

Monkeypox hits too close for comfort

By Tom Boo, MD, EIS Officer, Center for Acute Disease Epidemiology

In May 2003, a number of people with rash illnesses in Wisconsin and Illinois were diagnosed with monkeypox, the first time this disease had ever been seen in North America.

Monkeypox is caused by a virus related to smallpox, and it causes a similar but usually milder disease. Monkeypox had been seen before only in tropical areas of Africa, where outbreaks occasionally occur. In Africa, the outbreaks are thought to have come from animals, although not apparently monkeys. The introduction into the

U.S. of a new virus, which has the potential to cause serious illness, brought about a huge public health and regula-

tory response. Numerous federal and state agencies have been making a concerted effort to eradicate monkeypox in this

hemisphere.

About 80 cases of possible monkeypox have been found so far in the U.S., and although most of them have been in nearby states, we have not found any cases in Iowa, in either people or animals. However, Iowa has played a role in the national monkeypox investigation.



Photo used with permission from Marshfield Clinic

Monkeypox exposure - A child's hand shows a monkeypox lesion 14 days after being bitten by an infected prairie dog.

Investigation of the first people with monkeypox soon showed that they had been exposed to pet prairie dogs that had been purchased since mid-April. All the prairie dogs so far have been traced (Continued on page 2)

Developing public health strategies

By Mary Mincer Hansen, RN, PhD, Director



Dr. Hansen

As we continue to await final budget decisions, I appreciate the patience the IDPH staff has shown. These are trying times for all of us who provide or ensure the provision of public health services in Iowa. Budget cuts are the reality we have been dealt at both the state and local level.

In a previous Focus article, I

described the need to "develop strategies to maximize our resources and find additional funding sources. In order to do that, we first need to educate consumers and policy makers about how critical an asset public health is to the state of Iowa." This has risen to the top of my agenda for the next year. Our local public health partners also have

(Continued on page 3)

Inside this issue:

Chickenpox shot required	3
West Nile virus in IA	4
TYKES promotes child/auto safety	5
Breast cancer screening guidelines	5
Public health conference next month	6

back to a single animal dealer, Phil's Pocket Pets in the Chicago area. The Illinois state health department and the federal Centers for Disease Control (CDC) learned that Phil's had received some African rodents on April 21, 2003: 18 giant Gambian pouch rats and 10 African dormice. The African rodents were sold to Phil's Pocket Pets by a licensed animal dealer in Iowa. Evidence suggests that some of the African rodents carried monkeypox, which then infected prairie dogs, from which it was transmitted to people.

The African rodents suspected of introducing monkeypox into Phil's were imported into the U.S. from Ghana on April 9, 2003, by an importer in Texas. The Iowa animal dealers bought the Gambian rats and dormice from the Texas importer, transported them (with multiple other animals including prairie dogs) to Iowa, kept them all for there for at least four days, and then delivered all the Gambian rats and some of the dormice to Phil's Pocket Pets in Chicago. Although initial press coverage was focused on the Gambian pouch rats, as of now at least three different kinds of rodents from the April 9 shipment from Africa have tested positive for monkeypox, including some that were bought and sold by the Iowa animal distributor.

During the second week of June, Iowa state agriculture and public

health officials launched an investigation when we were informed that the animals suspected of bringing monkeypox into Phil's Pocket Pets had come through our state. Within hours, an Iowa Department of Agriculture and Land Stewardship (IDALS) veterinarian had inspected the facility and imposed quarantine on the animals there until more information could be obtained. A joint team of veterinarians and physicians from IDALS and Iowa Department of Public Health (IDPH) then visited the facility, examining approximately 2,000 small animals, interviewing and examining people who had contact with animals, and reviewing animal purchase and sales records going back to the beginning of the year.

State officials found no signs of animal or human illness at this Iowa animal dealer. More than 20 healthy-looking, furry-tailed African dormice were left over from the April shipment. Arrangements were made for these animals to be shipped to CDC labs in Atlanta for monkeypox testing. Blood samples from humans at the facility who worked with the animals were also collected and sent to CDC to look for evidence of exposure to monkeypox, even though the people had not been sick. These tests will have to be repeated in a few weeks before final interpretation, but as of now we have no evidence that any people in Iowa were exposed to monkeypox, and

certainly none got ill.

Working with the owners of the facility, who have remained cooperative during this trying time, state officials traced the destinations of all the African rodents and prairie dogs to come through the facility this year, and provided that information to the relevant officials in the federal government and in other states. Meanwhile, IDALS inspectors were beginning to visit every licensed animal dealer in the state, and to collect information about animal auctions or swap meets where unlicensed animal dealing may take place. Reports of people in Iowa selling animals obtained from Phil's Pocket Pets were also followed up, but to date no animals have been identified that were bought from Phil's after April 21, when monkeypox was apparently introduced there.

