

## Severe flu season expected

The flu season got officially under way in mid-November with the first confirmed case of influenza in a 22-year-old male from north-eastern Iowa. The case was confirmed by the University of Iowa Hygienic Laboratory.

Around the country, the flu season has had an earlier than normal onset. Texas and Colorado already have widespread outbreaks and isolated cases have been reported in many other states.

The strain of the flu reported among many of the Texas cases is slightly different from the strains covered by this year's flu shots, and is associated with more severe illness, according to the federal Centers for Disease Control and Prevention.

But the CDC believes the flu shots being given now will effectively protect people from the strain detected in Texas and the vast majority of any of the strains likely to occur.

"It's more important than ever that people get their shots," said Dr. Mary Mincer Hansen, director of the Iowa Department of Public Health, "and that they get them now. Influenza can be a serious ill-

*Continued on Page 2*

## JEL sponsors homecoming games

By Keven Arrowsmith, Division of Tobacco Use Prevention and Control

Twelve members of the Just Eliminate Lies (JEL) organization traveled to Iowa City on Saturday, Oct. 4, to talk with Iowans about the hazards of tobacco use and second-hand smoke.

JEL was a sponsor for the Iowa homecoming football game and participated in many interactive events during the course of the pre-game and game festivities.

Prior to kickoff, JEL was positioned in the university's "Rally Alley," an interactive area designed to give fans

and sponsors a chance to visit with each other and talk about their products or messages.

Nate Kinsey, JEL executive council member, also took part in a radio interview during pre-game festivities and discussed what JEL and its members have been doing in recent months and what they are planning for the future.

"Sponsoring a portion of the Iowa football game was an excellent opportunity to visit with a wide range of people, said Kinsey. Iowa

City was expecting over 75,000 people for the weekend and the main focus of the weekend's events was the Iowa football game. Being a sponsor of the game allowed us to reach a great deal of people on many different levels."

During Iowa State University's homecoming game on Oct. 18, JEL members participated in the pre-game and game activities. JEL executive council member Paul Maxheimer accepted a football at mid-field from ISU Head Football Coach Dan McCarney.

During the pre-game festivities at Iowa and Iowa State, JEL handed out informational materials, and displayed a coffin, in which patrons could have their picture taken while holding up an anti-tobacco message.



From a coffin, Cy displays a sign that says "Tobacco kills more people than alcohol, AIDS, car accidents, illegal drugs, murders and suicides combined."

### Inside this issue:

IDPH 2004 Legislative Priorities	3
States' ability to respond to biological attacks rises	4
Distance Learning: the only way to get education done?	5
IDPH moves forward with SARS planning process	7

# Iowa has its first confirmed case of the flu

Continued from page 1

ness, affecting a large portion of the population. It just makes sense to protect yourself, your families and people around you.”

Influenza (flu) is a highly infectious disease of the lungs, and it can lead to pneumonia. Symptoms include fever, headache, tiredness, dry cough, sore throat, nasal congestion and body aches. Each year about 114,000 people in the U.S. are hospitalized and about 36,000 people die because of the flu.

At-risk populations include people over age 50, people with chronic heart, lung and kidney disorders and people with any condition that compromises their immune systems. It is also recommended that children 6 months to 23 months old, and health-care workers get a shot.

Contrary to some beliefs, the vaccinations do not cause the flu. The main complication for most people is a slightly sore arm.



## Cheap Insurance

Brenda Dobson, Bureau of Nutrition calmly gets her flu shot in the lobby of the Lucas Building. Health care workers are among the categories of the population who should receive the vaccine. Other recommended populations include persons age 50 years and older, nursing home residents, and persons of any age who have long-term illnesses.

## CDC recommendations for the flu vaccine

The CDC recommends the following people get vaccinated against influenza:

- Persons age 50 years and older;
- Residents of nursing homes and other long-term care facilities that house persons of any age who have long-term illnesses;
- Adults and children 6 months of age and older who have chronic heart or lung conditions, including asthma;
- Adults and children 6 months of age and older who need regular medical care or have to be in a hospital because of metabolic diseases (like diabetes), chronic kidney disease, or weakened immune system (including immune system problems caused by medicine or by infection with HIV/AIDS);
- Children and teenagers 6 months to 18 years who are on long-term aspirin therapy and therefore are at risk of developing Reye's syndrome if they get the flu; and
- Women who will be more than 3 months pregnant during the flu season.

