

# The Hepatitis C Virus: a silent killer

By Hal Chase, RN, BSN, Hepatitis C Program Coordinator

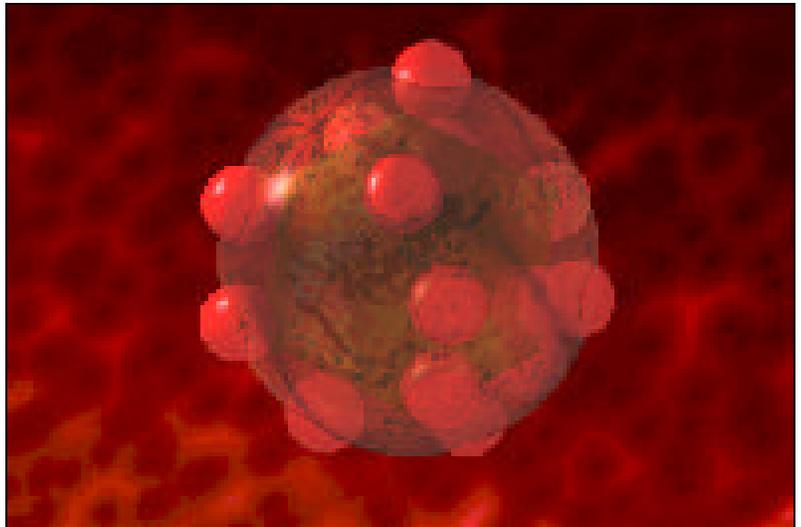
**S**usie Makinster of Cedar Rapids knows what it's like to have a disease whose existence, severity and treatment are critically underestimated. For Makinster, living with hepatitis C has been "a journey to discovery, a very long ride on an emotional roller coaster, and a special gift."

Diagnosed in 1993, her doctor told her she got the disease from contaminated food or water. "Once your liver enzymes are elevated," he told her, "they'll always be elevated. Don't worry, it's not a big deal."

Armed with this misinformation, she tried not to

worry. "My search to discovery began on a landscape almost bereft of information," she said. "I was pretty sure that I was the only person in Cedar Rapids – maybe in the entire state of Iowa who had this virus that no one had heard of."

According to the Centers for Disease Control and Prevention, Makinster is among about 57,000 Iowans who have hepatitis C (HCV), and like her, the majority will not know it. The outlook is bleak. The average age for people with hepatitis C is under 50, and the occurrence of



**A closer look** - This photo shows a microscopic view of the HCV virus. The CDC estimates around 57,000 Iowans have the disease, but most don't even know it.

HCV with other illnesses such as HIV/AIDS has been well documented. Most health-care professionals have heard of hepatitis C (HCV) but few

understand the complexities associated with testing, diagnosing, and treating patients with the disease let alone know how to (Continued on page 2)

## Medicare reimbursement is about public health

By Stephen Gleason, D.O., Director



**I**f you think the hubbub over Medicare reimbursement is merely a partisan political issue, think again.

First, it's not partisan. Iowans of both parties in Congress have pushed the issue for years, and Sen. Charles Grassley, a Republican, was recently quoted in the media as supporting the effort by Gov. Tom Vilsack, a De-

mocrat, to get the U.S. Department of Health and Human Services to change the way it reimburses for Medicare patients.

Second, the effort is "political" only in the sense that we have to persuade politicians of all stripes that the current system is inequitable for Iowa. (Continued on page 2.)

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approach, counsel, and support the needs of patients who are at risk for hepatitis C.

### What is hepatitis C?

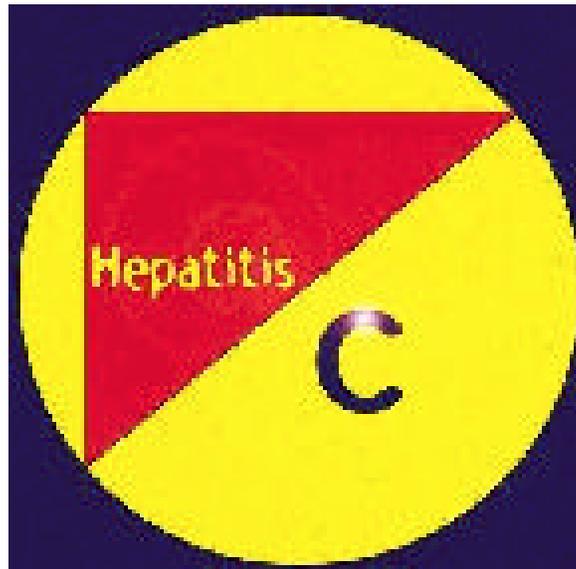
HCV is an RNA virus of the Flaviviridae family. There are six genotypes and more than 50 subtypes. Genotype 1 accounts for 70 to 75 percent of all HCV infections in Iowa, and is associated with a poorer response to treatment. The virus also has a high propensity to mutate. HCV transmission occurs primarily through exposure to infected blood. In the 75 percent of patients whose cellular immune response is ineffective in clearing the virus, HCV infection causes liver injury, which leads to hepatic inflammation – fibrogenesis. This development of fibrosis leads to cirrhosis. The fatal consequence of cirrhosis is portal hypertension. What's more, HCV can lead to End Stage Liver Disease (ESLD), the 10<sup>th</sup> leading cause of death in the United States with 10,000 deaths annually. This number is expected to reach 30,000 by 2010.