In summary, investigators believe that monkeypox-infected animals were bought, kept and sold by the Iowa animal dealer, but no cases of monkeypox, in animals or humans, have been traced back to the Iowa facility to date, except for those that went through Phil's Pocket Pets afterwards. At the time of this writing, the animals at the Iowa facility remain under quarantine, but IDALS officials are using new federal guidelines in active discussions with the animal dealer about safely lifting these restrictions in the near future.

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.

Developing public health strategies

From the Director

Continued from page 1

expressed a need to better advocate for the importance of public health to all Iowans.

As the state and local public health departments continue to work on building our partnerships to accomplish this and many other public health initiatives, we will be using the results of the transformation community visits that Julie McMahon and Tom Newton have been conducting around the state. Thank you to all of our local public health partners that have participated in the recent series of Transformation of Public Health community visits. Julie and Tom have told me they are collecting valuable suggestions on how IDPH can improve internal and external operations and remove some of the barriers to delivery of efficient and effective public health services in Iowa.

Transformation is not just about creating an efficient and effective service delivery system, though. It is also about building and sustaining relation-

ships with local public health providers. IDPH cannot “transform” the system without our local partners; only together, as equal partners, can we make a true impact on improving the public health system in Iowa. I look forward to the challenge and I hope you do as well. The information and suggestions collected by Julie and Tom will serve as the focal point of an IDPH executive team retreat at the end of June.

I had the opportunity recently to experience first-hand a partnership with a local public health director, Appanoose County Public Health Director Patty Seddon. I would like to share the story of our experiences together. As you heard in the media, Appanoose County was the site of the possible animal monkeypox exposure. When IDPH found out about this possible public health concern, I contacted Patty to let her know that IDPH and the Iowa Department of Agriculture were sending a team to the site and would be coordinating with her agency.

When we talked later, she told me that she was going to drive to the site and call me that night to provide specific direction for our team since the exotic animal business was in a hard to find rural location. We were able to get directions from the owners so that she did not have to do this. However, her willingness to go the extra mile for the Iowans we all serve in public health struck me as a great example of the many things **all of you** at local public health organizations do every day. It is also a wonderful example of how working together can lead to more efficient and effective provision of services.

As we work together to strengthen public health in Iowa, I look forward to sharing many more success stories in this column. To all of the individuals at the state and local level who work in public health and may not often hear the words “thank you,” I would like to take this opportunity to express my appreciation for the work you do.

Chickenpox Shot Required for Iowa Children

By Kevin Teale, Communications Director

Iowa children are now required to be vaccinated against chickenpox. At least one dose of varicella (chickenpox) vaccine, or a history of having had the illness will be required for children born after September 15, 1997 or who are at least 18 months old attending a licensed day-care center. The vaccination requirement was approved by the Iowa Legislature and signed into law by Governor Tom Vilsack this spring.

In addition to chickenpox, the other required school immunizations are for diphtheria, hepatitis B, measles, pertussis (whooping cough), polio, rubella, and tetanus.

For many parents, chickenpox is regarded as a childhood rite of passage. However, it is a serious disease that can lead to serious lifetime medical disability, and in some rare cases, death. Among those most likely to suffer complications are adults who contract the illness from their children. By protecting children from the illness, their parents and grandparents should be at reduced risk as well.

Parents and physicians who choose not to immunize children against vaccine preventable illnesses create a risk for the entire population. Having a well-immunized community decreases the opportunity for community-wide exposure to illness. Additionally,

those who have chosen not to be immunized open the possibility of contracting the illness at a later age when there is a greater frequency of complications.

The department's federally funded Vaccines for Children program provides the chickenpox vaccine to Medicaid-eligible persons who have no insurance through physicians and local health departments. People who have insurance but do not have coverage for immunizations and who meet income-eligibility requirements, can receive the vaccine at a federally qualified health center.

West Nile is in Northwest/West Central IA

By Kevin Teale, Communications Director

In June, four birds found in Woodbury, Greene & Warren Counties tested positive for West Nile Virus (WNV). Last year, the virus killed two Iowans and sickened at least 52 others. The confirmatory testing was performed by the University of Iowa Hygienic Lab.

As of today, no humans or horses in Iowa have tested positive for the virus this year. Nationally, 29 states are reporting West Nile activity in birds, mosquitoes or animals. Last year, West Nile was found in every county in Iowa, either in humans, horses, or birds.

“There have been no confirmed human cases of West Nile anywhere in the United States this year,” said Dr. Mary Mincer Hansen, director of the Iowa Department of Public Health. “However, people should be taking appropriate precautions to protect themselves not just because of West Nile, but because of other mosquito-borne illnesses we see in the state each year.”

West Nile is transmitted through the bite of a mosquito that has picked up the virus while feeding on an infected bird. The illness is not spread person-to-person, nor from bird-to-person.

Mosquito surveillance programs were put in place several years ago by state and local public health officials, and expanded when West Nile appeared in the

United States in 1999. Those programs involve the trapping and testing of mosquitoes, testing bird flocks places around the state, and testing dead birds sent in from around the state.

