

# Lighten Up Iowa competition is underway

By Kara Berg, Iowa Health FOCUS Editor

Last week, the National Center for Health Statistics released figures indicating that 64 percent of U.S. adults are overweight or obese. This is a significant jump in the data that underlines the need for serious efforts to deal with sedentary lifestyles and nutrition in America.

It is against this background that the Iowa Games, Iowa State University Extension, and the Iowa Department of Public Health (IDPH) launch one of the most ambitious and creative health initiatives...Lighten Up Iowa.

On Monday thousands of Iowans weighed in at their personal starting

point for a five-month effort to change the shape of their future. Their loss

will truly be Iowa's gain and the more losers that finish this competition the better.



**Lighten Up Kick Off** - Tim Lane of IDPH, left, and Jim Hallihan of the Iowa Games get the competition started at a team weigh-in and press conference Monday at the state capitol. The two are standing on a car scale that weighed the teams.

The competition is designed to encourage Iowans to develop healthy activity and eating habits with the ultimate goal of losing weight. Iowans were encouraged to form teams of up to 10 people and will be recognized for achievement in two areas: 1) weight loss due to healthy, appropriate diet and exercise and 2) accumulated activity in the form of miles.

Tim Lane, IDPH Fitness Consultant and the (Continued on page 2.)

# IDPH ready for General Assembly

By Lynh Patterson, Legislative Liaison

The 80<sup>th</sup> General Assembly will kick off on January 13. With a change of nearly 40 percent in the membership, there will be many new faces at the capitol and



Lynh Patterson

agendas to pursue.

For the 2003 session, the Iowa Department of Public Health has presented four bills to the Governor and to the Legislature. The bills were based on requests from bureaus and from the health professional licensure boards.

The Disaster Preparedness bill is a major piece of legis-

lation for the department next year. In response to the terrorist attacks of September 11, 2001, and the anthrax attacks that followed, the department has been conducting an ongoing review of Iowa's ability to respond to an act of bioterrorism or other public health disaster. (Continued on page 3.)

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department's liaison to Lighten Up Iowa, is excited about the program. He says, "This is going to be huge - ironic given our ultimate goal." For the past several days he has been getting hundreds of e-mails from folks putting together teams around the state. He says, "We are about to embark on the most significant competition Iowa has ever seen, with perhaps over 10,000 people paying for the right to stick to their resolution. By next week we hope to have participants in all 99 counties getting energized about eating healthier and being more active."

Teams will record their weight or mileage throughout the program. Reinforcement will be provided through weekly e-mails to team captains and will include healthy eating & activity

tips. Teams will also be able to track their progress at

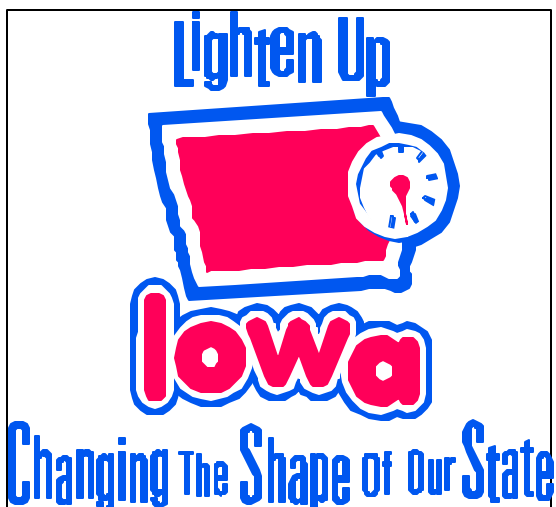


**BP Check** - Ronda Berkey of the American Heart Association takes Representative Dick Myers' blood pressure during the Lighten Up Iowa kick off.

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

Certificates will be awarded for levels of achievement with the top teams officially recognized at the 2003 Summer Iowa Games.

physical activity five times a week can reduce your chance of getting diabetes by 58 percent. Lighten Up Iowa is also an opportunity to address nutrition, which is often the most difficult aspect of diabetes self-care."



IDPH's Diabetes Prevention and Control Program is taking an active role in the Lighten Up competition. Public Health Consultant, Jeanne Clawson, MS, RD, LD, points out that weight loss and physical activity can dramatically reduce chances of developing Type 2 diabetes. She says, "A seven percent weight loss and 30 minutes of

The Diabetes Prevention and Control Program, through a state-based grant from the Centers for Disease Control, helped pay for three ads including registration for Lighten Up in the Des Moines Register and will pay the registration fee for 18-20 teams whose members have diabetes, particularly reaching out to minorities and those of low-income.

