The Iowa Public Health Association (IPHA) is actively recruiting members (both new and renewals) to meet its 2005 membership goals. IPHA has existed with the explicit purpose of representing public health interests in Iowa since 1925. Membership includes a variety of people and organizations interested in public health issues from state and local government, profit and not-for-profit agencies, and from practice and academic communities across the state. If you receive the Iowa Health FOCUS, you are a candidate for active participation in IPHA to advocate for policy changes that create and sustain healthy communities in Iowa.

Each year IPHA sponsors and participates in conferences, advocates for public health, and represents public health interests on behalf of public health practitioners and those who benefit from public health. Its strength and power rests in its ability to represent your cross-cutting public health interests, and we can most effectively do so if you are a participating member.

2004 has been an exciting and productive year for IPHA. It has also been one of challenges and suc-

cesses for public health. Some 2004 IPHA highlights include:

A successful spring public health conference coordinated with a diverse group of partners.

Support of successful legislative initiatives passed through the Iowa legislature, including passage of strengthened child passenger safety legislation.

An increase in membership (226 individuals, 42 agencies and 3 affiliate members) and the addition of a new and growing membership section for Community Planning.

The IPHA membership cycle runs January through December, and any membership dues received on or after October 1 are applied toward the 2005 membership year. The strength of these numbers adds to the credibility of its voice to educate the Iowa Legislature about important public health issues.

A membership application can be accessed at [www.iowapha.org](http://www.iowapha.org). Click on *Join Us*. Please make copies and encourage others with an interest in public health to join. Alternatively, you may request an application by contacting Jeneane Moody at [Jeneane.Moody@gmail.com](mailto:Jeneane.Moody@gmail.com).



Iowa Department of Public Health

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# IDPH announces awards to minimize health worker injuries

By Eileen Gloor

**O**n November 12, 2004, the Iowa Department of Public Health announced 16 recipients of a competitive award to minimize injuries among health workers who provide direct patient care in Iowa. Federal funds, administered through the Center for Health Workforce Planning, will support the purchase of equipment and training by eight long-term care facilities and eight home care agencies.

## Long-Term Care Facilities

- Alverno Health Care Facility – Clinton
- Bethany Manor, Inc. dba Bethany Life Communities – Story City
- Chautauqua Guest Home #3 – Charles City
- Franklin General Hospital Nursing Facility – Hampton
- Hegg Memorial Health Center, Avera Health, Valley Manor Long-Term Care Facility
- Lutheran Homes – Muscatine
- Mayflower Homes, Inc. – Grinnell
- Orange City Municipal Hospital dba Heritage House - Orange City

## Home Care Agencies

- Green County Medical Center Public Health Department
- Lee County Health Department
- Orange City Municipal Hospital dba Orange City Home Health
- Ottumwa Regional Health Center
- Palo Alto Community Health
- Ringgold County Public Health, Taylor County Public Health and Greater Community Hospital Outreach Services (Union County)
- Visiting Nurse Association – Dubuque

Work-related musculoskeletal disorders are a major occupational health problem impacting workers who provide direct patient care. Compared to

other occupations, nurses and nursing assistive personnel are among the highest at risk for back, neck, shoulder, wrist and knee injuries. In a recent study conducted by the U.S. Department of Labor, nursing aides, orderlies and attendants ranked second and registered nurses sixth in a list of at-risk occupations for strains and sprains that included truck drivers, laborers and construction workers.

In Iowa, where the majority of the health workers are over 40 years old and provide direct patient care, similar findings are supported in surveys and focus groups conducted by the Center for Health Workforce Planning. Iowa is experiencing a simultaneous aging of long-term and home care clients, and the health workers who turn, lift and transport them. A 2003 survey of Iowa RNs and LPNs 51-60 years old demonstrated that nurses nearing retirement age would consider extending their careers in direct patient care if accommodations to their work environment were made.

Interventions with the strongest level of evidence are being implemented in a growing number of facilities. These evidence-based solutions include the use of patient handling equipment/devices, patient care ergonomic assessment protocols, no-lift policies and patient lift teams. Promising new interventions that are still being tested include the use of unit-based peer leaders and clinical tools such as algorithms and patient assessment protocols. National experts recommend changing the curricula in schools of nursing to address evidence-based strategies and expose students to new technologies that reduce risk in the workplace.

The Center for Health Workforce Planning encourages all Iowa health facilities to review new research findings, assess the risk of work-related injury among their staff who provide direct patient care, implement engineering, administrative and work practice changes, and share best practices throughout the state. For additional information about patient safety ergonomic resources, link to the report on the center's web page: [http://www.idph.state.ia.us/hpcdp/health\\_care\\_access\\_content/rhpc/shortage.htm](http://www.idph.state.ia.us/hpcdp/health_care_access_content/rhpc/shortage.htm).