Additionally this year, IDPH has opened a toll-free hotline for Iowans to receive information about West Nile. That number is 866-WNV-Iowa (1-866-968-4692).

Most humans infected by the West Nile Virus have no symptoms, while a few may have symptoms such as a fever and headache. Less than one percent become seriously ill and that occurs within three to 15 days after the bite of the infected mosquito. Those seriously infected, particularly the elderly, may display symptoms such as muscle weakness, stiff neck, disorientation, and convulsions.

State health officials offer the following suggestions to reduce your risk of exposure to West Nile:

- Avoid outdoor activities at dusk and dawn when mosquitoes are most active.



Break out the bug spray - The best way to reduce your risk of West Nile virus infection is by taking personal precautions like applying a mosquito repellent containing DEET while outdoors and remove standing water where mosquitoes can breed.

- If you are outside, cover up by wearing long-sleeved shirts, pants, shoes and socks.
- Use mosquito repellent with DEET.
- Eliminate mosquito breeding sites, such as standing waters in tires, plastic containers, or similar water-holding containers. Change water in bird baths on a weekly basis. Eliminate standing water on your property.

“While some municipal governments in Iowa do have mosquito programs, those programs can not eliminate all mosquitoes in a given area. The best protection is personal protection,” said Dr. Patricia Quinlisk, Iowa state epidemiologist. “These steps will help protect you against West Nile and they can also reduce your exposure to other insects such as ticks, which potentially carry Lyme Disease.”

TYKES promotes child/auto safety

By Debbi Cooper, Iowa Safe Kids Coalition & IDPH Environmental Specialist Senior

TYKES (*Take Your Kids, Ensure Their Safety*) is a new organization in Iowa that works to promote the danger of leaving children alone in the car. Organizers want the public to understand that there are many ways young children can be harmed when they are left alone in or around motor vehicles – even for a minute.

Key messages from the TYKES group are:

- Never leave children under 10 years of age alone in or around a motor vehicle.
- Associated risks include hyperthermia, hypothermia, strangulations (in power windows and seatbelts), trunk entrapment, abduction, carbon monoxide poisoning, and being backed over with the vehicle. Additionally, children left alone in or around cars can endanger their lives and the lives of others as they may put the vehicle into gear.
- Modern conveniences such as drive-through windows, pay at the pump gasoline, and dry cleaning pick up and delivery make it unnecessary to leave children alone in the car – even for a minute.
- Parents and caregivers can prevent tragedy by keeping their vehicles locked any time they are unattended.
- If you ever see a child left alone in a vehicle, at the very least, you should stay with the car until the caregiver returns. If the child appears to be in danger, you should take whatever steps are necessary to save the life of the child – including a call to 911.
- Last year, at least 113 children died after they were left alone in or around a car.

ACS issues breast cancer screening guidelines

By Kerry Finnegan, American Cancer Society, Midwest Division

More than 40,000 women in the United States will die from breast cancer this year. Of these deaths, 400 will be Iowans. Breast cancer is the second leading cause of cancer death among women. Death rates from breast cancer are decreasing credited to improved treatment options, but mostly to early detection.

An expert panel has redefined the American Cancer Society's (ACS) screening guidelines. The guidelines provide specific advice for older women, women with serious health problems, women at increased risk, and provide explanations of the role of physical breast exams.

ACS guidelines for early detection of breast cancer include:

- Yearly mammograms starting at age 40 and continuing for as long as a woman is in good health.
- For women in their 20s and 30s, clinical breast exams (CBE) should be part of a periodic health exam, about every three years; annually for women 40 and older.
- Breast self-exam (BSE) is now optional for women starting at 20 years of age; women should report any breast change promptly to their health-care provider.
- Women at increased risk (family history, genetic tendency, breast cancer history) should talk with their health-care provider about the benefits and limitations of starting mammography screening earlier, having additional tests (such as breast ultrasound or MRI), or having more frequent exams.

No other early detection test has shown to be as effective at discovering breast cancer as mammography. Recent studies have not shown whether clinical breast exams or breast self-examinations decrease breast cancer deaths. However, it is still important for women to receive and perform these exams so they can become familiar with their bodies and detect any changes.

Every woman is different and the American Cancer Society encourages health-care providers to discuss these guidelines with patients in order to help them make informed decisions about breast cancer screening. For additional information, call 1 800 ACS-2345 or visit www.cancer.org.

Public health conference is next month

By Kara Berg, Iowa Health FOCUS Editor

The fourth Governor's Conference on Public Health: Leading the Charge for Community Health will be held Aug. 14 and 15, at Drake University in Des Moines. The conference is made possible in part by a major contribution from The Wellmark Foundation.

Health care reform and other health policy issues are expected to take center stage on the first day. As a prelude to the January 2004 Iowa caucuses, Governor Tom Vilsack has invited Democratic and Republican leaders to make presentations. F.E. Thompson, Jr., M.D., deputy director of the Centers for Disease Control and Prevention (CDC) will be on hand to discuss "Emerging and Infectious Diseases."