## Obtaining Past Issues

Back issues of the 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)

# IDPH ready for General Assembly

By Lynh Patterson, Legislative Liaison  
**Continued from page 1**

It was discovered that current Iowa law is deficient in a number of significant areas.

In particular, this bill codifies the Office of Disease Epidemiology and Disaster Preparedness and authorizes the department to approve disaster medical assistance teams to support disrupted or overburdened local providers and resources. The bill also establishes certain authorities, which may be exercised by the governor and department only in the event of a public health disaster.

Forty-one states have introduced similar preparedness legislation, and this bill will help ensure that Iowa is fully prepared to detect and respond to a public health disaster.

The second legislative proposal is from the Board of Cosmetology. The practice of Cosmetology has changed since the original law was enacted and this bill updates the cosmetology code to ensure that new practices, such as laser use, are properly regulated and licensees properly trained.

The department and the Board of Cosmetology are sensitive to concerns that licensees may practice beyond their scope, and have been working with the medical community to better define the scope of practices while working towards the common goal of establishing criteria for safe practice that would best protect the public.

Many of you may be familiar with the phrase "omnibus bill" from last years omnibus budget bill. An omnibus bill is simply a bill made up of many unrelated provisions. And that's exactly what the department's third bill is – an omnibus made up of six separate health policy proposals.

A significant provision in the health omnibus bill is the addition of varicella (chicken pox) to the immunization requirements for children. This addition will help the department respond to the Centers for Disease Control and Prevention's recommendations on varicella and prevent hospitalizations, serious complications and deaths attributable to varicella infection. Medical and religious exemptions are still applicable as under current law.

The fourth and final bill is also an omnibus, but it consists of many minor changes and is therefore called a Technical Amendments Bill. The technical changes vary from providing a definition for electronic signature for a valid prescription drug order to deleting duplicative or unnecessary code language.

The Technical Amendments bill is meant to be non-controversial so it can quickly move through the legislative process. Although these changes are technical they are important to providing the proper authority for various health programs.

Just as many of us are unfamiliar with the freshman legislators, many of them will be unfamiliar with the role of the Department of Public Health. There will be much to learn on both sides as the department works with legislators on our bills and budget. Most important, new legislators and a new session means new opportunities to help legislators understand not only the role of the department but also their role in promoting and protecting the health of Iowans.

## IDPH 2002 Annual Report

The IDPH 2002 Annual Report is now available at [www.idph.state.ia.us](http://www.idph.state.ia.us). The link is at the bottom of our home page. Due to budget concerns, this report is not printed. If needed, feel free to print your own copy.

# Still no confirmed influenza cases in Iowa

By Kim Brunette, Center for Acute Disease Epidemiology

Iowa is still waiting on identification of its first confirmed case of influenza of the season. Note that this is for confirmed cases only; most influenza cases in the state are not confirmed and are not counted in our surveillance (as influenza is not a reportable disease).

Because of this, it is likely that there have actually been influenza cases this season. Other states surrounding Iowa (Nebraska, South Dakota, Missouri, and Wisconsin) have seen confirmed cases of influenza. For the most up-to-date information on confirmed influenza in Iowa, go to either the IDPH web page at [www.idph.state.ia.us/pa/ic/ic.htm](http://www.idph.state.ia.us/pa/ic/ic.htm) or to the University of Iowa Hygienic Laboratory web page at [www.uhl.uiowa.edu/HealthIssues/Respiratory/index.html](http://www.uhl.uiowa.edu/HealthIssues/Respiratory/index.html).

From September 29 through December 28, WHO and NREVSS laboratories have tested a total of 21,685 specimens for influenza viruses and 273 (1.3%) were positive. Of the 273 viruses identified, 75 (27%) were influenza A viruses and 198 (73%) were influenza B viruses. Nineteen (25%) of the 75 influenza A viruses have been subtyped; 14 were influenza A (H1) viruses and 5 were influenza A (H3N2) viruses. Twenty-one states have reported laboratory-confirmed influenza.