Exposure to HCV results from injecting drugs, blood transfusions (prior to 1992), solid organ transplantation from infected donors, unsafe medical practices, occupational exposure. Birth to an infected mother, multiple heterosexual partners, and high-risk sexual practices are the known risk factors associated with this illness. It is important to note that although there are a number of ways of getting infected, as many as 40 percent of infected patients are unable to pinpoint exactly how they became infected.

Acute hepatitis C began to decline 15 years ago as a result of testing for anti-HCV antibodies in donated blood, and a reduction of transmission among injection drug users. However, in spite of this the prevalence of HCV is still rising. Given the

large number of people who were infected with HCV before screening and before the decline in intravenous drug use, this rise demonstrates the chronic, lifelong nature of HCV infection. Symptoms are uncommon but can include malaise, weakness, anorexia, and jaundice.

Makinster told about the dreadfulness of this little low-profile disease. "I felt very alone and frightened," she said. "As my journey continued, I quickly learned that HCV is neither a well known nor a well-understood disease. I have undergone three rounds of treatment, and finally re-



sponded to 48 weeks of Pegylated intron with ribavirin. The treatment is almost worse than the disease. Side effects of extreme physical and mental fatigue, irritability, depression and an increased susceptibility to illness are constant companions."

Makinster has devoted an incalculable amount of time and energy to learn all that she could about the disease and has become a tireless advocate for those dealing with HCV.

Many obstacles face health-care professionals in identifying, screening, counseling, and treating people at risk for contracting HCV. Most health-care professionals and their

patients don't know the risk factors, and if they do know feel uncomfortable asking their patients, or their doctors the questions that relate to risk factors.

There is also confusion as to which tests to complete and the sequence in which these tests should be run. HCV can cause both acute and chronic hepatitis. In acute HCV, serum alanine aminotransferase (ALT) levels can indicate hepatocytes injury and necrosis in two to eight weeks. About one-third of adults develop clinical symptoms and jaundice with onset beginning from three to 12 weeks after exposure. The remaining two-thirds have no symptoms. Subsequently, most patients dismiss their symptoms as a common cold or flu.

Chronic HCV averages 70 percent - 80 percent, but varies by age, sex, race, and immune status. During the evolution of acute to chronic infection ALT levels fluctuate, can normalize, and the virus can go undetected. Most patients with chronic hepatitis C (if they know they have it) have few if any symptoms, the most common being fatigue, which is typically intermittent. Right upper quadrant pain (liver ache), nausea, and poor appetite have been reported in some patients.

### Supportive measures

Counseling and supporting patients is a major consideration for both health care professionals and people faced with treatment options, according to Jane Hershberger, a registered nurse at the University of Iowa who provides counseling and support to patients with hepatitis C.

And communication is essential. Health-care professionals need to make patients aware of factors such as length of treatment, the most common side effects, and

the necessity of laboratory tests before a decision can be made about therapy. The patient needs to understand that with the exception of the flu-like symptoms, side effects vary greatly from person to person. The health-care professional needs to listen to the patient's problems and assist in determining what interventions are needed, if any.

### Public Health Involvement

The Iowa Department of Public Health was recently awarded a grant from the CDC to identify, prevent, and control HCV. To provide direction in implementing these objectives IDPH sought interested

public health & medical personnel with expertise and experience in client services, education, research, and technical assistance to form a Strategic Planning Committee to formulate action steps on how to proceed. The first step was to define its mission, which is to compile accurate, comprehensive data on hepatitis C. This will allow the targeting of prevention, education and training. Further, the committee will provide education and training in hepatitis C for health care professionals, policy-makers, at-risk populations, hepatitis C-infected people and the general public.

For more information, call Hal Chase, hepatitis C program coordinator at 515-281-5027, or e-mail at [hchase@idph.state.ia.us](mailto:hchase@idph.state.ia.us), or visit the following web sites:

- CDC Fact Sheet on HCV <http://www.cdc.gov/ncidod/diseases/hepatitis/c/fact.htm>
- CDC Frequently Asked Questions/HCV <http://www.cdc.gov/ncidod/diseases/hepatitis/c/faq.htm>
- CDC Position on Tattooing and HCV <http://www.cdc.gov/ncidod/diseases/hepatitis/c/tattoo.htm>

## Medicare Reimbursement is about public health

By Dr. Stephen Gleason

**Continued from page 1**

And now, when national candidates are making their once-every-four-years treks to Iowa, is the perfect time to make our point.