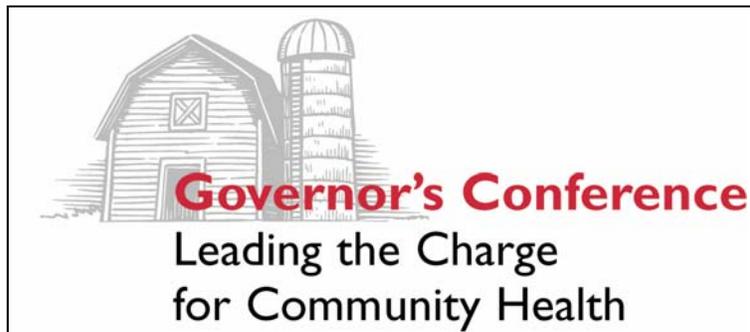
The second day of the conference will bring together cutting edge experts to expand participants' knowledge, introduce new tools and resources, and share successful program models. Conference keynoter is Dr. Irwin Redlener, Associate Dean of the Mailman School of Public Health at Columbia University and co-founder and president of the Children's Health Fund, who will speak on medically underserved children. Dr. Martin Collis, an exercise physiologist will cap the day with a presentation on healing and humor. The day will include 36 workshop sessions.

This year's theme is *Leading the Charge for Community Health*. Here are some of the workshops focused on community health issues.

- **Addressing the Forces of Change in a Community:** Ty-

ler Norris, president and CEO Community Initiatives, LLC, Boulder, Co. Community leaders will learn how to move a community to make changes.

- **The Role of Family Caregivers in our Community:** Elinor Ginzler, National AARP Office. With the increase in the population of older people and the growing shortage of health care workers, it is increasingly important to develop ways to meet the needs and address the issues that caregivers face.



- **How Can Local Boards of Health Lead the Charge for Community Health?:** Louis Rowitz, M.D., director, Mid-American Regional Public Health Leadership Institute, University of Illinois at Chicago. This special session for local board of health members builds on the Setting Your Sites breakout.
- **Community Health Planning: How to Herd Cats:** Panel chaired by Jane Schadle, RNC, MSHA, The Wellmark Foundation. Community health planners will discuss key elements of local planning and how to get started.
- **Making a Difference in a Community with Mentoring: Case Studies:** Panel chaired by Barry Spear, MA, Vice President of System Development for Iowa Health System. Mentors of the Iowa Mentoring Partnership, a

statewide network of resources on mentors, will discuss how mentoring has contributed to reducing at-risk behaviors among Iowa youth, and how a community or an individual can become involved.

- **Health Access Partnership: Building Effective Coalitions and Keeping them Alive:** A panel moderated by Barry Spear, MA, Vice President of System Development for Iowa Health System. Partners that have developed a highly successful model in Polk County will explain how to expand access to health care.
- **Building a Community of Character: A Community that Supports its Schools and Health Services:** Scott Raecker, BA, Director, Institute for Character

Development. Learn how a proactive, community-based character development initiative can impact the health of individuals and communities through a framework of enhanced decision-making skills.

For information on additional workshops and conference speakers, go to www.idph.state.ia.us and click on conferences at right. Continuing education units will be available for conference attendees.

For general conference information, contact Louise Lex, Ph.D., Iowa Department of Public Health, at 515-281-4348 or e-mail at llex@idph.state.ia.us.

Fruit & vegetable pilot program to continue

By Carol Voss, Nutrition Consultant, Iowa Nutrition Network

Following Senate Action several weeks ago, the House of Representatives voted to extend an innovative pilot program to provide fresh fruits and vegetables to Iowa students and students in four other states. The pilot, initiated one year ago through the 2002 Farm Bill, provided approximately \$94 per student per year to schools in Iowa, Michigan, Indiana, and Ohio as well as to seven schools on the Zuni Indian Reservation in New Mexico.

The House passage of the Fruit and Vegetable Pilot comes on the heels of a positive report on the pilot program recently released by USDA. The evaluation of the pilot project conducted by the USDA Economic Research Service in May 2003 showed:

- Fewer students purchased less healthy items such as doughnuts and candy – the availability of fruits and vegetables helps transform the school environment to promote healthy food choices.

- Many schools reported students were more likely to eat the more nutrition School Lunch Program meals and to select more fruits and vegetables as part of that meal – the pilot helped students make bet-

stakeholders.

The report showed overwhelming support for the program among educators and students alike. Especially encouraging were reports that student's interest in the pilot program increased rather than decreased as the pilot progressed. The pilot program has transformed schools into models of healthy behavior and improved learning environments.



Teaching Healthy Habits - Jill Weber, an Iowa Nutrition Network's BASICS project coordinator, talks to students at McKinstry Elementary in Waterloo. Education is provided twice a month to all students, focusing on a different fruit or vegetable each session.

ter choices.