In addition, the following groups of people should get vaccinated to prevent spreading flu to people at high risk of complications from flu:

- Doctors, nurses, and other employees in hospitals and doctors' offices;
- Employees of nursing homes and long-term care facilities;
- Employees of assisted living and other residences for people in high-risk groups;
- People who provide home care to those in high-risk groups; and
- household members (including children) of people in high-risk groups.

The flu shot is also recommended for anyone who wants to lessen the risk of getting the flu.

## 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](http://www.idph.state.ia.us). The link is under Quick Links on the right side of our home page under Publications & Data.

# Public health in Iowa rated seventh

By Kevin Teale, Communications Director

The latest edition of a national survey of the “healthiness” of the nation continues to show Iowa as one of the top ten healthiest states.

The annual rankings by the United Health Foundation lists Iowa seventh out of the 50 states, the same ranking it held in 2002. Iowa has consistently ranked in the top ten since the first report by the foundation was released in 1990.

“Iowa’s high ranking is a credit to everyone in the state who works in the field of medicine and health, as well as a credit to our people,” said Mary Mincer Hansen, director of the Iowa Department of Public Health.

“Many of the individual subject areas that make up the rankings deal with personal lifestyle choices, so decisions people make daily about tobacco use and nutrition help Iowa score well,” she added.

Of the 17 areas of measure in the report, Iowa ranks high in prena-

tal care, low child poverty, low rate of premature death, high school graduation rate and low rate of infectious disease. A complete copy of the report is available at

[www.unitedhealthfoundation.org](http://www.unitedhealthfoundation.org).

The UHF report was released

the same week as another national ranking declared Iowa the best state in the nation in the area of “social health.”

That report was issued by the Fordham University

Institute for Innovation in Social Policy. Fordham officials said their rankings represent a snapshot of states overall social performance and the impact social conditions, such as education and crime, have on the overall health of residents.



## IDPH 2004 legislative priorities announced

By Lynh Patterson, IDPH Legislative Liaison

To advance the Iowa Department of Public Health’s mission “to promote and protect the health of Iowans” and to meet the goals of *Healthy Iowans 2010*, the department supports the following legislative priorities.

**Reduce Tobacco Use** — IDPH supports legislation to eliminate the public’s exposure to secondhand smoke, and to increase the excise tax on tobacco products. Such legislation would reduce tobacco use, tobacco-related death and disease, and to support the state tobacco use and prevention and control program.

**Promote Healthful Living** — IDPH supports legislation that assists Iowans in making healthful choices.

**Strengthen Public Health Infrastructure** — IDPH supports legislation to provide adequate funding to public health programs to perform services recognized as “Essential Services of Public Health” by the National Public Health Performance Standards Program.

**Improve Health Care Access and Affordability** — IDPH supports legislation that promotes access to health care for all Iowans, especially through prevention and primary care. This includes assuring a sustainable, competent, and diverse health work force.

**Provide Adequate Mental Health and Substance Abuse Insurance** — IDPH supports legislation for coverage of mental health and substance-abuse evidence-based diagnosis and treatment by health insurance plans.

**Strengthen Emergency Preparedness** — IDPH supports legislation that strengthens the development and implementation of an integrated system of public health and medical services. The development would prepare for and response to disasters, terrorism incidents, outbreaks of infectious disease and other public health emergencies.

**Improve Community Living Options for Iowans with Disabilities** — IDPH supports legislation that improves community living support services for Iowans with disabilities and long-term illnesses.

**Reduce the public health impact of unintentional injuries** — IDPH supports legislation that promotes injury-prevention initiatives.

**Healthy Environment** — IDPH supports legislation that helps to create or sustain a healthy indoor and outdoor environment for all Iowans.

# States' ability to respond to biological attacks rises

By Susan Thompson, Communications Service, Iowa State University

**T**wo national surveys show the number of state health department epidemiology employees trained in infectious disease and terrorism preparedness increased significantly after the terrorist attacks of Sept. 11, 2001.

