

Movie trailer shows terror of domestic violence



By Kevin Teale, Communications Director

To show the destructiveness of domestic violence and encourage action against it, a public-private partnership has sponsored a dramatic, 120-second film to be shown on 167 screens at 46 theaters throughout Iowa.

The film, a project of the Iowa Department of Public Health, Verizon Wireless and the Iowa Coalition Against Domestic Violence, will be shown as a public service by the Iowa theaters beginning in October, which is domestic violence awareness month.

Lt. Gov. Sally Pederson, Attorney General Chief of Staff Eric Tabor, Verizon Wireless, IDPH and coalition officials launched the project at a premiere showing of the film at Fridley's Sierra 3 Theatres, 1618 22nd St., West Des Moines.

"Domestic violence is a major public health concern," said Iowa Department of Public Health Director Mary Mincer Hansen. "Working with partners such as Verizon Wireless, the coalition and community-minded movie-theater owners, we want to promote and protect the health of all Iowans by creating more public awareness of the problem and encouraging victims and bystanders to reach out for help in their communities."

Domestic abuse is a pattern of aggressive and intimidating behavior that abusers use to control their intimate partners. Between 1998 and 2002, 40 Iowa women, nine children and seven bystanders lost their lives to domestic abuse. In 2002 alone, more than 20,000 women and

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Show business

Lt. Governor Sally Pederson, IDPH Director Mary Mincer Hansen, and Verizon Wireless Great Plains Region President Viki Radden held a news conference on Sept. 30 at Sierra Theaters in Des Moines about a movie trailer on the terror of domestic violence.

New nasal flu vaccine available this year

By Tina Patterson, Bureau of Immunization

Because of the high number of children hospitalized with flu complications, the Advisory Committee on Immunization Practices (ACIP) encourages vaccination of all 6-23 month old children, and household contacts of children 0-23 month olds.

The ACIP and its Influenza Working Group

include representatives of the American Academy of Pediatrics and the American Academy of Family Physicians. The only distributor with influenza vaccine for this age group is Aventis, which manufactures the product "Fluzone." This product may require two 0.25 ml doses to be administered one month apart if the child has not previously re-

ceived an influenza vaccine injection.

An important reason for all children to receive influenza immunization is the likelihood that they can infect others, including high-risk people with whom they may have contact. These include parents, siblings, grandpar-

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FluMist, a new nasal flu vaccine available this year

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ents, and day-care workers.

The best time to vaccinate anyone for influenza is during October and November, although immunization can continue into December and later. Influenza vaccine is expected to be plentiful this year so no one should have to wait to get the vaccine. The flu season usually peaks between January and March, so getting the vaccine in December or later can still be beneficial.

A new, live intranasal influenza vaccine was licensed this year (trade name FluMist), produced by Wyeth Vaccines. FluMist is approved for healthy children and adults from 5 through 49 years of age, including household contacts of some people at high risk for influenza complications. Children through 8 years of age getting FluMist for the first time should get 2 doses, 6-10 weeks apart.

Because its safety has not yet been studied in some groups, many people at risk for flu or its complications

should not use FluMist.

These people include:

- Adults 50 years of age or older or children younger than 5.
- People with long-term health problems (heart disease, lung disease, asthma, kidney disease, metabolic disease, such as diabetes, anemia, and other blood disorders).
- People with a weakened immune system due to HIV/AIDS or another disease that affects the immune system, or people getting long-term treatment with drugs that weaken the immune system, such as steroids, cancer treatment with x-rays or drugs.
- Children or adolescents on long-term aspirin treatment.
- Pregnant women
- Anyone with a history of Guillain-Barré Syndrome (GBS)

Almost everyone will benefit from influenza vaccine, but some people have a greater need. People who are in danger of being hospitalized or

even dying include:

- People who are 65 or older – even if they are in great health.
- People with chronic (on-going) or long-term health problems (heart disease, diabetes, kidney disease, asthma, cancer, and HIV/AIDS).
- Women who are at least 3 months pregnant during flu season.
- Infants aged 6 months to 23 months of age.

People who live with or take care of the above. Protecting oneself helps protect family and friends.