- More schools implemented nutrition education activities to build on the healthy fruit and vegetable offerings – the pilot helped leverage additional resources and coordination among school and community

United Fresh Fruit and Vegetable Association (UFFVA) and Produce for Better Health Foundation (PBH) have developed some tools and resources to spread the word about the exciting results and benefits of the pilot. These materi-

als are available on United (www.uffva.org) and PBH (www.5aday.com) web sites. The desire is to expand the pilot project to all 50 states.

Come see us at the Iowa State Fair

The Iowa Department of Public Health will host a booth at the Iowa State Fair again this year, August 7-17. It will be located in the middle of the south side of the Varied Industries Building. We are working on a new display that will highlight our mission statement, "Protecting and promoting the health of Iowans."

IDPH programs will be highlighted daily and the Medical Examiners Office will have an interactive "CSI" type of display.

There will be giveaway items, brochures, and a free drawing. Giveaways include sun block samples, pens, pencils, magnets, temporary tattoos, child development wheels, and healthy recipe cards. Enter a free drawing for a chance to win a pedometer and a backpack, among other prizes.

IDPH volunteers will be staffing the booth for the run of the fair from 9 a.m. to 9 p.m. So, come see us!

ACS raises awareness of lung screening trial

By Kerry Finnegan, American Cancer Society, Midwest Division

The American Cancer Society (ACS) is raising awareness of the National Lung Screening Trial (NLST), a new scientific clinical trial funded by the National Cancer Institute (NCI). The study will determine if screening individuals at high risk for lung cancer -- before they have symptoms -- with either spiral computed tomography (spiral CT) or standard chest X-ray can reduce lung cancer deaths.

The trial will enroll 50,000 current or former smokers at about 30 different study sites across the nation. Local sites include University of Iowa Hospitals and Clinics.

UI Hospitals and Clinics and the ACS are collaborating to raise awareness of the NLST. "Reducing lung cancer deaths is a high priority for the American Cancer Society," says Karla Wysocki, American Cancer Society health initiatives manager. "With a recognized commitment to saving lives from cancer, and a trusted local presence in Iowa, the Society is uniquely positioned to communicate the benefits of the trial and build trust in eligible participants." The ACS's overnight team event to fight cancer, Relay For Life, is the perfect vehicle to assist UI Hospitals and Clinics in raising awareness of the NLST. Awareness efforts will kick off this spring

at all area Relay For Life events. There, volunteers will share information about the NLST with participants, and encourage them to share the information with family, friends and colleagues who may be eligible to participate in the study. Using Relay For Life's extensive grassroots network, the ACS and UI Hospitals and Clinics hope to see the NLST reach full enrollment as soon as possible.

Lung cancer is the leading cause of cancer-related deaths in the U.S. Unlike many other cancers, the death rates for this disease have not declined. It will claim nearly 155,000 lives this year; killing more than breast, prostate, colon, and pancreas cancers combined. This is partly due to the fact that by the time more than 60 percent of the lung cancer cases are detected the disease has already spread outside the lungs to other parts of the body. Therefore, it is crucial that new more effective methods for detecting lung cancer be developed.

Kim Sprenger, RN, BS, is the NLST study coordinator at UI Hospitals and Clinics. She hopes to involve at least 1,500 participants for the trial. "We have already received many calls from interested people around the state expressing a desire to be part of the study," she reports. This is mainly due to local community promotion.

Springer adds, "We are very excited to be involved in this study since we believe it is important work that needs to be done. New technology can offer a lot but results need to be proven."

Who is eligible to take part in the National Lung Cancer Screening Trial? The study is designed for current or former smokers who have smoked heavily for many years and are between the ages of 55 and 74. Potential participants should be in good general health; must not have a history of lung cancer; and must not have been treated for, or had any evidence of, cancer in the last five years. An exception is made for those that may have been treated for non-melanoma skin cancer. Participants cannot be enrolled in any other cancer screening or cancer prevention trial and must not have had a CT scan of the chest or lungs within the prior 18 months. There will be no cost to the trial participants for spiral CT or X-ray screening.

To receive more information about the National Lung Screening Trial, call the Cancer Information Service of Holden Comprehensive Cancer Center at The University of Iowa at 1 800 237-1225 or 319 356-3000.

Iowans gobble up cholesterol drugs along with “supersize” burgers & fries

By Angela Feig, Wellmark Blue Cross and Blue Shield

Lipitor®. Zocor®. Pravachol®. Prescription drugs to treat high cholesterol have become household names for Iowans and Wellmark Blue Cross and Blue Shield members who gobbled up more than \$33.7 million in cholesterol drugs in 2002. More than half of that amount went for one drug – Lipitor, according to findings published last month by Wellmark in The Wellmark Report and its companion consumer fact sheet, Cheeseburgers & Lipitor Don't Mix.