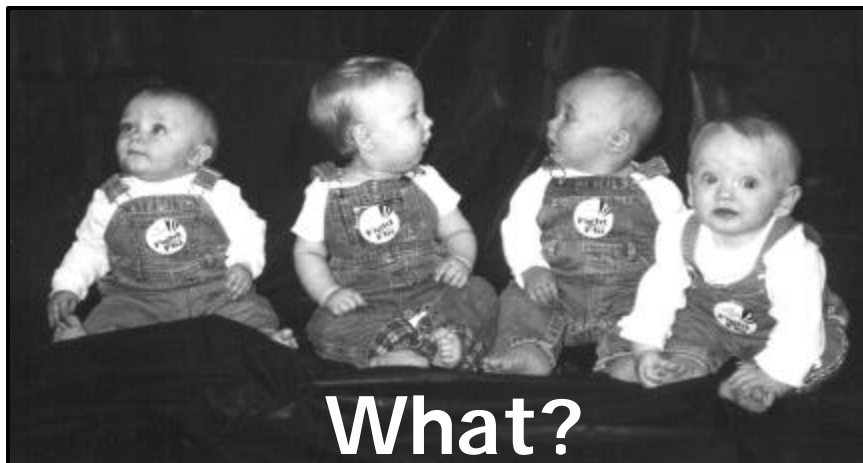
Influenza A viruses have been identified in Florida, Hawaii, Louisiana, Massachusetts, Missouri, Nebraska, New Jersey, New York, North Carolina, Oregon, South Carolina, South Dakota, Texas,

Virginia, Washington, and Wisconsin. Influenza B viruses have been identified in Arkansas, Arizona, Indiana, Louisiana, Missouri, Nebraska, Nevada, New York, North Carolina, Oklahoma, South Carolina, and Texas. One hundred and eighty-six (68%) of the 273 viruses were identified in the West South Central region (Arkansas, Louisiana, Oklahoma, Texas).

CDC has antigenically characterized 35 influenza viruses submitted by U.S. laboratories since September 29: twenty-six influenza B viruses, four influenza A (H3N2) viruses, and five influenza A (H1)

viruses. Four of the influenza A (H1) viruses had the N1 neuraminidase and one had the N2 neuraminidase. The influenza B viruses, the A (H3N2) viruses, and the hemagglutinin protein of the A (H1) viruses were similar antigenically to the corresponding vaccine strains B/Hong Kong/330/01, A/Panama/2007/99 (H3N2), and A/New Caledonia/20/99 (H1N1), respectively.

For updates on national influenza activity, visit the CDC's web page at [www.cdc.gov/ncidod/diseases/flu/weekly.htm](http://www.cdc.gov/ncidod/diseases/flu/weekly.htm).



**What?**  
**No flu shot yet?**  
**Even kids can get the flu!**

***Community Health Partners***

*encourages parents to immunize their children  
over 6 months of age against the flu!*

*Call 712-737-2971 or 1-800-435-3454 for more information.*

**Creative advertising** - The Sioux County Community Health Program used four of their own staff members' infants in the advertisement above to get their influenza vaccine message across.

# Vital Stats in Brief previews anticipated report

By Dena Fife, Information Specialist

The most popular girls' names for Iowans in 2001 were Madison, Hannah and Emma; and for boys, Jacob, Tyler and Logan. Adair County had 65 live births last year, compared to 1,372 in Johnson County and 6,110 in Polk County.

These are among the data included in Vital Statistics of Iowa in Brief, a report of provisional vital statistics for 2001 recently released on the

web site of the Iowa Department of Public Health. The report anticipates the larger, Vital Statistics of Iowa 2001, to be released in February.

Vital Statistics of Iowa in Brief includes some of Iowa's statistical facts on marriages, dissolutions, births, and deaths for 2001. Numbers for each Iowa county are included as well as summaries for the state as a whole.

The report, prepared by the Bureau of Vital Records and the Center for Health Statistics within the state public health department, contains provisional data, meaning the numbers could change before release of Vital Statistics of Iowa, the final annual report.

Vital Statistics of Iowa in Brief can be viewed on the department's web site at [www.idph.state.ia.us/resources.htm](http://www.idph.state.ia.us/resources.htm).

## IDPH plans smallpox vaccinations

By Kevin Teale, Communications Director

The Department of Public Health and its public health and medical partners are committed to prepare and protect Iowans in the unlikely event of an outbreak of smallpox. It is developing the framework to help the state begin a voluntary program to vaccinate a strategic reserve of health care and public health workers in advance of any actual cases.

The department is working with local health departments, the Iowa Hospital Association, the Iowa Emergency Management Division, University of Iowa Hygienic Lab, and state medical and nursing associations to determine the most appropriate front line health care professionals who will actually respond in the event of a smallpox case. They would be involved in the treatment of cases, as well as those who will investigate cases, track contacts, vaccinate those who have been exposed and those who will help prevent the spread of the disease.