Fact is, the issue is important for all of us who work in public health. That's because reimbursement rates affect access, and assuring access is one of the essential services of our profession.

In case you don't know about this controversy, Gov. Vilsack announced he will ask the U.S. DHHS to correct the way in which it reimburses for Medicare services. And the Governor, and Attorney General Tom Miller, have said that if that doesn't work, they will sue the federal government. The Governor's Office has also collected over 25,000 signatures of Iowans who want the reimbursement rate changed. The Governor's political rival has criticized the Governor's advocacy for change, and Tom Scully, administrator for DHHS' Center for Medicaid and Medicare Services, called Vilsack's threat of a lawsuit "ridiculous" and "absurdly irresponsible."

Here's the problem. Iowa, which ranks fifth in the proportion of citizens

who are Medicare-eligible, ranks dead last in per patient reimbursement for Medicare services. The average Medicare reimbursement for Iowa is \$3,053, while the national average is \$5,490. The average for Medicare patients in Louisiana is \$7,336; in Florida, \$6,924; and in New York, \$6,924. Iowans pay for Medicare, by the way, at the same rates that people in those states, and every other state, do. The total deficit in reimbursement for Iowa has been estimated to be \$1 billion per year.

While Iowa ranks at the bottom in reimbursement, it ranks eighth in the quality of care provided to Medicare patients, according to data published in the Journal of the American Medical Association in October, 2000. So, our providers are giving much more than the average U.S. provider and being reimbursed much less.

The inequitable reimbursement means that hospitals, physicians and other providers are being short-changed, discouraging physicians and others from locating and staying in Iowa, and placing at risk the continuing existence of some hospitals.

What's more, the inequity directly af-

fects the Medicare benefits Iowans receive, or don't receive. In many states, Medicare-eligible citizens have the option of joining Medicare HMOs, offered by private insurance companies. The companies accept the state's Medicare reimbursement and provide lots of extras to their members. Those include eyeglass coverage and prescription drug benefits. Those companies aren't interested in doing business in Iowa because of the low reimbursement rate.

What does all this have to do with public health? Plenty. Physicians and other providers have little incentive to stay in rural areas, where the Medicare-eligible populations are often the highest. That means that access to those providers is in jeopardy, which means that the population's health is in jeopardy. And when a hospital can't keep its doors open because of low reimbursement for its services, it can be a disaster for the population's health.

We need to pull together to change the system, no matter what our political preference. Medicare reimbursement cuts to the heart of what we do in public health – promoting and protecting the health of Iowans.

# First Iowa Human West Nile Case Reported

By Kevin Teale, Communications Director

The Iowa Department of Public Health announced the state's first case of West Nile virus last week.

A blood sample obtained from a Lee County resident has tested positive at the University Hygienic Laboratory. If confirmed by tests at the Centers for Disease Control and Prevention (CDC), this will be the state's first human case.

The man was hospitalized for a week, but has been released. "This report was expected, given the fact that the virus has already been identified in birds or horses in 83 Iowa counties and more than 80 human cases have been reported in states bordering Iowa," said Dr. Steve Gleason, director of the Iowa

Department of Public Health. "Our message, however, has not changed. We continue to encourage all Iowans to protect themselves against mosquitoes, and to reduce mosquito breeding grounds near their homes." Such measures include the following:

- Avoid outdoor activities at dusk and dawn when mosquitoes are most active.
- If you are outside, cover up by wearing long-sleeved shirts, pants, shoes and socks.
- Use mosquito repellents with DEET. Use DEET judiciously with small children.
- Eliminate standing water in tires or similar water-holding containers as these may serve as mosquito breeding

sites. Change the water in birdbaths at least weekly.

- Make sure that open windows have screens on them. Ensure that the screens fit tightly and have no holes in them.

Physicians are encouraged to be vigilant for patients who have symptoms consistent with West Nile virus infection, such as fever, muscle aches and/or a severe headache. Testing of human specimens is available through the University Hygienic Laboratory.

Further information on West Nile virus can be found at the Iowa Department of Public Health web site at <http://www.idph.state.ia.us/pa/ic/wnvsurveillance.htm>.

# Iowa Adoption Barrier Removed

By Kevin Teale, Communications Director

Action by the State Board of Health has removed a hurdle Iowa parents had to clear to adopt children from foreign countries.

The rules change, adopted by the board through its rule-making process, waives a requirement that will save several hundred Iowa parents over two thousand dollars in legal fees previously required in many foreign adoptions. Authority to issue the new rules was granted by the Iowa Legislature this year in the unanimous passage of House File 2190.

Under the previous rules, Iowa parents who adopted a foreign child were forced to reapply to adopt that child in Iowa courts, even if adoption procedures were already completed in the child's native country.

That extra step through Iowa courts often cost the new parents several thousand dollars.

Under the new rules, foreign adoptions already completed in the native country and recognized by the U.S. Immigration and Naturalization Service (INS) will be immediately recognized in Iowa, and a new birth certificate issued if the parents request it.