Influenza (flu) is a highly infectious disease of the lungs that can lead to pneumonia. Each year, about 114,000 people in the U.S. are hospitalized and about 36,000 people die from complications of the flu. Most who die are 65 and older, but small children under 2 are as likely as those over 65 to be hospitalized because of the flu.

Tips for your clients on making Halloween safer

By Debbi Cooper, Bureau of Environmental Health Services

Using safety tips and common sense can help people make the most of Halloween.

1. Keep the lights on – both inside and out – to welcome and protect trick-or-treating kids.
2. Decorate, decorate, decorate, but keep candles, luminaries and jack-o-lanterns away from landings and doorsteps where costumes could brush against the flame.
3. Get creative – create a costume using makeup instead of a mask. If you use a mask, make sure your child has full vision.
4. Costumes, bags, and sacks should be light-colored and decorated with reflective tape.
5. Costumes, masks, beards and wigs should be made of flame-resistant

fabric. Look for the label, “flame resistant.”

6. Costumes should be well fitted. Little ghosts and goblins can trip and fall if their costumes drag on the ground.

7. Always accompany your kids on their trick-or-treating route.

8. Remind your children of everyday safety such as, stranger danger, staying on the sidewalk and obeying traffic rules.



Dowling Catholic students to visit IDPH

Eighty-five students from a health class at Dowling Catholic High School in West Des Moines will visit the Iowa Department of Public Health on Oct. 29.

The students will hear presentations on epidemiology, disaster preparedness, teen smoking and activities of the medical examiner's office.

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children received services from Iowa domestic abuse programs and nearly 5,000 sought refuge in Iowa domestic violence shelters.

Verizon Wireless, a corporate supporter of programs that help prevent, and increase awareness of domestic violence, is providing \$25,000 to support the production costs and licensing fee for the movie trailer.

"We are fully committed to combating domestic violence wherever it exists, and we believe this movie-trailer is a highly informative

and effective tool for educating the public about this issue that affects women in communities across Iowa and the nation," said Viki Radden, president of Great Plains Region.

The Iowa Domestic Violence Hotline number is (800) 942-0333. It is operated by the Family Violence Center, a program of Children and Families of Iowa.

This public service announcement was originally developed by the Wisconsin Women's Health Foundation (WWHF) and the Wisconsin Coalition Against Domestic Violence, and was initially aired in Wisconsin during

2001 with funding in part by Verizon Wireless. The announcement was adapted for use in Iowa with the permission of the WWHF.

Verizon Wireless is the nation's leading provider of wireless communications. The company has the largest nationwide wireless voice and data network and 34.6 million customers. Headquartered in Bedminster, NJ, Verizon Wireless is a joint venture of Verizon Communications (NYSE:VZ) and Vodafone (NYSE and LSE: VOD). Find more information on the Web at www.verizonwireless.com.

IDPH, DIA to expedite registry of assistants' test scores

The Iowa Department of Public Health (IDPH) and the Iowa Department of Inspections and Appeals (DIA) plan to expedite entry of certified nursing assistants into the work force.

The DIA will use a \$138,250 grant from IDPH's Center for Health Workforce Planning to begin direct data entry of nursing-assistant test scores into the Nursing Assistant Registry (NAR). The DIA is the primary source of data about nurse-aide supply in Iowa.

During a 12-month project period, the DIA will use the

funds to support direct Internet-based data entry into the NAR from approved test centers throughout Iowa.



It will also hold four training workshops for the test centers, six months of a Help Line during start-up, and statistical sampling of NAR data for evaluation.

And it will provide consultation to assure that direct entry of the scores will coincide with re-programming of the NAR in 2004.

The center was created in 2002 to assess and forecast health work force sup-

ply and demand; address barriers to recruitment and retention; support local strategies that prevent shortages; and promote and assure a viable, diverse work force in Iowa.

The center places high priority on identifying categories of nurse assistants and increasing the pool of qualified direct care workers.

Federal funding through July 31, 2004, supports center activities, including nursing and nursing assistant grant programs, employer and retirement surveys, data collection and reporting, statewide forecasting groups and white papers that recommend action at the state and national levels.

For more information, see:

http://www.idph.state.ia.us/ch/health_care_access_content/rhpc/shortage.htm.