Following statements by the Presi-

dent and the Centers for Disease Control and Prevention (CDC), the smallpox vaccine is not being recommended to Iowans at large. That could change should the risk become more imminent. This prevention effort – a process to protect those who are going to protect the public – is designed to reduce the state's vulnerability to a smallpox terrorist attack

The current smallpox vaccine is very different from other flu vaccines. Based on historical data, it's expected that 14 to 52 people per million vaccinated will suffer life-threatening reactions. As such, decisions about which Iowans to be offered the vaccine will not be made lightly.

Besides the complications, about 25 percent of the population cannot receive the vaccine because of health conditions. Those include pregnancy, skin disorders, organ transplantation, or treatment for HIV or cancer. It will also not be offered to anyone who is a family or household contact of someone with the above conditions.

The department is forming regional smallpox response teams to be the first offered the smallpox vaccine. One group, formed by the department, consists of six regional public health response teams. The teams are expected to include disease investigators, epidemiologists, health lab workers and public health nurses and administrative personnel. Besides the public health response, hospital-based teams will also be established.

Iowa's smallpox response proposal has been submitted to the federal Centers for Disease Control and Prevention (CDC). No vaccinations will begin in the state until the CDC allocates vaccine to Iowa and the Homeland Security Act becomes effective. The earliest, therefore, that vaccinations for anyone in Iowa could begin is January 24, 2003.

For more information on smallpox and the smallpox vaccine, see the department's web site at [www.idph.state.ia.us](http://www.idph.state.ia.us)

# Hospital/EMS regional committees formed

By John Carter, Center for Disaster Operations and Response

For several months, the Iowa Department of Public Health has been bringing together representatives from the six bioterrorism planning regions to plan for public health emergencies. These regions were established by the Iowa Health Disaster Council.

In October, each region was given an overview of the Health Resources Services Administration (HRSA) grant, the budget, and a summary of other planning activities in progress. A regional steering committee was formed. This committee consists of two representatives from each hospital, two representatives each from Public Health, Emergency Management, Emergency Medical Services, and representation from community

health centers and Indian tribes. These committees have elected to meet monthly in Des Moines, Mason City, Cherokee, Atlantic, Ottumwa, and Cedar Rapids.

In November, the regions were given the grant guidelines that specify what must be included in their plans. This guidance focuses on improving the processes that will be needed to deal with a bioterrorism event or other public health emergency. Some of the topics include increasing inpatient capacity, isolation/quarantine, movement of resources, and dealing with the worried well.

The steering committees all chose to split into 4 subgroups based on areas of expertise: hospitals, hospitals/public

health, EMS/Emergency Management, and one with representatives from all entities. Each of these subgroups will address several of the 13 critical planning areas identified in the grant.

The members met in December and are anxious to start working on their tasks. In the future, the information that they gather will be used to develop a regional response template.

The regional planning concept is new to most people, and the idea is being embraced well. While this process can't be done quickly, it will grow to become an effective plan, with the help of our local partners.

## Regional committees work to meet objectives

By Mary Rexroat, Center for Disaster Operations and Response

One of the outcomes of the bioterrorism cooperative agreement between IDPH and the Centers for Disease Control and Prevention (CDC) was the formation of six regional public health steering committees. These regions will report to the state's CDC Subcommittee. Each region has appointed a chairperson and a coordinator and is presently meeting monthly.

Each region will carry out the responsibilities given to them by the Public Health Congress last year. Membership of each steering committee was defined as one public health representative from each county. It also includes representatives from two hospitals, two emergency medical services, two emergency management and one from community health clinics and Indian tribes in each region. Other interested personnel are invited and encouraged to participate. The goal is to bring partners in the counties and the region into the plan-

ning process of being prepared for bioterrorism and other public health emergencies.

January will be the third month of meetings. The first meeting was organizational. There have been presentations from DeAnne Sesker, education coordinator, to share information on focus area G (education and training) and the region's role. Dr. Pentella, Pam Kastle, Jim Ross and Bonnie Rueben from the University Hygienic Laboratory (UHL) gave a presentation on packaging specimens and UHL's relationship with local public health. In January, Jenise Dahlin and Mary Rexroat will present on the National Pharmaceutical Stockpile (NPS) and setting up local dispensing/vaccination clinics.

Each region is working on methods to meet the regional objectives of each of the focus areas of the cooperative agreement. These focus areas are A) Planning and Assessment, B) Surveil-

lance and Epidemiology, C) Health Alert Network and Communications, D) Risk Communications and E) Education and Training. Information on the current resources and capacities in each of these areas will be compiled into a regional document. From there, the region will determine where and how to improve their resources and capacities.