"Many Iowa families would love to adopt and raise foreign children," said Dr. Stephen Gleason, director of



**Adoption rule change appreciated** - Heidi Grace, right, speaks about going through the process to adopt her son from Russia, while IDPH Director, Dr. Stephen Gleason gives her son a boost at the podium.

the department. "The new rules will eliminate a barrier that was standing in their way.

# State laboratory complex construction begins

By Dennis Klein, Deputy Medical Examiner

On July 29 the Iowa Department of General Services in conjunction with architectural designers celebrated groundbreaking for a new state laboratory complex with Governor Tom Vilsack and other guests from the Des Moines Area Community College (DMACC) and state and local governments. The Division of Criminal Investigation, the hygienic laboratory, the agricultural laboratory and the medical examiner's office, each will be housed in this complex on 20 acres on the DMACC campus in Ankeny. The laboratories will be connected, providing a network for cooperative functions and shared needs of each of the agencies. The project is expected to be complete in December 2004.

The medical examiner's office and the Hygienic laboratory, two agencies under the Iowa Department of Public Health, will see advanced improvements in facilities, resulting in greater service, as well as meeting future needs of Iowans. The medical examiner's portion consists of an approximately 21,000 square foot building. Efficiency and safety are emphasized in the design that is intended to handle high volumes of potentially biohazardous cases. A well-designed receiving area, away from the public entrance, also will improve flow for the numerous funeral directors transporting bodies 24 hours a day. In addition, adequate cooler space, located next to the receiving area, will be available for temporary body storage. Mindful of the potential for a terrorist attack or transportation disaster, design features include additional preparation for adaptations to the facility to handle mass disasters.

The general public is often unaware

of the significant physical labor that is required in the typical functioning of a medical examiner's office. Bodies sometimes weighing several hundreds of pounds need to be lifted, cleaned, and transferred several times to various tables and carts during the course of the examination. The potential for physical injury to workers is great. Therefore, design efforts to keep the transfer and movement of the bodies to a minimum is intended to help prevent worker injuries. Wide doors, adequate working space, and sturdy carts are just some of the design features to increase efficiency and reduce injuries.

**"We do not take lightly beginning a project like this in times of budget struggles. Having these agencies all under one roof will actually save state money in the long run and it will allow for better communication between health and law enforcement since they will all be in the same building." - Dr. Julia Goodin, chief state medical examiner**

The main autopsy room has four stations, with viewing windows from corridors along two walls. Thus, police and other officials may view the autopsy and communicate through an intercom system with pathologists without unnecessary exposure to biohazardous material. In addition, optimal natural and artificial lighting in the autopsy room will be present for examination and photography of autopsy findings. A separate special autopsy room with increased air flow and downdraft tables, will greatly reduce the risk and discomfort to staff working with decomposed or infectious bodies.

Many of the autopsies performed by the medical examiner, have significant medicolegal importance. Proper handling and storage of evidence is imperative. Therefore, the medical examiner's building will have specially designated and secured areas for evidence preservation and temporary storage. Additionally, the building will have a public entrance and reception area, away from the general work area, for interaction with the public. In the public area, a private room will be available for family members to meet with Medical Examiner staff.

With the ever-increasing role of forensic science in criminal justice and public health and security, the need is imperative for a state medical examiner facility and updated crime and Hygienic laboratories. In a single complex, agencies will have facilities that will greatly improve their capabilities and effectiveness. As Dr. Julia Goodin, chief state medical examiner, aptly told audience members during the groundbreaking ceremony, "We do not take lightly beginning a project like this in times of budget struggles. Having these agencies all under one roof will actually save state money in the long run and it will allow for better communication between health and law enforcement since they will all be in the same building."

Upon completion of the facility, the medical examiners office will then be able to apply for accreditation from the National Association of Medical Examiners. Accreditation will raise death investigation in Iowa to national standards. The new facility will be instrumental in helping officials investigate deaths and providing respect and dignity to deceased Iowans and their families.

# Making Tracks in Cerro Gordo County

By Tammy Bryant, Cerro Gordo County Department of Public Health

The Heart Healthy Cerro Gordo County Coalition has developed a new walking program called *Making Tracks*. This home-grown program started in February 2002 with a kick off during the American Heart Association's *American Heart Walk*, held at Southbridge Mall in Mason City. It was a partnership of community efforts to make Cerro Gordo County a much healthier place, especially from cardiovascular disease.

Funding from the Iowa Department of Public Health's Cardiovascular Risk Reduction Program provided for the costs of initial program planning by the coalition. Additional funding from the Cerro Gordo County Health Department along with in-kind support needed to develop materials, deliver programming, compile data, and analyze the results, were provided by several coalition members and participating businesses in the community.

From there we visited businesses, community and private groups to deliver the message of *Making Tracks* and how easy it is to become healthy...one step at a time. The program is FREE to all residents of Cerro Gordo County. All they have to do is sign-up. Each person is given a packet of information, that describes the program in great detail.