Obtaining Past Issues

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

Breast cancer screening guidelines redefined

By The American Cancer Society

Earlier this year, the American Cancer Society convened an independent expert panel to review research on early breast-cancer detection. As a result, the American Cancer Society's breast cancer screening guidelines have been redefined. These guidelines now reflect specific guidance for older women, women with serious health problems and women at increased risk. They also provide greater clarification of the role of physical breast exams.

According to the American Cancer Society, more than 40,000 women in the U. S. are expected to die from breast cancer this year. While the disease is the second leading cause of cancer death among women, mortality rates are on the decline. Much of this decrease can be attributed to early detection.

The American Cancer Society's redefined guidelines for the early detection of breast cancer are:

- For women in their 20s and 30s, clinical breast exams (CBE) should be part of a periodic health exam and be performed approximately every three years; annually for women 40 and older.
- Breast self-exam (BSE) is now optional for women, starting in their 20s. Any breast change should be reported promptly to health care providers.

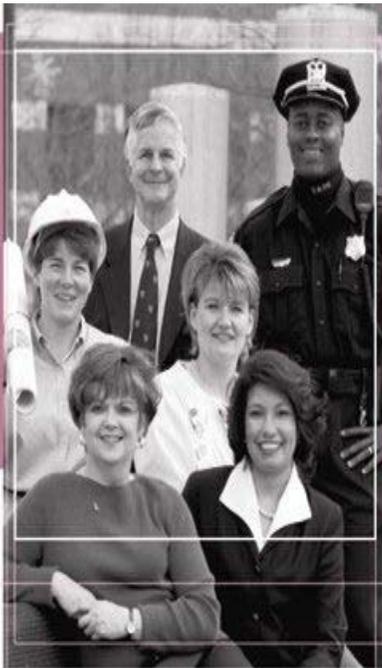
Women at increased risk should talk with their health-care providers about the benefits and limitations of starting screening earlier, having additional tests, or having more frequent exams.

"Women and doctors need to understand that we are more confident than ever in the benefits of mammography," said Debbie Saslow, PhD, director of breast and gynecologic cancers for the American Cancer Society. "The benefit is particularly clear for women in their 40s. We have much more evidence, and much more convincing evidence, that those women benefit."

Every woman is different and the American Cancer Society encourages health-care providers to discuss these guidelines with patients to help them make an informed decision about breast-cancer screening. Additionally, patients should be informed of ways they can reduce their breast-cancer risk. This includes adopting a physically active lifestyle, eating a variety of healthful foods and maintaining a healthy weight throughout life. It is important that each woman educate herself about the disease, and talk with her health-care provider about the benefits and limitations of testing.

For additional information, contact the American Cancer Society at **1.800.ACS.2345** or visit **www.cancer.org**.

The American Cancer Society is dedicated to eliminating cancer as a major health problem by saving lives, diminishing suffering and preventing cancer, through research, education, advocacy and service.



If a woman you care about is 40 years or older, encourage her to get a mammogram.

Mammograms. Once a year for life.

Call the American Cancer Society at 1.800.ACS.2345 for more information or to learn where you can get a low-cost mammogram.



1.800.ACS.2345
www.cancer.org

Hope.Progress.Answers.

Surveys planned on nurses, nursing assistants

By Jeneane Moody, Bureau of Health Care Access

The Center for Health Workforce Planning in the Bureau of Health Care Access, Division of Community Health, is conducting two surveys this fall to collect information on two key segments of Iowa's health work force, nurses and nursing assistants. The data collected will assist the center and its statewide stakeholders to plan for the pending retirement of many of Iowa's nurses and nursing assistants and identify the problems of long-term care facilities.

Partnering with the University of Iowa College of Nursing, the center has begun data analysis on the Registered Nurse/Licensed Practical Nurse Retirement Survey. In August and September 2003, a representative sample of 650 actively licensed RNs and 525 actively licensed LPNs, aged 51-60 years old, was surveyed

on:

- Primary area of nursing
- Average number of hours worked per week
- Factors influencing hours worked
- Anticipated number of years to be employed as nurses
- Work-environment factors most likely to retain people in nursing

This survey replicates a similar effort initially conducted by the Iowa Council of Nurses in 2001.