Each region is also responsible for recruiting members for a public health smallpox response team. This team will be made up of a medical team leader, disease investigators, epidemiologists, laboratorians, and public health nurses and others who could assist. The teams will be vaccinated for smallpox and be prepared to conduct investigations and contact tracing in the event of a smallpox case in Iowa.

The work is just beginning but the prospect of a better-prepared public health system is in sight.

# EMS Awards Grants to 95 Iowa Counties

By Ray Jones, EMS Bureau Chief and Stephen Poole, Grants Manager Coordinator

**O**n September 20, 2002, the Bureau of EMS awarded \$890,384 to 95 Iowa counties through the Bureau's EMS System Development Grant program.

The initiative is a five-year competitive funding program with FY03 serving as year one of the program. IDPH retains the option to renew contracts with recipient county EMS associations for four additional one-year terms, subject to review of the continuation application, contractor performance, compliance with the terms and conditions of the contract, and availability of funds. Since FY03 is the implementation year, its contract period is limited to nine months, from September 30, 2002 to June 30, 2003.

Each county EMS association could apply for up to \$10,000 for training and/or equipment needs, as well as \$20,000 for infrastructure. Applicants were required to first submit a Letter of Intent to Apply with an accompanying Self Assessment Survey (SAS) no later than June 30, 2002. Ninety-six counties submitted their Letters of Intent and SAS by the deadline. Of these 96 counties, all but one then submitted a Request for Proposal by August 15, 2002, the deadline for RFP submission. Each of the 95 counties submitting the RFP's applied for training and/or equipment; 64 of these counties also applied for infrastructure support.

A grant writing workshop, attended by representatives from 67 coun-

ties, was held May 3, 2002 to educate county EMS associations on the revisions in the funding process and to orient them to the new RFP process. The RFP was mailed to all 99 county EMS associations and the six regional EMS councils on May 15, 2002. Technical support was provided by Bureau of EMS field staff, and a question and answer session was held over the ICN on June 10, 2002. Identified questions and answers from that session were posted on the IDPH web site on June 26, 2002, prior to the RFP submission deadline of August 15, 2002.

All 95 counties will receive a part of the \$648,384 awarded in Fiscal Year 2003 (FY03) for training and equipment. Additionally, 18 of the 64 counties that applied for infrastructure support will receive funding for a total of an additional \$250,000 in that area.

A peer review system was used to determine the awarding of the competitive funds. The grants review team, with representation from EMS training, Iowa EMS Association, Regional Councils of Governments, Economic Development, and hospitals from throughout the state, met to review and score each of the applications, according to programmatic criteria. Discussion by the review team took place at a panel meeting held on September 6 and 7, 2002.

The team discussed the merits of each application, then individually finalized their scores and recommended funding amounts. Panelists who had conflicts of interest

with particular applications were asked to leave the room and did not participate in discussion and scoring of those applications. Panelists' comments during application discussion were recorded by EMS Bureau staff and are being made available to applicants upon their request.

As principle stakeholders, the EMS Advisory Council and the Iowa EMS Association developed the initiative to focus on streamlining all funding processes to local EMS services for equipment, training, and EMS system development under a single contract for each county. This is consistent with goals of the Leadership Agenda from the Health Enterprise Team to achieve efficiency and effectiveness for all services and to include language for evaluation and outcome accountability. The new Iowa Code Chapter 140 "Emergency Medical Services System Development Grants Fund" rules were adopted and filed by the Board of Health on May 8, 2002, and endorsed by the EMS Advisory Council April 10, 2002, to eliminate duplicate funding cycles, applications and contracts associated with various funding streams. Former application and funding cycles are now merged into a single timeline under a single Request for Proposal (RFP) process. Additionally, use of the funds under Chapter 140 is tied to the strategic planning process involving local entities to tailor the use of the funds to meet their own unique needs.

# Latino Healthcare Network kicks-off statewide

By Carlos Macías-Castillo, Bureau of Health Care Access

A recent study commissioned by the Iowa Department of Public Health (downloadable at [www.ianepca.com/reports.htm](http://www.ianepca.com/reports.htm)) studied the health needs and disparities in immigrant populations throughout the state and found that nearly one of every two respondents had faced a language barrier when accessing health care within the last 12 months.

The study also found that approximately one in six immigrants had never had a routine check up with a primary care doctor and that approximately one in two Latino immigrants had no form of health

insurance.