The packet includes a registration form, which gives us great demographic information, from which we have created an extensive database. The registration form also asks participants why they want to join, what they hope to accomplish, and what programs and information they want to help them be successful. A com-

us to analyze individual behavioral changes and help plan for the future of the program. We also include a daily log/activity form. Participants can then track how far they have walked and how long their post-walking pulse, and their own RPE (Rate of Perceived Exertion), after each walk.



**Heart Healthy** - Brenda Rasmussen, left, signs up for the *Making Tracks* program with Patty Paul, seated, from the Heart Healthy Coalition and Tammy Bryant, from the Cerro Gordo County Dept. of Public Health.

mitment form in the packet is a reminder that their own heart health is important, and that they want to take responsibility to help improve or prevent cardiovascular disease from happening to them. A health questionnaire in the packet is the evaluation tool that will be a guidepost to reinforcing and building a strong and growing program. It consists of simple demographic information and a series of 13 questions dealing with the participant's perceptions of what their current health status and health habits are. At specific intervals in the program, we will again distribute the health questionnaire to all participants for completion. This will allow

We have had fantastic community support generated from this program. As a *Making Tracks* member, each person receives a membership card for healthy discounts at area businesses and restaurants. We also hold monthly mini-education sessions at Southbridge Mall. They are offered as 15-minute sessions, at three different times during the day. Professional speakers donate personal time to help make a difference for the people of Cerro Gordo County. Every

three months *Making Tracks* participants join a bigger hospital-based group, called *Change Of Heart* and have a 90-minute session in the evening. Both organizations present programming to address a variety of health topics.

The Heart Healthy Cerro Gordo County Coalition now has an expanding program that boasts over 270 participants and has five months **under its feet!**

For more information please call Cerro Gordo County Department of Public Health at 641 421-9315.

# State library offers HealthInfolowa site

By Louise Lex, PhD, Healthy Iowans 2010 Coordinator

In today's "I need answers right away" work environment, HealthInfolowa offers quick, accurate, and current information. It's like having a health information library right on our desks. Here's what's available:

- Health Information resources located in Iowa
- Links to such authoritative general health information web sites as MEDLINE *plus*
- Resources for tracking down, obtaining, and evaluating online health information. There is even a tool for evaluating information and health information web sites to help answer what we often think of as off the wall-type questions or

claims.

- Resources for providers, professionals, consumers, and students looking for information. And if you are computer-shy like me, there's a tutorial.

We can thank the folks at the State Library for this great tool. Funding came from the National Library of Medicine. Partners for HealthInfolowa are the Ames Public Library, Hardin Library for the Health Sciences, University of Iowa, Iowa Department of Public Health, Iowa Substance Abuse Information

## HealthInfolowa

a resource for online health information



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

Center, and Methodist/Lutheran/Blank Children's Hospital.

Make [www.HealthInfolowa.org](http://www.HealthInfolowa.org) a favorite web site!

## Grant may help increase number of Iowa nurses

A federal grant may bring relief to Iowa's chronic shortage of nurses and nursing assistants.

IDPH's Bureau of Health Care Access received funding in the amount of \$1.1 million from the Health Resources and Services Administration's Bureau of Health Professions on July 23.

Sen. Tom Harkin helped facilitate the grant process, which, in part, resulted from the findings of the Governor's Task Force on the Nursing Shortage, the Iowa Council of Nurses, the Iowa Nurses Association,

the Iowa Care Givers Association, and others.

Among the projects to be funded from the grant are employer-based mentor program for nurses and nursing assistant's; a nurse and nursing assistant recruitment and retention stimulus/incentive program; and a demonstration project on recruitment and retention.

The projects will result in two new positions in the Bureau of Health Care Access. The bureau has also submitted a proposal for a second year of funding, for a database and predictability study for recruiting and

retention.

There are three funding opportunities for initiatives related to nurses and nursing assistive personnel recruitment and retention. The deadline is Sept. 23. More information can be accessed by going to [www.idph.state.ia.us](http://www.idph.state.ia.us) under the right hand bar listing of "availability of departmental funds."

For more information, contact Doreen Chamberlin at 515 281-8517 or e-mail [dchamber@idph.state.ia.us](mailto:dchamber@idph.state.ia.us).

# New faces join disaster/terrorism team

By Jami Haberl, Office of Disease Epidemiology and Disaster Preparedness

Over the past couple of months, a number of new faces have joined the Center for Disaster Operations and Response (CDOR). The center was established through grants awarded by the Centers for Disease Control and Prevention and Health Resources and Services Administration last year.

Tom Bowe, Chief of Biosecurity and Protective Research for the Director's Office, plays a crucial role in disaster preparedness activities. Tom spent 25 years as a United States Secret Service Agent and recently worked with the Department of Inspections and Appeals. He is responsible for conducting statewide liaison activities, coordinating and facilitating access to intelligence information and developing and implementing comprehensive internal IDPH security protocol/operating procedures.