# Mason City Fire Department tracks patient data

By Merrill Meese

It has been six months since the Mason City Fire Department (MCFD) began ambulance service coverage to Mason City, as well as rural areas of Cerro-Gordo and Worth counties. The service has been averaging ten EMS responses a day since the June 1 start date. With that kind of call volume, the service needed a record keeping system that was easy to use and could generate accurate patient care reports (PCR). Data could then be safely stored and easily retrieved for continuous quality improvement, billing, and future system planning strategies.

Captain Dave Johnson, ambulance director, said "the department looked at several different record keeping systems, but decided on a software package product EMStat, from Med-Media. We wanted our record keeping system to minimize the need for paper, and do more than just generate a patient care report (PCR). The system we use collects the four categories of data that are widely accepted as the standard in EMS, medical and legal system performance and reimbursement. Of those four categories, certainly the medical information is the most important."

MCFD loaded the software onto five Panasonic Tough Book computers that go into each firemedic unit. The shift captain assigns each patient record a report number, and then MCFD paramedics enter patient data from the call into the laptop. The next time they return to fire headquarters, they download the information and make a paper copy of the PCR. The paper copy of the PCR, along with a HIPAA face sheet, is then faxed to the receiving facility for their permanent medical records. MCFD then saves the copy of the paper PCR and places it into their archives. The information collected is not stored on the computers, but is sent via the Internet from the computer to a database in Pennsylvania. The information is saved in the data database and backed up on another server database for security. Since the system is web based, the service can access the information from any computer with Internet capability.

As part of the MCFD continuous quality improvement policy, Captain Johnson can access every patient care report from the secure web site. He audits every PCR to

make sure that the documentation is complete, protocols are followed and that the care provided was appropriate. If he sees something that he thinks the medical director needs to be aware of, he can simply flag that PCR and leave a detailed message to his medical director explaining what needs to be looked at. The next time the medical director visits the site, he will see a complete list of all the PCR's completed for the requested time period, and will also see reports that have been flagged for his attention. Captain Johnson and the medical director, Dr Matt

Schiller, can leave messages for each other, and for the paramedics that were on the call, which helps with continuous quality improvement loop closure and follow-up.

According to Captain Johnson, Dr. Schiller likes the web-based system, because he can access the information anytime from a remote computer with the security access code assigned to him. The fire department has also been working with the 911 dispatch center, so that when they upgrade their

system, it will be able to share data with the department tough book computers. This will enable the responding paramedics to receive real time data from the dispatcher while en route to the call, as well as introduce global positioning and geographical information system technology into the firemedic units.

MCFD is a 45-member career department in North-Central Iowa. In addition to EMS, MCFD houses a regional hazardous materials and technical rescue response team. MCFD EMS consists of a number of Paramedics, Paramedic Specialists and Critical-Care Paramedics, and operates five advanced life support ambulances, or firemedic units, and two ALS engine companies.

Med-Media was awarded a contract in August of 2003 to maintain the EMS Patient Registry data warehouse. Med-Media also created a web portal where services can enter state-required data directly into the data warehouse. It should be noted that EMS services are not required to use any particular software but their data must be organized in a format that can be accepted by the data warehouse.



Iowa Department of Public Health

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# Epidemiology Notes

From the Center for Acute Disease Epidemiology, 1 800 362-2736 (24-hour number)

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## Revised Epi Manual and New Antibiotic Task Force Report are on the web

After much hard work, the revised version of the EPI Manual and the new Antibiotic Task Force Report are now both available on IDPH's web site. Please refer to the new EPI Manual for fact sheets, as well as other information at:

[http://www.idph.state.ia.us/adper/surveillance\\_manual.asp](http://www.idph.state.ia.us/adper/surveillance_manual.asp)

## FluMist Update

The Iowa Department of Public Health is now recommending that FluMist, a live influenza vaccine be offered to all healthy Iowans between the ages of 5 and 49. This vaccine can now be used for people who are **NOT** in the priority or high-risk groups.

Check with your personal health-care provider or local pharmacy about the availability of FluMist.

Recommendations for the injectable flu vaccine remain the same, and must be given only to the high-risk priority groups, and those most likely to die or suffer serious life-threatening complications from influenza.

## Winter is Coming: Preventing Carbon Monoxide (CO) Poisoning

Each year, more than 500 Americans die from unintentional carbon monoxide poisoning. Carbon monoxide (CO) is an odorless, colorless gas that can cause sudden illness, loss of consciousness, and death. CO has a much stronger attraction for the hemoglobin in red blood cells than normal room air, so when a person is in a home, garage, room or building where CO has accumulated, the CO binds to the hemoglobin in red blood cells, and then these red blood cells cannot carry oxygen.