Concerns like these have prompted a group of interested parties to form a statewide network that can help. The Latino Healthcare Network will have a kick-off meeting from 10 a.m. to noon on January 14, via the Iowa Communications Network (ICN). The Latino Healthcare Network's mission is to promote culturally appropriate communication and education to enhance delivery of health care services for Latinos through collaboration in rural Iowa communities.

Founding members identified potential network projects such as

the issues around qualified interpreters, interpreter sharing systems, outreach to local Latino communities, compilation and dissemination of translated materials, Promotora (lay health educator) and navigator service models, a Latino human resource guide, and more.

If you are interested in attending the kick-off meeting or would like more information about the Latino Healthcare Network, contact Carlos Macías-Castillo at the IDPH, 515 281-4094 or [cma-cias@idph.state.ia.us](mailto:cma-cias@idph.state.ia.us).

# Good nutrition can reduce birth defects

By Tonya Diehn, Center for Genetics

Each year in this country, approximately 150,000 infants are born with a birth defect – the leading cause of infant mortality. In Iowa, nearly 1 in 5 pregnancies is affected by a birth defect. Among common types in Iowa are heart defects, Down syndrome, and cleft lip and/or cleft palate.

The costs for medical care, special education, support services, lost wages, and untold emotional and stress-related costs are staggering. And this month, designated as Birth Defects Prevention Month, marks the tenth anniversary of the U.S. Public Health Service recommendation that all women who are capable of becoming pregnant consume 400 micrograms (400 mcg or 0.4 mg) of folic acid each day. Most multi-vitamins contain

the recommended amount of folic acid.



Taking folic acid every day before becoming pregnant and in the early weeks of pregnancy can reduce a woman's risk of having a pregnancy affected by some kinds of birth defects. The most common of these defects is spina bifida, the

leading cause of childhood paralysis. Experts advise women to take a vitamin containing folic acid every day as well as consume foods rich in folic acid like green, leafy vegetables and fortified breakfast cereals.

In Iowa, the Iowa Department of Public Health, the Iowa Birth Defects Registry, the March of Dimes, the Iowa Folic Acid Council and local health care professionals collaborate to provide information and education on birth defects.

For more information about birth-defects prevention, visit [www.idph.state.ia.us/fch/fam\\_serv/ibdi.htm](http://www.idph.state.ia.us/fch/fam_serv/ibdi.htm) or [www.publichealth.uiowa.edu/birthdefects](http://www.publichealth.uiowa.edu/birthdefects).



# Henry Co. cardiovascular program targets obesity

By Doris Grilliot and Kathryn Hingtgen, Henry County Public Health

**M**uch attention is now focused on cardiovascular disease, obesity, exercise and nutrition nationwide. The Henry County Public Health Department began an initiative to decrease cardiovascular disease in the county in 2001 after a successful application for grant funds from the Iowa Department of Public Health (IDPH). Planning and preparation took place according to grant guidelines.

In 2002, the focus has been on Iowa Wesleyan faculty and four restaurants. As a result of the year long intervention program, faculty at Iowa Wesleyan College are discussing the development of their own challenge program with some of the present classes and involving both faculty and students.

Henry County Public Health has completed the planning stages of partnering with the REC Center in Mt. Pleasant to offer a program called "Strengthening Strides" to the public. The REC Center is conveniently located, has the space, and is a community initiative. The program will include

a weekly exercise class and monthly education sessions on nutrition, psychosocial aspects, exercise and others. Pre-screening and post-screening are planned. Henry County Public Health, together with the REC Center, has finalized their marketing plan. Volunteers will be assisting in the screening process, along with a personal trainer and Henry County Health Center Rehabilitation staff. The program got off the ground with pre-program screening January 2 and 3, 2003. Then on January 6, a kick-off session was held

Henry County intends to change some bad habits through education and interventions to include routine exercise and diet changes, along with discounts on some healthy foods at grocery stores and restaurants. The goals are to lose weight through walking and increased physical fitness. The Mt. Pleasant mayor was involved in the kick-off speech Monday. There has been a lot of interest from the public. Future goals include continued outreach efforts to increase participation and empowering

the public through even larger scale efforts, as discussed by the "Wellness Action Team," in December.

Henry County Health Center has been active in developing health interventions for the industry. The REC Center is just finishing up a three-month session of teams, "The Mt. Pleasant Weight Loss Challenge," with weight loss being the goal. It has been well received.