A survey will also be conducted this fall of employers of nurses and nursing assistants in long-term care facilities.

IDPH's Bureau of Information Management developed an Internet-based version of this survey, and a pre-survey of 419 long-term care fa-

cilities revealed that 50 percent preferred to complete the survey on-line.

Data collected by the center in December 2002 revealed a higher vacancy rate of nurses and nursing assistants in Iowa's long-term care facilities compared to other work settings. With the guidance of its advisory committee, the center is surveying these employers and plans to discuss with focus groups employer-identified issues impacting the long term care work force.

Results of both the surveys will be posted on the center web site this winter. For more information, visit the center's web site at http://www.idph.state.ia.us/ch/health_care_access_content/rhpc/shortage.htm or contact Jeneane Moody at (515) 281-6211 or jmoody@idph.state.ia.us.

Open burning can irritate lungs in adults, children

By Andrea Hoffman, Bureau of Health Promotion, and Disability

Open burning is more than just a nuisance – it is a tradition that is outdated, unhealthy, poses unnecessary risks and is illegal in many Iowa communities.

Open burning poses unnecessary health risks to all Iowans, especially those with respiratory disease and chronic conditions such as asthma.

Nearly all leaf burning occurs in the fall, mostly on weekends, so hundreds of pounds of leaves are burned in a period of only a few hours, creating large concentrations of pollutants. Because leaves are almost always burned at ground level, the smoke is highly concentrated. Smoke from leaf and other waste combustion can create air pollution levels much higher than all auto and industrial emissions combined.

Leaf burning gives off major pollutants in the form of hydrocarbons and carbon monoxide. Carbon monoxide and other particles released

from leaf burning can remain in our lungs for months. Besides the chemical pollutants released, mold spores are distributed in the plume of the fire.

Not only do these pollutants pose substantial health risks, they are nuisances that degrade the quality of life. Airborne dusts can make your house dirty inside and out and sulfur and nitric gases can slowly destroy paint, corrode metal or degrade monuments, tombstones and buildings.

Smoke from open burning contains microscopic soot particles that can damage lung tissue, send people with asthma to hospitals and create odor and haze nuisances. These microscopic soot particulates can reach the deepest part of the pulmonary region. They may be absorbed directly into the bloodstream, and can be toxic.

Leaf and trash smoke can irritate lung tissue in healthy adults, but it can be even more harmful to

small children, the elderly, and people with lung or heart diseases. Approximately one in every six people is susceptible to the irritating effects of smoke from burning leaves. In Iowa, this includes:

- 397,598 children under the age of 10 years;
- 433,114 elderly over the age of 65 years;
- 54,058 children (17 years of age and younger) with asthma;
- 152,000 adults with asthma;
- 23,625 Iowans with emphysema; and
- 159,008 Iowans with chronic bronchitis

One of the biggest health risks to Iowans was discovered in 1975 when hospital admissions for respiratory conditions were correlated with leaf burning in Des Moines. As a

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Open burning can irritate lungs in adults, children

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result, a leaf burning ban was enacted in Des Moines and surrounding communities.

Iowans should consider cleaner, safer, healthier disposal options such as composting, mulching, chipping, or municipal recycling or disposal instead of burning. Mulching adds vital nutrients to the soil and prevents wind and water erosion.

Leaf mulch can be used around shrubs and garden plants which will discourage weeds, reduce moisture loss, help control temperature, and provide a neat, finished appearance. Home composting of

leaves can be used as fertilizer and soil conditioner, adding vital organic matter to build up soil and retain moisture.

Lung disease is the third leading cause of death in America, and the mortality rate for lung disease is rising faster than that for any of the other top 10 causes of death. Rates of asthma have doubled since 1980. It is the most prevalent chronic condition of childhood and the fourth most prevalent chronic condition of adults.

Each year in Iowa, asthma results in 12,000 hospitalizations; 40,000 to 50,000 emergency-room visits; and, 35,000 to 45,000 unsched-

uled doctor visits. Direct and indirect costs of asthma in Iowa are estimated to be between \$144 million and \$154 million per year, or about \$759 per person with asthma.



PICK A BETTER SNACK™: Carrots

Wash. Scrub. Eat. How easy is that?