John Stark comes from the Department of General Services. John's military experience will be an asset in his new role as Operations Officer. John is responsible for all aspects of the IPDH emergency plan and operating procedures. Additionally, he assists with the establishment of the IDPH Emergency Operations Center (EOC) and works closely with staff at the department and other state agencies and partners.

Sharon Cook, a 20-year IDPH vet-

eran, joins the center as the Strategic Planning Officer. Sharon's responsibilities include the development of the strategic plan and tracking projects in addition to managing several of the subcommittees of the Iowa Health Disaster Council.

Jami Haberl comes from the Center for Acute Disease Epidemiology and serves as the Management Officer. Jami's responsibilities include being the primary author for the CDC and HRSA bioterrorism grants, tracking and management of budgets, contracts and grants for ODEDP.

John Carter joins the center as the Medical Services Officer. John has extensive emergency services experience as an ER nurse and paramedic. He oversees all aspects of disaster coordination as it relates to health-care entities and emergency medical services. Additionally, he is responsible for the coordination and development of regional hospital and EMS response plans.

Mary Rexroat serves as the Public Health Bio-Terrorism and National Pharmaceutical Stockpile (NPS) Officer. Mary has been with the department over 10 years. Mary's responsibilities include managing the NPS, implementation of the IDPH Bio-Terrorism plan and coordinating the newly created environmental sampling team.

Jenise Dahlin joins CDOR from the tobacco program. Jenise is the Lo-

gistics Officer for the center in addition to serving as the assistant to the NPS program. She manages all equipment and logistic operations and all vendor inquiries for the center. Additionally, she will develop and manage the Iowa Disaster Medical Assistance Teams database and tracking system.

Tom Boeckmann, a former investigator for the Bureau of Emergency Medical Services, has assumed duties as the Health Alert Network Officer. Tom's role is to develop a plan to connect all local public health agencies with high-speed Internet access to disseminate and collect information, provide distance learning, and implement a plan for rapid dissemination of health alerts via telephone, pagers, fax, Internet, and satellite systems.

Jen Schnathorst has been serving as the Administrative Assistant since the new office was created last fall. Jen has been working at the department for eight years. Her duties include scheduling, travel requests, assisting with contracts, and many other office duties.

Jane Barker, comes for the Department of Inspections and Appeals and serves the role as the center's secretary. Jane's responsibilities include sorting mail, ordering of supplies, triaging phone calls and other daily office duties.

## Obtaining Past Issues

Back issues of *Iowa Health FOCUS* are available on the Iowa Department of Public Health Web site at: [www.idph.state.ia.us](http://www.idph.state.ia.us).

# All-Terrain Injuries and Deaths on the Rise

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

All-terrain vehicles (ATVs) are killing and injuring nearly 112,000 people every year and children younger than 16 are paying the heaviest price. According to the Consumer Federation of America, between 1993 and 2001, the number of injuries caused by ATVs rose to more than 111,700. Between 1982 and 2001, at least 4,541 Americans were killed while riding ATVs. Of those, 1,714 were under age 16.

As of August 20, there were 28,389 registered ATVs in Iowa. The number of injuries and fatalities has increased steadily over the past few years. As of August 1, 2002, there were 52 injuries and 5 fatalities re-

ported to the Iowa Department of Natural Resources (many injuries go unreported).

The average risk of injury from ATV riding is high. Over its estimated seven-year life, the average ATV operator has a one-in-three chance of being involved in an event resulting in injury. The Consumer Product Safety Commission offers the following safety information:

- ATVs are not toys. Children under 12 years of age should not operate any ATV. Children between the ages of 12 and 15 should not operate adult size (greater than 90cc) ATVs.
- Always wear a helmet and other



protective equipment.

- Do not carry passengers.
- Do not ride on paved roads or use alcohol.
- Take a training course. A hands-on training course is necessary for all ATV operators. Inexperienced drivers in their first month of using an ATV have 13 times the average risk of injury.

## Simple fix makes recalled chest safe

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

On August 5, three young sisters (ages 2, 4, and 6) were playing and accidentally locked themselves in a cedar chest. Their mother and two older sisters were working in the yard. By the time they were found, all three girls had suffocated.

On August 16, 2001, three children (ages 7, 3 and 1) crawled into a cedar chest and shut the lid. By the time they were discovered by their parents, all three had suffocated.

Lane and Virginia Maid furniture made 12 million cedar chests between 1912 and 1987. Most of those airtight chests lock automatically from the inside – a feature that is ideal for long-term storage of heirlooms but potentially deadly for children who play inside them. A recall for this type of cedar chest was issued more than five years ago; yet, the Lane Company has had only about 100,000 requests for replacement locks. Since these are

passed down through the generations, it is best to get these fixed now.

Keep in mind, your chest may be full of heirlooms today but this type of chest will probably outlast you. Maybe your grandchildren -- or the children of strangers who may buy the chest -- will come in contact with it someday. If the lid latches shut without depressing a button on the outside of the chest, the lock needs to be replaced.