The surveys were conducted by Iowa State University and the Iowa Department of Public Health's Center for Acute Disease Epidemiology (CADE.) An article outlining the surveys' results is included in the Oct. 31 issue of the *Morbidity and Mortality Weekly Report*, published by the Centers for Disease Control and Prevention.

"The first survey of state public health epidemiologists was completed the week before the terrorist attacks in 2001," said James Dickson, interim director of the Institute for Food Safety and Security at Iowa State and an animal science professor. "After the terrorist attacks, we decided to conduct a second survey to see how attitudes and the level of preparedness changed."

Dickson worked with Dr. Patricia Quinlisk, Iowa's epidemiologist, on the research.

The surveys were conducted by Ginger Shipp, an Iowa State microbiology graduate student. Shipp had

worked as an intern at the Iowa Department of Public Health, which Dickson said made her uniquely qualified to conduct the two phone surveys.

The national surveys showed the number of state health department epidemiology employees in infectious disease epidemiology and terrorism preparedness increased by 131 percent from 2001 to 2003.

"Yet there are concerns about the ability of state health departments to hire qualified personnel," Dickson said. "This underscores the need to develop more and diverse training venues for current and future infectious disease epidemiologists."

In Iowa, six new epidemiology employees have been hired, though not all have specific degrees in the field.

"Our survey demonstrated that states are hiring people to do epidemiology, but that many have no formal training in it," Quinlisk said. "I believe more emphasis in these academic programs needs to be placed on teaching students about 'shoe leather' or basic health department epidemiology."

Dickson said the deliberate use of anthrax during the terrorist acts of

2001 focused people's attention on the need for government to be prepared to respond to bio-terrorism.

"In the year following the events of 9/11, state public health entities received \$918 million in new funding to prepare for and respond to bio-terrorism, outbreaks of infectious disease and other public health threats and emergencies," he said. "This study suggests this funding was key to increasing the number of epidemiologists and our nation's response capacity."

The study also documents barriers to that response capacity. Those include difficulty finding time for activities such as planning and setting up disease surveillance. Also, the complexities of food security issues, hiring freezes and budget deficits, and finding the time needed for the pre-event smallpox vaccination program.

The article in the *Morbidity and Mortality Weekly Report* newsletter is on-line at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5243a7.htm>.

**For more information visit** the Agriculture Communications Service Web page at [www.ag.iastate.edu/aginfo/news/home.html](http://www.ag.iastate.edu/aginfo/news/home.html).



JEL sponsored Iowa and Iowa State's homecoming games this fall. Students were given the opportunity to have their picture taken in a coffin and hold up an anti-tobacco message.

# Distance learning: a way to get education done

Commentary By Tom Carney, Director of the Office of Communications and Public Health Education

I was sitting on the aisle, so I had to strain to look out the airplane window to see the low, brown mountains that grace the approach to San Diego International Airport. I wanted to see evidence of the fires that had ravaged the area. I saw only beautiful mountains, beautiful homes and beautiful palm trees.

Indeed, during my four-day stay in early November, there was no evidence that anything unusual had happened. San Diego was a bit cool for the time of year, but it was usually sunny and, apart from a personal disaster story from a returning resident with whom I shared a van from the airport, it provided a pleasant welcome.

Participants in the 2003 Public Health Distance Learning Summit had been hesitant to come because of news reports about the fires. As public health people, they particularly worried about air quality. One look at the blue sky and a whiff of the Pacific soon put those fears to rest. Only remnants of the fires were still burning, and they were confined to mountains out in San Diego County.

As the fires were cooling off, the conference participants and presenters were heating up. Unlike me, many were old hats at distance learning and were warmly greeting each other. But perhaps a sign of the frequent turnover in public health staff around the country, the leadoff session for novices was filled as well, much to the surprise of the CDC organizers.

I was among those novices, having taken the trip by default as the Iowa Department of Public Health's "acting distance-learning coordinator." (I know. It's tough duty to take a

four-day trip to San Diego in late autumn, all at the expense of the CDC.) Not only was I a novice, I barely knew what distance learning was.