Iowans are right in step with the rest of the nation in the use of these drugs. In 2002, Lipitor and Zocor were the number one and number two selling drugs in the United States, ringing up \$10.3 billion in sales. This class of drugs, also known as statins, has experienced double-digit growth over the past five years.

“We want people to be on cholesterol-lowering drugs, when it's appropriate, because we know it can prevent heart disease by reducing cholesterol levels by 20 to 45 percent,” said Dr. Dale Andringa, Wellmark's chief medical officer. “But it's important for Iowans to realize that these drugs are not a magic bullet in the fight against heart disease. The American Heart Association recommends that cholesterol drug therapy be introduced only after improvements in exercise and diet have been unsuccessful.”

Cholesterol is a fat your liver naturally produces, and it is found in meat and dairy products. Your body needs a certain amount of cholesterol. Genetics can cause some people to produce too much cholesterol. But if you have too much in your bloodstream, it can build up and cause the flow of blood to your heart to be blocked. That is why it's important to know your cholesterol numbers.

According to the National Cholesterol Education Program (NCEP) guidelines, your total cholesterol should be less than 200. Your LDL or “bad” cholesterol – should be less than 130. Your HDL level or “good” cholesterol – should be more than 40. Your triglycerides should be below 150. These baseline numbers are for individuals without other health risks such as diabetes. The NCEP advises individuals to start taking cholesterol-lowering drugs when their LDL or “bad” cholesterol level is 130 or above, even if they have only one or no risk factors for heart disease.

More and more Wellmark members are using cholesterol-lowering prescription drugs. Prescriptions for these drugs by Wellmark members skyrocketed 128 percent from 1999 to 2002, according to The Wellmark Report.

“The number of Iowans using brand name, prescription cholesterol-lowering drugs such as Lipitor® and Zocor® is above the national rate, and it is up 33 percent over the past three years,” said Dr. Sheila Riggs, vice president and director of The Wellmark Report. Of those prescriptions, in Iowa, just 9 percent were of a generic form.

“What is surprising is the great amount of variation we saw community-by-community across Iowa,” Riggs added. “There is a three- to four-fold difference in the rate of people filling prescriptions for cholesterol-lowering drugs. For example, in Webster City, the rate of people using these drugs is three times higher than in Decorah.”

The Report shows cholesterol-lowering drug use in Iowa is 84 per

1,000 members, as compared to the national rate of 61 per 1,000. Ames, Hamburg, Shenandoah, Sumner, and Webster City have the greatest utilization, with a range of 114 per 1,000 to 120 per 1,000. Bloomfield, Decorah, Keosauqua, Orange City, and Rock Rapids have the lowest usage, with a range of 31 per 1,000 to 52 per 1,000.

This is the fourth in a series of special Reports focusing on prescription drug usage – one of the fastest growing components of health care expenditures. For additional information, including cholesterol-lowering prescription drug usage by community area and the towns included in each community area, go to http://www.wellmark.com/health_improvement/reports/wellmark_report.htm.

The Wellmark Report is just one component of Wellmark's new Decisions Count health care cost initiative. Decisions Count will educate and inform consumers and employers about the “drivers” of rising health care costs and how to be more knowledgeable health care consumers and includes a new pharmacy portal called <http://www.wellmark.com/products/pharmacy/pharmacy.htm>.

Wellmark, Inc. does business as Wellmark Blue Cross and Blue Shield of Iowa. Wellmark and its subsidiaries and affiliated companies, including Wellmark Blue Cross and Blue Shield of South Dakota, insure or pay health benefit claims for more than 1.7 million members. Wellmark Blue Cross and Blue Shield is an independent licensee of the Blue Cross and Blue Shield Association. For more information regarding Wellmark Blue Cross and Blue Shield, please go to our Web site at www.wellmark.com.

State releases plan to combat asthma

By Kevin Teale, Communications Director

With rates of the disease doubling since 1980, the Iowa Department of Public Health released a state plan last month to combat the asthma epidemic.

The plan, which focuses on the health of Iowans with asthma, builds on Healthy Iowans 2010, the state's blueprint for health for this decade. It sets priorities and strategies for individuals and organizations with interest in, and responsibilities for, asthma control.

Asthma, an inflammatory disease of the lungs, affects more Iowans than any other chronic disease. A recent department surveillance report, with 1995 to 2000 data on Iowans with asthma, shows that about 200,000 Iowans have asthma, including

40,000 to 50,000 Iowans under age 17. The average annual prevalence rate among Iowa adults in 1999 and 2000 was 7 percent.

Each year in Iowa, uncontrolled asthma results in 12,000 hospitalizations, 40,000 to 50,000 emergency department visits and 35,000 to 45,000 unscheduled physician office visits. It causes an estimated 140,000 lost school days. Direct and indirect costs of asthma in Iowa are estimated to range from \$144 million to \$154 million per year.

Although little is known about how to prevent asthma, the severity and frequency of recurrent attacks can be reduced. Proper medical management, including routine office visits, appropriate medications, and patient

self-management are key to successful control.