**Free** replace locks may be ordered by calling toll-free 1 888 856-8758 or via the Internet at [www.lanefurniture.com/newlock/cpsc.htm](http://www.lanefurniture.com/newlock/cpsc.htm). Have serial and style numbers ready.



# CADE assigned new EIS Officer

**D**r. Tom Boo has been assigned to the Iowa Department of Public Health's Center for Acute Disease Epidemiology (CADE) as an Epidemic Intelligence Service (EIS) Officer. Tom is a physician with the Centers for Disease Control and Prevention



and will work with the IDPH for the next two years. The EIS is a fellowship in applied epidemiology, with traditional emphasis on investigations of communicable disease.

Prior to entering training for the EIS, Tom spent five years practicing at Toiyabe Indian Health Project in rural California. He just completed a short-term volunteer stint with Doctors of the

World in Chiapas, Mexico. He has had clinical experience in Uganda, Swaziland, Nicaragua, Peru, and Mexico. He studied tropical medicine in South America and received a diploma in Tropical Medicine last year. Between college and medical school, he spent two years as a Peace Corps Volunteer in the Philippines.

## Youth injury prevention conference to be held

By Lisa Lutz, Injury Prevention Coordinator, Bureau of EMS

**K**eeping Kids Safe, the first annual Iowa Child and Youth Injury Prevention Conference, will be held on September 19 in Des Moines. The goal of the conference is to increase awareness regarding the extent of childhood injury in Iowa, highlight successful injury prevention strategies, and provide collaborative opportunities for persons interested in child safety and injury prevention.

The one-day conference is targeted for emergency medical service personnel, fire fighters, law enforcement officers, hospital trauma coordinators, school nurses, SAFE KIDS coordinators and representatives, public health nurses, daycare providers, parents and other persons actively dealing with childhood injury prevention. Dr. Christine

Branche, director of the Division of Unintentional Injury at the National Center for Injury Prevention and Control/CDC will be the keynote speaker. The conference will also include presenters from around Iowa and the nation.

A separate evening session targeted at daycare providers is also being held on the evening of September 19. This session will provide daycare workers with important injury prevention information for use at their centers. Attendees wishing to expand their knowledge about product safety are also invited to attend an optional half-day workshop on Friday, September 20 from 8 a.m. to noon. The optional workshop, *Consumer Product Safety – It's Everybody's Business*, will be

hosted by the Consumer Product Safety Commission.

The *Keeping Kids Safe* conference and evening session will be held in the Dr. Virginia Thompson Auditorium at Blank Children's Hospital in Des Moines. The conference is sponsored by EMC Insurance Company of Des Moines, Blank Children's Hospital, the University of Iowa Injury Prevention Research Center, and the Iowa Department of Public Health. Both the child injury prevention conference and the half-day consumer product safety workshop are free and open to the public. Pre-registration is required as space is limited. For more information and registration materials, please call Blank Children's Hospital at 515 241-6438.

# Public Health Preparedness launches Grand Round series

Submitted by the University of Iowa College of Public Health

This fall, the Iowa Center for Public Health Preparedness is presenting a series of Grand Rounds sessions on public health preparedness via the Iowa Communications Network (ICN). Experts will address a variety of state, national, and international preparedness topics, including the investigation of ebola outbreaks, rapid identification of human and agricultural bioterrorism agents, operations and command systems for Iowa emergencies, and the CDC anti-bioterrorism strategy.

The intended audience includes administrators, communicable disease investigators, emergency management personnel, environmental health specialists, first responders (fire fighters, police, EMS), hospital personnel, laboratorians, nurses, pharmacists, physicians, veterinarians, and technical and support staff.

The presentations will be held from noon to 1:00 p.m. in the Raymond R. Rembolt Conference Room of the Center for Disabilities and Development (formerly the University Hospital School) on the University of Iowa campus in Iowa City. The programs also will be broadcast live to approximately 25 ICN sites around the state. The programs are free, but those attending in person or via the ICN

are asked to register in advance. An on-line registration form and additional details, including a list of participating ICN sites, are available at [www.public-health.uiowa.edu/icphp/](http://www.public-health.uiowa.edu/icphp/).

For those unable to attend the sessions, each presentation will be digitally recorded and made available by videotape, CD-ROM, and streaming video. The Grand Rounds presentations from spring 2002 are also available for viewing. Visit the center's web site for more information or contact Shari Heick at 319 335-6994.

The Grand Rounds series is co-sponsored by the UI College of Public Health's Iowa Center for Public Health Preparedness and the Iowa Association of Local Public Health Agencies.

## Public Health Preparedness Grand Rounds Schedule of Speakers

**Sept. 10 Responding to Ebola Outbreaks: The International Collaboration of the World Health Organization's Global Outbreak Alert and Response Network** - Ray R. Arthur, Ph.D., Project Leader for Hemorrhagic Fevers, Arbovirus, and Orthopoxvirus Infections, Communicable Diseases Surveillance and Response, World Health Organization, Geneva, Switzerland.