The most common symptoms of carbon monoxide poisoning are headache, dizziness, weakness, nausea, vomiting, chest pain, and confusion. Carbon monoxide poisoning can also be difficult to diagnose because the symptoms are similar to other illnesses. People who are sleeping, impaired, or intoxicated can die from carbon monoxide poisoning before they even experience symptoms.

CO can be produced and accumulate from several different sources such as fumes produced by cars and trucks, small gasoline engines, stoves, lanterns, burning

charcoal and wood, and gas ranges and heating systems. You can prevent carbon monoxide poisoning by taking some simple, routine precautions and make sure that::

- All fuel-burning appliances are properly installed, maintained, and operated.
- Furnaces, water heaters, and gas dryers are inspected annually by a qualified service technician.
- Fireplace chimneys and flues are checked and cleaned every year.
- Unvented fuel-burning space heaters are used only while someone is awake to monitor them, and doors or windows in the room are open to provide fresh air.
- Automobile exhaust systems are routinely inspected for defects.
- Automobile tailpipes are routinely inspected for snow blockage during winter months.

### Remember:

1. Never use a gas range or oven to heat a home.
2. Never use a charcoal grill, hibachi, lantern, or portable camping stove inside a home, tent, or camper.
3. Never run a generator, pressure washer, or any gasoline-powered engine inside a basement, garage, or other enclosed structure, even if the doors or windows are open, unless the equipment is professionally installed and vented.
4. Never run a motor vehicle, generator, pressure washer, or any gasoline-powered engine outside of an open window or door where exhaust can enter the home or an enclosed area.
5. Never leave the motor running in a vehicle parked in an enclosed or semi-enclosed space, such as a closed garage.

CO alarms are easy to install and usually not expensive; so, consider installing CO alarms on each level of your home and in your bedrooms.

Additional information is available on the CDC's web site at: <http://www.cdc.gov/nceh/airpollution/carbonmonoxide/cofaq.htm> or <http://www.cdc.gov/nceh/airpollution/carbonmonoxide/cofaq.pdf>



# Worth Noting

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## New Direct Care Worker Registry

The Iowa Better Jobs Better Care Program, in partnership with the Iowa Department of Public Health, Center for Health Workforce Planning, and the Iowa Department of Inspections and Appeals has revamped the former Iowa Nurse Aide Registry. The new registry includes new classifications of direct care workers such as Home Care Aides, and allows CNAs to receive certification test results and enter the work force more quickly. For additional information, contact the Iowa Department of Inspections and Appeals, Health Facilities Division: [https://dia-hfd.iowa.gov/DIA\\_HFD/Home.do](https://dia-hfd.iowa.gov/DIA_HFD/Home.do)

## EMS Leadership Conference set for February 3

The EMS Leadership Conference will be held February 3 at the Adventureland Palace in Altoona from 10-3:30. James Broselow, M.D., will be the featured speaker. Dr. Broselow will focus on a common denominator (color coding) used in treating pediatric patients in the aftermath of a disaster. This color coding system enables quick determination of weight, drug dosages, and equipment sizes for infants and children. Based on the principle that a child's length is related to lean body weight, the tape includes all precalculated resuscitation drugs and infusion rates, along with CPR standards.

Other conference speakers will include Lisa LaDue, CISM (stress management); Brenda McGraw and Cory Bonnett, DMAT team leaders that were deployed to Florida following the hurricanes; Representative Roger Thomas (D) and Senator David Johnson (R) along with our own Lynh Patterson; lobbyist Cal Hultman; and Ric Jones, Chair of the IEMSA legislative committee.

Visit [www.idph.state.ia.us/conferences.asp](http://www.idph.state.ia.us/conferences.asp) for more information.

## 2005 Public Health Conference

The 2005 Public Health Conference "Partnering for a Healthy Iowa" will be held at the Scheman Center in Ames, March 29-30. For more information visit IPHA at [www.iowapha.org](http://www.iowapha.org) or IEHA at [www.ieha.net](http://www.ieha.net). They can also contact Sara Patkin, conference coordinator at [m spatkin@yahoo.com](mailto:m spatkin@yahoo.com) or 515.963-8664.

## The Governor's Conference on Public Health Barn Raising V

Mark your calendar for the Governor's Conference on Public Health Barn Raising V: Building Iowa as a Healthy Community, July 28-29 at Drake University in Des Moines. The registration fee is \$50, and the conference brochure will be available in May. More information can be found at [www.idph.state.ia.us](http://www.idph.state.ia.us) (click on conferences) or call 515-360-8046.

## IDPH web site a public health essential

The IDPH web site is constantly being updated. For the latest information on various programs, statistics, services, funding availability and upcoming conferences and trainings visit [www.idph.state.ia.us](http://www.idph.state.ia.us).

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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 the FOCUS Editor, Sarah Taylor at [staylor@idph.state.ia.us](mailto:staylor@idph.state.ia.us).



Iowa Department of Public Health

Promoting and Protecting the Health of Iowans