Finding carrots is rarely a problem. You will easily find them in the produce section of your store fresh carrots: with tops, whole carrots in bags, bagged baby carrots (whole carrots cut into sections and rounded), bagged carrot chips, bagged shredded carrots. In the freezer section you will find crinkle cut carrot slices, baby carrots, and diced carrots combined with other vegetables. Carrots are also available canned.

When selecting whole, fresh carrots avoid those with large shoulders (top) in relation to the rest of the carrot as they may be less sweet. If the shoulder is green, trim it before eating. Mature carrots are often sweeter than younger ones.

Although many of us prefer the crunch of raw carrots, occasionally try serving them cooked because some of the nutrients are more readily available AFTER cooking.

MARINATED CARROTS

5 cups sliced carrots cooked
1 onion sliced
1 green pepper, chopped
1 can reduced sodium tomato soup
1/3 cup vegetable oil
3/4 cup vinegar
1 cup sugar
1 teaspoon salt
1 teaspoon dry mustard

1 teaspoon Worcestershire sauce
Cook carrots 5 minutes; drain and cool. Add remaining ingredients and marinate 24 hours. Serve cold.

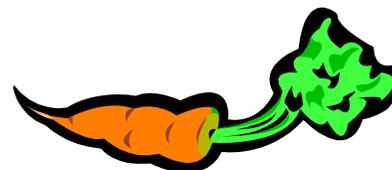
CARROT JACK O LANTERNS

Spread a round cracker, or mini bagel with cream cheese. Top with shredded carrot. Make a face using celery, apple pieces or raisins.

Including Yellow/Orange fruits and vegetables in your low-fat diet helps maintain:

- A healthy heart
- Vision health
- A healthy immune system
- A lower risk of some cancers

Pick a **better** snack™ was developed in partnership with the Iowa Nutrition Network, Iowa State University Extension, and the USDA's Food Stamp Program and Team Nutrition—equal opportunity providers and employers. For more information about the Iowa Nutrition Network, call the Iowa Department of Public Health at (800) 532-1579.



Epidemiology Notes



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

Rabies Risks - Role of Bat Species: Over the past fifty years, human rabies in the U.S. has evolved from a pattern of dog-transmitted rabies to bat-transmitted rabies. For the period 1990 to 2002, there have been 27 human cases of rabies from bats in the U.S. The phylogenetic-type of rabies virus strains are as follows: Mexican freetail = 6, silver-hair/pipistrelle = 19, big brown = 1, and myotis species unknown = 1.

We do not have Mexican free-tail bats in Iowa. Silver hair and pipistrelle bats are two separate species that are solitary tree dwellers and rarely found at all in the U.S. and certainly not a colonial bat in our homes, and thus are certainly over-represented in this summary. (The Iowa human rabies case in 2002 involved a silver-hair/pipistrelle rabies virus strain.)

Big brown bats, a colonial species, are very common in Iowa homes and do sustain rabies activity; all 27 positive bats in 2002 were big browns. Little brown bats, also a colonial species, but less commonly found in Iowa homes, rarely develop rabies. The data clearly support the view that "house bats" i.e. big browns and little browns – in spite of known rabies activity, especially in big browns – do not pose the rabies exposure risk of their chiropteran cousins, silver-hairs and eastern pipistrelles.

Accordingly, bat incidents indoors, especially in older homes with previous or known bat activity, very likely represents big/little brown species and certainly do not pose the threat of exposure risk of other species and should be considered in clinical judgments of whether to administer prophylaxis.

For more detail on this biological peculiarity, refer to the following CDC paper on this web site:
http://www.cdc.gov/ncidod/EID/vol9no2/contents_v9n2.htm.

Bottom Line: For "house bat"

exposures where there is no obvious contact and no apparent bites, the risk of rabies exposure is extremely low to nil.

Good News on Influenza Vaccination: On August 11, 2003, the CDC determined that vaccine production for the 2003-04 influenza season is proceeding satisfactorily, and that projected production and distribution schedules will allow for sufficient supply of influenza vaccine during October and November.