The county health department and health center belong to the community organization "Healthy Henry County Communities." Members of this organization are approaching cardiovascular disease and obesity as a community, targeting various populations.

The coalition has met with various people to consider moving forward as a community. The intent is to approach cardiovascular disease and obesity as a community so that the culture may be changed and chronic disease decreased.

# Epidemiology Notes



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

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**"Noroviruses"** - Norwalk-like viruses (NLV), now classified under the genus *Norovirus*, cause an estimated 23 million infections, 50,000 hospitalizations, and 300 deaths among Americans each year and are the leading cause of gastroenteritis outbreaks. Although fecal-oral (usually contaminated food) is the usual form of transmission, airborne and environmental transmission can occur too. Recently, the number of outbreaks due to this virus has dramatically increased.... In Iowa, 12 of 19 outbreaks this past year were caused by NLV, and nationally, NLV caused 9 outbreaks on cruise ships. Factors influencing transmission and control measures have been summarized well in the following passage of the December 2002, Indiana Epidemiology Newsletter by Pam Pontones:

First, the virus requires a very low inoculating dose to transmit infection. Second, several strains exist, so exposure to one strain will not protect against exposures to other strains. Third, immunity appears to last only a few months, so it is possible to eventually be reinfected with the same stain. Fourth, the virus is extremely environmentally stable and can remain infective on surfaces for

several days. Finally, people may continue to shed virus up to two weeks after symptoms have ceased.

In any setting, there are several ways to help prevent the spread of infection:

- ◆ Wash hands thoroughly with soap and running water
  - After using the restroom
  - After changing diapers
  - After assisting someone to use the restroom
  - After assisting someone who is ill
  - Before preparing food
  - Before eating
- ◆ Exclude ill people from preparing food or providing medical or childcare.
- ◆ Exclude ill children from daycare and school.
- ◆ Do not attend work or social events while ill.

For further study on control of NLV refer to MMWR at the following site:  
<http://www.cdc.gov/mmwr/PDF/RR/RR5009.pdf>

**Epi Info 2002** - The current version of Epi Info (Epi Info 2002 Revision1, Release date 11/4/02) is available free of charge on the CDC website

([www.cdc.gov/epiinfo](http://www.cdc.gov/epiinfo)). The software can be used to create databases, enter data, and do data analysis. A manual on Epi Info can also be downloaded from the CDC site.

**Upcoming Events:** On Thursday, January 9th the CDC will present a rebroadcast of an earlier satellite broadcast entitled: "Smallpox Preparedness, Considerations for Response Team Volunteers." Please refer to the attachment for more information. The Iowa Dept. of Public Health will not be transmitting this over the ICN, but this program can be viewed anytime by accessing the following website: <http://www.bt.cdc.gov/agent/smallpox/training/webcast/dec2002/webcast-1220.asp>. Additionally, the presentation can also be requested, free of charge from the Public Health Foundation.

**Summary of Tick Surveillance in Iowa for 2002:** Dr. Wayne Rowley, Dept of Entomology, Iowa State University reported that the final tally of ticks [n = 746] in Iowa submitted for identification were as follows:

- ◆ 199 *Amblyomma americanum* [Lone star tick]. This tick vectors human monocytic ehrlichiosis

and can cause tick paralysis. There are some data to support *A. americanum* transmitting a new species of *Borrelia*.

- ◆ 238 *Dermacentor variabilis* [dog or wood tick]. Vectors Rocky Mt Spot Fever, tularemia and causes tick paralysis.
- ◆ 264 *Ixodes scapularis* [deer tick]. Vectors Lyme disease and human granulocytic ehrlichiosis.
- ◆ 248 deer ticks were forwarded to the University Hygienic Laboratory, Iowa City and PCR tested for the Lyme spirochete, *Borrelia burgdorferi*. Sixteen or 6.5% tested positive, down somewhat from early year figures of 9-10%. The majority of the deer ticks were submitted from central Iowa counties [Polk, Story, Boone, and Webster] indicating a significant increase in deer ticks from this region. Heretofore in other years, most of the deer ticks were submitted from the eastern third of the state especially the Mississippi River valley.

Tick identification remains available at ISU for Iowa hospitals, clinics and individuals. Wrap tick in a piece of tissue and add a few drops of water, place in small plastic bag, seal

with cellophane tape, and place in standard letter-size envelope. Include history of where tick was probably acquired and name, address, and telephone number of where to submit report. All suitable deer ticks are automatically forwarded to the University Hygienic Laboratory for *Borrelia* testing. Send specimens to: Dr Wayne Rowley, Dept of Entomology, ISU Science II Bldg-Rm 440, Ames, Iowa 50011. Note "Tick ID" on lower left panel of envelope. Telephone number of entomology laboratory is 515 294-4387.