I quickly learned, and was quickly impressed with its potential. Apart from the gadgetry and computer glitz, the question that interested me – and probably does most of you – is how distance learning can help educate the public and the public health work force in the 21<sup>st</sup> century.

And overall, the answer was that for the busy, stressed, budget-

conscious people we have become, distance learning may be the *only* way we can get education done. Taking a streaming video course at your desk, watching a satellite-fed broadcast at your office, or taking a course over the Iowa Communications Network can be much less stressful and much less expensive than traveling somewhere to take a course, or bringing a teacher to you.

And the good news is, Iowa has at least a 10-year history in distance learning. Yes, the ICN has been around for a decade. And, many people in the state and local public health agencies have been participating in distance learning in other ways for years. And what may be most exciting, the Iowa Department of Public Health and its partner, the Iowa Center for Public Health Preparedness at the University of Iowa College of Public Health, is launch-

ing a learning management system, called Prepare Iowa. The system was developed by the University of Illinois at Chicago's Illinois Public Health Preparedness Center.

It's a web-based system that provides a training calendar, competency assessment tool, source for on-line education and tracking of course or training completion. When you sign on to the Prepare Iowa site, you'll find a tool to help you assess your own competencies; a course catalogue to match with the competencies you find wanting; a cabinet

where you can review your current and past courses; a frequently-asked questions page; a calendar of courses; and links to related sites.

It's due to be operational this month, so stay tuned.

One of the things I had to get straight in my mind at the San Diego meeting was that a learning management system is an overall training-and-education process, and there are several versions being used by public health around the country. "Distance learning" is a way of delivering that training and education *within* the learning management system.

The unseasonably cool weather during my stay in San Diego was a godsend to the people fighting the fires in the mountains. But the hotel's swimming pool was empty and I heard of no one going to the beach.

The day of my departure dawned warm and sunny, of course. The pool was getting busy and yachts began plowing San Diego Bay.

That didn't bother me, however. I was going home. Why is it that no matter how nice a place may be, you're always glad to get back to Iowa?



# Check children's eyes for Retinoblastoma

By Lori Graham , parent of a daughter with retinoblastoma

**T**rips to doctor's offices for children these days should always include an eye exam. Typically the doctor turns the lights out and uses her ophthalmoscope to shine a light in the child's eyes.

If the doctor does that, parents can breathe a sigh of relief. They have had their child's eyes checked for retinoblastoma and other eye disorders that can affect babies and young children. When these eye disorders go undetected, children

Twenty-five percent of children with retinoblastoma have tumors in both eyes. Bilateral retinoblastoma may be present at birth but the pupil of a newborn's eye is too small to reflect the light from an ophthalmoscope properly.

In most children younger than three months old, the tumors can only be detected with a dilated eye exam by a pediatrician or pediatric ophthalmologist. According to Dr. Boldt, "retinoblastoma is best de-

process is simple: turn out the lights and look directly at the child from several inches away. The doctor will see a red reflex showing that the child is reflecting the light properly or a white reflex indicating a possible tumor or other eye problem. If a problem is detected, the child should be referred immediately to an ophthalmologist.

Dr. Boldt urges all parents "to be certain the pediatrician examines the eyes during the well-baby exam" and "to contact their doctor for any worsening of visual function, crossing of the eyes and abnormal light reflexes from the pupil of their child's eye."

Babies are not born with good vision and their vision does not reach the standard 20/20 until early childhood. Some babies also have crossed eyes in the first few months of life, not necessarily indicating a problem. Abnormal light reflexes can be seen in darkened rooms or in photographs taken in low light.

A child's pupil may appear cloudy or white indicating an abnormal reflex. In a child with a normal reflex, the pupil appears red (red-eye).



could lose their vision or possibly, their life.

Retinoblastoma is cancer of the eye. The tumors form in the retina, the part of the eye responsible for detecting light and color. These tumors grow very rapidly and if undetected, children will lose their sight and eventually their life. Early diagnosis is the key to their survival.