Therefore, influenza vaccination can proceed for all high-risk and healthy persons, individually and through mass campaigns, as soon as vaccine is available. This is a departure from the last few years when vaccine was in short supply and priority vaccination was recommended.

Additional information about influenza and influenza vaccination is available from CDC on the Internet at: <http://www.cdc.gov/nip/Flu/default.htm>.

West Nile Virus Case Definition: Case Description

Clinical syndromes ranging from a febrile headache to aseptic meningitis to encephalitis occurring during a period when arboviral transmission is likely. Arboviral meningitis is characterized by fever, headache, stiff neck, and pleocytosis.

Arboviral encephalitis is characterized by fever, headache, and altered mental status ranging from confusion to coma with or without additional signs of brain dysfunction (e.g., paresis or paralysis, cranial nerve palsies, sensory deficits, abnormal reflexes, generalized convulsions, and abnormal movements).

Case Classification: A clinically compatible illness, plus Confirmed: fourfold or greater change in West Nile virus-specific antibody titer on tests performed by the University Hygienic Laboratory (UHL) or the CDC, or West Nile virus-specific antibodies (IgM) demonstrated in cerebrospinal fluid

(CSF) on a test performed by UHL or the CDC, or Demonstration of specific viral antigen or genomic sequences in tissue, blood, CSF, or other body fluid using tests performed by UHL or the CDC, or West Nile virus-specific serum neutralizing immunoglobulin G (IgG) antibodies in the same or later specimen using tests performed at either UHL or the CDC.

Probable: West Nile virus-specific acute antibodies (IgM) demonstrated in serum on a test performed by the University Hygienic Laboratory or the CDC.

Both probable and confirmed cases are reported by the Iowa Dept. of Public Health as "cases of West Nile virus disease".

West Nile Virus Update: Nation and Iowa

West Nile virus activity reported to the CDC in birds, mosquitoes, and chickens has been found in 45 states. Forty of those states have a combined total of 4952 human cases with 95 deaths. For the latest national data, follow the link to the CDC website at:

<http://www.cdc.gov/ncidod/dvbid/westnile/surv&controlCaseCount03.htm>.

In Iowa, West Nile virus activity has been found in 87 counties. A total of 2002 dead birds have been reported from 96 counties; 89 counties have submitted 271 birds for testing with 71 counties having 88 positive birds. Furthermore, 9 sentinel chickens, 15 mosquito pools, and 32 horses have also tested positive for WNV.

In humans, there have been a total of 79 cases of West Nile virus including three deaths. For more detailed information on West Nile virus in Iowa, please visit the following website:

http://www.idph.state.ia.us/eedo/wnv_surveillance.asp.

Worth Noting

Rural Ag Forum November 5 and 6

The Midwest Rural Agricultural Safety and Health Forum will be held Wednesday and Thursday, November 5 and 6 at the Virginia Thompson Auditorium, Iowa Methodist Medical Center, Des Moines.

The purpose of this conference is to provide updated information on issues concerning agricultural and rural safety and health. Presentations on outreach, education programs, and research on agricultural and rural safety health will be offered.

For more information contact the Iowa Rural Health Association at 525 SW 5th St., Suite A, Des Moines, IA 50309, 515-282-8192.

Elder Rights Conference October 13-14

An Elder Rights Conference will be held on October 13-14 at the University Park Holiday Inn, 50th and University in West Des Moines. The two-day event is packed full of information from a variety of disciplines to help protect the rights of Iowa's older citizens.

Interested persons may obtain registration information by calling Alice Vinsand, Inc. at 1-800-264-1084 or by visiting the Department of Elder Affairs website at www.state.ia.us/elderaffairs.

HIV/AIDS Conference October 14-15

The 6th Annual HIV/AIDS conference will be held Oct. 14-15 at the Holiday Inn Airport Conference Center in Des Moines. It is sponsored by the Department of Public Health's, Education and HIV Community Planning Group. For more information call, 515-309-3315 or go to www.trainingresources.org.

Board of Health November 12

The Iowa State Board of Health will be meeting November 12 at 10 a.m. at the Lucas State Office Building, Des Moines.

Iowa Dept. of Public Health

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Des Moines, IA 50319-0075

Phone: 515 281-5787

**Check out our web site
at www.idph.state.ia.us**