**Newcastle Disease - The Occasional Zoonosis:** In early December, CADE received an inquiry from a state health staffer [50 y.o. male] with obvious bilateral conjunctivitis, who resides on a hobby farm near Des Moines. This staffer asked if his conjunctivitis was perhaps the result of butchering and dressing a few range-fed chickens over the weekend. We speculated about allergy and adenovirus 8 but somehow that did not fit any exposure profile. Recalling that Newcastle disease (ND) is common in poultry and can transmit to humans, we next went to our Diseases of Poultry, Barnes et al, 8th Ed, 1984, and indeed the last paragraph of the introduction to the ND chapter was as follows: "Humans exposed to Newcastle disease virus (NDV) may develop conjunctivitis, which is usually mild and persists 1 - 2 days but on occasion is quite severe and may lead to some lasting impairment of vision. Most infections have occurred

among laboratory workers who handle the virus either in research or vaccine production laboratories. Vaccinators and individuals who eviscerate and prepare poultry for market may become infected. Chang (1981) has provided a comprehensive review of NDV infections in humans." Empirically we had a diagnosis and now, how to confirm it? The medium of choice to isolate the virus was 9 day old chick embryos, which and no longer available at UHL. The Department of Veterinary Microbiology and Preventive Medicine, Iowa State University, after concurrence with campus biosafety officials, graciously agreed to inoculate some eggs with conjunctival swabs collected from patient. The patient, off work for two days, continues to improve. Stay tuned for results.

**Guidance on the use of Potassium Iodide:** IDPH has received a number of inquiries requesting guidance on Potassium Iodide (KI) in the wake of the media attention garnered by the US Postal Service and their plan to supply employees with KI for possible use during a radiological event. State Medical Director Quinlisk and Bureau of Radiological Health Chief Flater prepared an "Information Notice" for individuals seeking information on the use of KI as a thyroid-blocking agent during a radiological incident. Please contact either Dr. Quinlisk (515 281-4941) or Don Flater (515 725-0301) to obtain a copy of this notice.

# Worth Noting

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**Des Moines University announces Interim President** - Steve Dengle, M.B.A., has been named Interim President of DMU following the retirement of President and CEO Richard M. Ryan Jr., D.Sc.

Dengle has been with DMU since 1979 and was serving as the university's Executive Vice President. He has held past positions as the university's Vice President for Administration and Finance, Executive Director of Administrative Services, Executive Assistant to the President, and Personnel Director.

## Side Notes

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**Des Moines University Winter Term** - The Public Health Program at Des Moines University starts its winter term Jan. 6. Classes offered include: Healthcare Statistics & Research, Public Health Administration and Management, Designing Health Education, Legal and Ethical Issues in Health Care, Occupational and Environmental Health, Management of Health Organizations, Health Services Program Evaluation, Overview of U.S. Health Care System, Health Care Economics and Policy, and Advanced Research Methods. Visit [www.dmu.edu/dhm/calendar](http://www.dmu.edu/dhm/calendar) for dates, times and a registration form. If you would like an information packet or for questions regarding the program, contact Lisa at 515 271-1364 or e-mail at [HMAdmit@dmu.edu](mailto:HMAdmit@dmu.edu).

**Changing the Future/2003 Public Health Conference** - This conference will be held March 25 & 26 at the Scheman Conference Center in Ames, IA. For more information see [www.ieha.net](http://www.ieha.net) or [www.iowapha.org](http://www.iowapha.org). The conference is jointly sponsored by the Iowa Department of Public Health, University of Iowa College of Public Health, the Iowa Public Health Association, the Iowa Environmental Health Association, Des Moines University, and Child Health Specialty Clinics.

**Barn Raising IV/Governor's Conference on Public Health** - Mark your calendars for Barn Raising IV August 14 & 15, 2003 at Drake university in Des Moines. The purpose of the conference is to bring together cutting edge experts from several arenas to expand participants' knowledge base, to introduce new tools and resources, and to share successful program models through workshops and networking. Plans are to post conference information, including CEUs, registration, lodging, and speakers, on [www.idph.state.ia.us](http://www.idph.state.ia.us). For questions call Louise Lex, Ph.D., Iowa Department of Public Health, at 515 281-4348 or e-mail [llex@idph.state.ia.us](mailto:llex@idph.state.ia.us).

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