Poorly managed asthma results in expensive and avoidable inpatient hospitalizations, emergency room visits and unscheduled doctor appointments.

The state asthma plan and the asthma surveillance report are available on the IDPH web site at http://www.idph.state.ia.us/hppab/asthma_content/default.htm. For more information on statewide asthma efforts, contact the Iowa Department of Public Health, Iowa Asthma Control Program, Lucas State Office Building, 4th Floor, 321 E. 12th St., Des Moines, Iowa 50319, 515 281-4779.

Wellmark Foundation offers funding opportunities

The Wellmark Foundation's final grant teleconference for the year is July 18 from 10 a.m. to 11:30 a.m. via the Iowa Communications Network (ICN). The first part of the grant conference is dedicated to explaining the grant criteria and application process. There will be time to ask questions of the presenters. Proposals will be due August 21. Below is a list of ICN sites for this teleconference.

Burlington -Great River Area Ed Agency

Carroll -Carroll High School

Cedar Rapids -Grant Wood Area Ed Agency

Creston -Green Valley Area Ed Agency

Des Moines -IA Dept. of Public Health

Emmetsburg -Iowa Lakes Comm. College

Iowa City -West Senior High School

Marshalltown -Iowa Valley Community College

Ottumwa -Southern Prairie Area Education

Sioux City -Western Iowa Tech Community College

Calmar -South Winneshiek High School

Cedar Falls -Univ. of Northern Iowa, Schindler Ed. Ctr.

Council Bluffs -Loess Hills Area Education

Davenport -Eastern Iowa Community College

Dubuque -Keystone Area Education

Fort Dodge -St. Edmond High School

Johnston -Heartland AEA

Mason City -North Iowa Area Comm. College

Sheldon -Northwest Iowa Community College

This fall, The Wellmark Foundation's mini-grant program will give grant seekers another opportunity for funding. This program is intended to help communities with start-up projects. Unlike the full-fledged Wellmark Foundation grant requirements, the application process for the mini-grants will be less stringent.

Several mini-grants for projects under \$10,000 will be awarded. Grant proposals are due Nov. 12 with disbursement around Dec. 20. For more information about these Wellmark Foundation grant programs, go to www.wellmark.com and click on "Get Grant Money."

Epidemiology Notes



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

West Nile Virus/Information for Reporting, Collecting, and Disposing of Dead Birds: The Iowa Department of Public Health has begun collecting dead bird reports for the 2003 West Nile virus season. The general public may report dead birds by calling the department's West Nile virus hotline (866-WNV-IOWA) and choosing option 3. We are interested in receiving reports on ALL species of birds. Local health departments are asked to fax any dead bird reports to the IDPH. For further information on the reporting of dead birds, contact Sarah Brend at sbrend@idph.state.ia.us.

In addition to dead bird reporting, each local health department is being asked to submit dead crows, blue jays, or cardinals to the University Hygienic Laboratory for testing. To be eligible for testing, the bird should be in good condition (i.e. not decomposed) and should show no evidence of trauma (i.e. hit by a car or scavenged). Once a positive bird has been identified in a county, that county should no longer collect and submit dead birds, and all dead bird reports can be reported directly to the West Nile virus hotline.

Once a dead bird has been identified and reported to the West Nile virus hotline (or to the local health department), please direct people to use the following steps to dispose of the bird:

- Use plastic or latex gloves to carefully place bird in a double plastic bag or use a double plastic bag as a glove to pick up the bird.
- Wrap the bird in the bag, tie it off, and place it in the outdoor trash or bury it.

- Wash your hands with soap and water when you are finished.

Fight the Bite: Did you know that the average mosquito consumes one millionth of a gallon of blood per "bite?" At this rate, it would take about 1,120,000 bites to drain the blood from an average adult human. Mosquito population totals from Iowa State University's Entomology Group show that 93.6% of the mosquitoes trapped in Iowa were the *Aedes* or *Ochlerotatus* species. Both these species are annoyance biters that feed primarily on mammals but are opportunistic -meaning they will feed on whatever is around, occasionally feeding on birds.

Of public health importance, the *Culex* species represented 6.0% of the trapped mosquitoes during the last week in June. *Culex* species primarily feed on birds and are the main amplifier of West Nile virus. To access mosquito surveillance results in Iowa, visit <http://latrodectus.ent.iastate.edu/medent/>.

Current Disease Episodes in Adjacent States with Possible Iowa Connections:

A) Campylobacter Alert: The Wisconsin Division of Public Health, Bureau of Communicable Disease Epidemiology Section has identified approximately 55 persons with gastroenteritis among attendees of a two-week training session at a convention center in Oshkosh, WI. Onset of illness for known cases was June 9 through June 19, 2003. Two participants have had stool cultures yield *Campylobacter jejuni*; additional stool cultures from participants are pending. The Wisconsin Department of

Public Health is working to identify participants of conferences at this hotel during the outbreak time period and to notify health departments in TX, IL, and KS as well as Wisconsin. If there are any reports of ill individuals in Iowa with gastroenteritis associated with travel to conferences in Oshkosh, WI, around June 8-20, inform the Center for Acute Disease Epidemiology (CADE) office, 800-362-2736, for referral assistance.