Approximately 400 babies a year are diagnosed with retinoblastoma in the United States. Dr. Culver Boldt, ophthalmologist at the University of Iowa Hospitals and Clinics, describes retinoblastoma as "a highly malignant tumor of childhood that starts in the eye and requires prompt treatment to save both vision and life."

Children who develop tumors in only one eye have unilateral retinoblastoma, which can develop at any time from birth to seven years of age.

tected using a dilated eye exam." Children with bilateral retinoblastoma are usually not diagnosed until 6 to 18 months old because dilated eye exams for newborns are not required in the United States.

Proper use of the ophthalmoscope at each well-child exam is crucial to detecting eye problems. The

## The Signs of Retinoblastoma include any of the following:

- Poor eye alignment
- A white "cat's eye" look in photographs or in dark rooms (called "leukocoria" meaning white pupil)
- "Lazy eye"
- Vision difficulties
- Red, irritated eyes
- Sensitivity to light
- Watery eyes

# IPDH moves forward with SARS planning process

By Dan Lee, Center for Disaster Operations and Response

According to a release from the World Health Organization on September 26, 2003, 8,098 probable SARS cases were reported worldwide between November 1, 2002 and July 31, 2003, including 774 deaths.

Only a small fraction of these cases, and no deaths, occurred in the United States. Although there are currently no known cases of SARS in the world, Dr. Julie Gerberding of the Centers for Disease Control and Prevention has said that "the Northern Hemisphere's fall and winter could witness another outbreak."

In response to this threat, the director of the Iowa Department of

Public Health, Dr. Mary Mincer Hansen, in conjunction with Dr. Mary Gilchrist of the University of Iowa Hygienic laboratory, recently assembled a team to develop a SARS response plan. The team is already working on this project.

The first phase of the planning process will focus on what will need to be done during the initial 72 hours after the re-emergence of SARS. Once that work has been completed, the team will turn its efforts to expanding the plan to cover all remaining SARS outbreak response activities.

The ultimate goal, with a deadline of late summer 2004, is for the plan to encompass all "bio-emergencies" that pose a realistic

threat to Iowans.

Although the Division of Epidemiology, EMS, and Disaster Operations has the lion's share of responsibility for developing and eventually testing this plan, expertise and other assistance is currently also being provided by the Division of Administration; the Office of Communications and Public Health Education; and the Division of Health Promotion, Prevention, and Addictive Behaviors.

Personnel from one or more other divisions within the department will doubtless be requested to assist with the project as it progresses. To learn more about IDPH's SARS response plan contact Dan Lee at (515) 242-5206 or [dlee@idph.state.ia.us](mailto:dlee@idph.state.ia.us).

# Center completes year of innovative grant programs

By Jeneane Moody, Center for Health Workforce Planning, Bureau of Health Care Access

September brought to close a year of innovative nursing and nursing assistive recruitment and retention projects funded by the Center for Health Workforce Planning in the Bureau of Health Care Access, Division of Community Health.

Federal funding secured by U.S. Senator Tom Harkin and administered through HRSA's Bureau of Health Professions was contracted to 25 organizations and 13 individuals around Iowa.

Seven of the contractors were funded for demonstration projects to create and evaluate recruitment and retention strategies that could be replicated statewide. The projects were awarded a second round of funding ending in July 2004 to com-

plete and evaluate their programs.

Additional categories of projects funded in the first year (October 2002 – September 2003) included mentoring programs and personnel stimulus/incentive packages for health-care facilities, individuals and educational institutions.

Final reports from the contractors indicate that over 1,200 people participated in and benefited from the projects. Benefits described by contractors include: decreased health work force turnover, increased employee job satisfaction, greater intra- and inter-organization collaboration and increased opportunities for professional advancement.

Several organizations said that project success has gained organizational support and indicate intent

to sustain and even expand their programs beyond the end of IDPH funding. One contractor described the project as a "turning point" for the organization both from the administrator and staff perspective.

A listing of project contractors and their contact information is posted on the center's web site at [http://www.idph.state.ia.us/ch/health\\_care\\_access\\_content/workforceshortage/news.htm](http://www.idph.state.ia.us/ch/health_care_access_content/workforceshortage/news.htm).

In addition, the Center will produce an inclusive compilation of the project reports in early 2004. Additional information about any of the projects is available upon request. Please contact Jeneane Moody at (515) 281-6211 or [jmoody@idph.state.ia.us](mailto:jmoody@idph.state.ia.us).

# Communities receive meth battle plan award

By Kevin Teale, Communications Director

Four Iowa communities have received a much needed boost in their efforts to battle methamphetamine abuse with the award of three-year, \$180,000 grants by the Iowa Department of Public Health. The grants will be used to support community partnerships to prevent meth addiction by Iowa youth and their families.

The winning grantees were chosen because of their plans to implement meth-abuse programs that involve the entire community, including schools and community groups. "These coordinated community-wide partnership programs provide us with some of the best weapons available to reduce the number of Iowans who use and

abuse this highly-addictive drug," said Dr. Mary Mincer Hansen, director of the Iowa Department of Public Health.

The communities receiving the awards are:

- **Clinton** – Area Substance Abuse Council – New Directions, partnering with the Clinton Substance Abuse Council and the Clinton Community School District;
- **Des Moines** – Employee and Family Resources, partnering with the Community Connections Coalition and serving the Saydel, Southeast Polk, and West Des Moines school districts;
- **Mason City** – Prairie Ridge

Addiction Treatment Service, partnering with the Mason City Youth Task Force and Mason City Community Schools; and

- **Mt. Pleasant** – Henry County Extension, partnering with the Healthy Henry County Communities Coalition and the Winfield-Mount Union, WACO, New London and Mt. Pleasant school districts.

The total amount being awarded is \$720,000, with each grantee receiving \$60,000 a year for three years. The goal of the grants is to provide science-based, effective prevention programming for youth between the ages of 6 and 19, their parents and the communities as a whole.

## Bureau of Nutrition receives 2003 GEM award



The Bureau of Nutrition on Nov. 12 received the 2003 GEM Award from the Iowa Dietetic Association. This honor recognizes the Nutrition Bureau and the significant contributions the bureau has made to the profession of dietetics in Iowa. The bureau has 10 American Dietetic Association-registered and Iowa-licensed dietitians. Pictured above are Carol Voss, Jan Steffen, Holly Szcodronski, Carlene Russel, Emily Roepsch, Judy Solberg, Susan Pohl and Brenda Dobson. Angie Tagtow and Doris Montgomery are not pictured. These dietitians have all made significant contributions to the advancement of public health nutrition in Iowa.

# Epidemiology Notes



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

## Back to Basics Series: Respiratory Etiquette in the Fight

**Against Infections:** Preventing the spread of colds can be reduced to five easy steps:

- Wash your hands frequently, especially if you or your children have a cold.
- Avoid close contact with anyone who has a cold.
- Use a tissue when you cough or sneeze as a result of a cold and throw the tissue away immediately.
- Wash your hands after blowing your nose or sneezing, especially if you do it into your hand.
- Stay at home and rest if you have a bad cold. Your body needs rest to recover from a cold, and you can avoid giving the cold to others.

Other caveats for health care workers include getting a flu shot; avoiding the use of antibiotics for viral infections such as a cold; adequate liquid intake - try eight glasses of water per day; and using alcohol-based or antimicrobial hand gels when and where appropriate, realizing that these products are less effective if hands are visibly soiled.

## Mosquito Season Summary:

The Iowa Mosquito-Encephalitis Surveillance Project is a statewide cooperative effort that monitors mosquito populations and mosquito-borne virus activity in Iowa (including West Nile, La Crosse, St. Louis, and the equine encephalitis).

Collaborators in the project are ISU, University Hygienic Laboratory, several city/county health departments, and the Iowa Department of Public Health.

A report describing the procedures and results of mosquito population dynamics, virus isolation from

adult mosquitoes, seroconversion of sentinel chicken flocks, and mosquito egg raft identification has been completed and can be accessed at <http://www.ent.iastate.edu/dept/research/medent/files/report2003.pdf>.

**Seasonal Issue – Talking Turkey:** Turkey is truly America's meat. Fossils have proven that wild turkeys have been part of North America for more than 10 million years!