B) E. coli Associated with Steaks from Door-to-Door Vendor: The Minnesota Dept. of Health (MDH) is investigating a cluster of *E. coli* O157:H7 infections in three MN residents. All three MN cases consumed steaks sold by the same company. The steaks were sold frozen by a door-to-door vendor. Illness onset dates for the three cases were May 27, May 28, and May 30.

BMDH currently has isolates from two of the three MN cases. By PFGE, these two isolates are indistinguishable by both XbaI and BlnI enzymes. MDH posted the patterns on PulseNet on June 17. They have been assigned Pulse Net patterns EXHX01.0047/EXHA26.0015.

There is a potential epi link to one case in KS and one case in MI with culture dates in mid-to-late May. Isolates from the KS and the MI cases have PFGE patterns indistinguishable from the MN outbreak isolates by two enzymes. If any suspect cases are recognized in Iowa, contact CADE for guidance, 800 362-2736.

Heard at Meetings: Trichinae Levels in Market Swine: During the classical period of measuring trichinae levels in the middle decades of the twentieth century, the ratio of trichina infections in market swine were one positive per 1,000 pigs marketed. A recent national study has shown that level has dropped to one in 14,000 swine marketed. This reduction reflects a number of husbandry changes including absence of household garbage feeding, reduced and carefully controlled commercial garbage feeding [not permitted in Iowa], improved vermin con-

trol in feeding operations and design of swine confinement facilities that reduce or eliminate any rodent harborage.

Cluster of Invasive Fungal Infections Among Substance Abusers: IDPH is asking providers and infection control practitioners to inform us of any cases of invasive fungal disease which may be community-acquired with onset during the last 4-6 weeks. University of Iowa has informed us of two male patients from Des Moines admitted since May 28 with fungal endophthalmitis (infection

of the globe of the eye). Cultures from these patients are pending, so no specific identification is available at this time. Both these patients reportedly have a history of substance abuse, and we are investigating the cases, looking for links between the two.

If your facility has seen people with invasive fungal infections (eg endophthalmitis, kidney, blood, endocarditis) which may be community-acquired, call Tom Boo, MD, at 800 362-2736, or 515 242-6027 to discuss further.

Worth Noting

IDPH Golden Dome Winners - Judy Solberg, Division of Community Health was awarded Leader of the Year. **Jami Haberl**, Division of Epidemiology, EMS, & Disaster Operations was awarded Employee of the Year. **Center for Disaster Operations Response** was awarded Team of the Year.



Golden Dome Winners - Jami Haberl, bottom left; Judy Solberg, top left; Center for Disaster Operations Response from left front: Jane Barker, Jennifer Schnathorst, Sharon Cook, Mary Rexroat, and Jami Haberl. Second row: John Stark, Jenise Dahlin, John Carter, and De Anne Sesker. Back row: Tom Boeckmann, Mary Jones, and Tom Bowe. (Not pictured: Claudia Corwin and Dan Lee.)

Iowa Receives Vital Stats Award - Last month, Iowa received an award for excellent performance in the Vital Statistics Cooperative Program at the VCSP NAPHSIS joint meeting in New York City. Iowa was one of 11 jurisdictions recognized for meeting or exceeding all contract requirements for data delivered to the National Center for Health Statistics at CDC. This is an award for quality and timeliness of the national data set.

Exemplary Service Award - IDPH Bureau Chief of Vital Records, Jill France, received the NAPHSIS Exemplary Service Award for lasting contributions in support of Public Health Statistics. This was for Iowa's participation in the Electronic Verification of Vital Events (EVVE) Fair Price Assessment Study conducted by SSA. Accountants from KPMG conducted an hour long phone survey and additional short phone conversations, and three of KPMG staff spent a week collecting cost information to determine a revenue neutral price for the on-line verification of vital events. The Information Management and Fiscal Bureaus assisted with this project.

CDC PHIL Web Site: Images & illustrations are available for use from the CDC's Public Health Image Library (PHIL) at <http://phil.cdc.gov/phil/default.asp>.

Side Notes

Master's in Health Care Administration or Public Health - Fill out your application at Des Moines University today to further your career and get a Master's degree in Health Care Administration or Public Health. Classes begin September 2 in a flexible evening and weekend format for working adults. Courses offered this fall include: Global Health, Epidemiology, Organization of Health Systems, plus many more. Call **515 271-1364** or **800 240-2767 ext. 1364**, for information on classes, schedules, tuition, and starting the application process. Or check out www.dmu.edu/dhm.

Iowa Dept. of Public Health

Lucas State Office Building
321 E. 12th St.
Des Moines, IA 50319-0075
Phone: 515 281-5787

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

FOCUS Editor: Kara Berg

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