There were seven varieties of wild turkeys in America when Europeans first arrived over 500 years ago, and all seven varieties still exist in the wild today. But in the past 50 years domestic turkeys have turned white. The preparation and roasting of whole birds however is the same. Here is some sage advice [pun intended] on preparing turkey that assures a safe holiday meal:

- Wash hands, before, during, and after working with raw turkey!
- Keep cutting boards and utensils washed and rinsed, especially after contact with raw, uncooked meat.
- Use a meat thermometer, and ensure a meat temperature of at least 180 degrees and a stuffing temperature of 165 degrees (if inside the turkey).
- Thaw turkey in a refrigerator or a microwave oven, not on the kitchen table.
- Promptly store leftovers in a refrigerator.

More detailed information on turkey preparation can be found at <http://www.eatturkey.com/press/main.html>.

## Public Health Presentation to Iowa State Association of Counties (ISAC):

Dr. Quinlisk, State Epidemiologist, delivered an address to ISAC Thursday Nov 20th, 2003, on bio-emergencies at the local level.

She stressed the importance of

local public health and gave examples of bio-emergencies that have occurred recently and how public health responded. Anyone wanting a copy of the lecture outline and Power Point slides can make a request via e-mail to [dmorris@idph.state.ia.us](mailto:dmorris@idph.state.ia.us).

**Escherichia coli Follow-up Investigation Expanded:** The University Hygienic Laboratory informed IDPH that five people with *E. coli* O157:H7 infections were found to have matching molecular fingerprints (PFGE patterns), the same fingerprint as those in a multi-state outbreak.

One case is a resident of western Illinois and the other four are from eastern Iowa. All had onset of illness in the second week of October. Local public health officials have interviewed four of these persons and there is no readily apparent common exposure, so we will be contacting these persons again for more detailed interviews.

IDPH will be working with CDC and other state health departments on this investigation. The obvious concern is a contaminated food product with nation-wide distribution.

**Soft Tick Brochure:** The Epi Update from October 31<sup>st</sup> included a report of finding soft ticks in a residence in the Bellevue, Iowa community. This species of tick is assumed to feed on bats during roosting and are sometimes referred to as "bat ticks."

These ticks may become more apparent after bat exclusion work on a building as they seek other food sources. We have prepared a brochure for general information and have posted it on the department web site. It can be accessed at <http://www.idph.state.ia.us/eedo/common/pdf/bellevueticks2.pdf>.

# Worth Noting

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## Advancing Public Health: Meeting the Challenge

The 2004 Public Health Conference will be held March 30 and 31, 2004 at the Scheman Center in Ames. This conference is jointly sponsored by the Iowa Public Health Association (IPHA), the Iowa Environmental Health Association (IEHA), University of Iowa College of Public Health, Child Health Specialty Clinics, and the Iowa Department of Public Health, Bureau of Family Health, Oral Health Bureau, Bureau of Nutrition, Bureau of Health Care Access, and Center for Local Public Health Services and Health Improvement.

For more information, please visit [www.ieha.net](http://www.ieha.net) or [www.iowapha.org](http://www.iowapha.org).

## Van Buren County awarded Wellmark Foundation grant to reduce obesity

Van Buren County was awarded \$49,198 on Oct. 9 for the Community Obesity Reduction Program (CORP). The project goal is to decrease the number of residents of Van Buren County who are overweight. In 2000, a survey of the county's five leading work sites revealed that 43 percent of the work force was obese. This exceeds statewide and national obesity rates of 22.5 percent and 23 percent. Obesity is a leading risk factor for many diseases. Van Buren County ranks higher than the state and national rates in many diseases (e.g. heart disease and diabetes.)

## Iowan Elected Chairman of ACS's National Board of Directors

Gary Streit, Cedar Rapids, assumed the position of chairman for the National Board of Directors of the American Cancer Society, the nation's leading voluntary health organization, at the annual meeting Nov. 15 in Atlanta.

As chairman, Streit will lead a national board of American Cancer Society volunteers in the overall planning and coordination of public and professional education, providing technical assistance and materials across the country, and administering programs of research, medical grants and clinical fellowships.

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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).