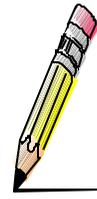
**Oct. 3 Rapid Laboratory and Field Identification of Human and Agricultural Bioterrorism Agents** - Gary Long, Ph.D., Senior Scientist, Tetracore, Inc.

**Oct. 24 Antibioterrorism: The CDC Strategy and Perspective** - Steve Ostroff, M.D., M.P.H., Associate Director for Epidemiologic Science, National Center for Infectious Diseases, Centers for Disease Control and Prevention.

**Dec. 12 Emergencies in Iowa: Operations and Command Systems** - Mary Jones, Executive Director, Programs of the Office of Medical and Public Health Disaster Preparedness, Iowa Department of Public Health, and Jerry Ostendorf, Chief, Readiness and Response Bureau of the Iowa Department of Public Defense, Emergency Management Division.

**Dec. 17 Agricultural Bioterrorism: How Domestic Animals, Crops, and Food Production Are Threatened** - Radford G. Davis, D.V.M., M.P.H., Assistant Professor of Public Health, Department of Veterinary Microbiology & Preventive Medicine, Iowa State University College of Veterinary Medicine.

# 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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**West Nile Virus Update:** As of today, 83 of 99 counties in Iowa are reporting some West Nile virus (WNV) activity. This number includes 96 WNV-positive birds, 63 horses, 7 sentinel chickens, and one positive mosquito pool. The positive sentinel chickens are from sentinel flocks in Scott, Woodbury, and Linn Counties; the mosquito pool from Black Hawk County.

Additionally, Iowa had its first reported case of WNV in a person - a presumptive positive case in a 50-year-old Lee County man. This man was likely infected early-mid August, developed symptoms suggestive of West Nile fever (headache, fever, myalgias, fatigue), and was hospitalized and released. For continued updates on WNV activity in Iowa, and for information on WNV, visit our web site at <http://www.idph.state.ia.us>.

**Disposal of Dead Animals with Probable West Nile virus:** We continue to receive inquiries concerning safe handling and disposal of horses and birds that have presumably died from West Nile virus

infection. Citizens should be encouraged to dispose of birds by picking them up with a plastic bag and dispose in household waste. Any horse or bird that dies of WNV have inactivation of virus as a function of tissue autolysis and pH change.

Rendering workers are not at risk, even if they remove the hide from a horse. Deeper tissue processing is mechanically performed by machine and subsequent heat treatment precludes risk of human exposure. It is important to point out that mosquitoes do not feed on dead carcasses, thus ending the cycle of viral amplification and human risk.

**West Nile Virus - Risk to Wild Game Hunters:** Inquiries have also been made about the risk of WNV to wild game hunters. According to the CDC, game hunters may be at risk if they become bitten by mosquitoes in areas with WNV activity. Hunters should be advised to follow the standard recommendations for preventing exposure to mos-

quitoes. Because the extent to which WNV is present in wild game is unknown, hunters are also advised to wear gloves when handling and cleaning animals to prevent blood exposure to bare hands, and to cook meat thoroughly and properly.

**West Nile virus - a threat to animals?:** Birds, horses, and humans are the only known species to show significant clinical illness when infected with West Nile virus. While dogs can be infected, they do not exhibit illness; cats are refractory to infection. Limited studies of various wildlife species indicate they also do not show clinical signs of infection.

Specimens of the big brown bat, little brown bat, eastern chipmunk, eastern gray squirrel, and the eastern striped skunk have all tested positive for WNV in recent U.S. studies. There has also been a case of WNV infection reported in a domestic rabbit. None of these species have developed sufficient viremia to show clinical illness or to

serve as a source of virus for mosquito vectors. As a reminder, WNV is transmitted by the bite of an infected mosquito and not by direct contact with a currently infected animal.

**Chronic Wasting Disease Diagnosed in an Elk in Minnesota:** This alert came late last week from the Minnesota Dept. of Health: "The Minnesota Board of Animal Health announced on August 30 that

an elk from an Aitkin County domestic elk herd has tested positive for Chronic Wasting Disease (CWD). This case is the first time CWD has been detected in Minnesota. There is no evidence in Minnesota or elsewhere that this particular prion-type disease has ever been transmitted to humans along the lines of the British Mad-Cow model."

In Iowa all domestic elk herds in the state are under voluntary surveillance by the Iowa

Dept. of Agriculture and Land Stewardship's State Veterinarian Office. All slaughtered elk and suspect illness/deaths are screened for CWD.

**West Nile Virus Educational Session:** An educational session on WNV will be held from 1 to 3 p.m. on Thursday September 12 over the ICN. Call 1 800 362-2736 or 515 281-4269 for more information.

## Worth Noting

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**Environmental Health Interim** - Tom Newton is serving as interim director of the IDPH's Division of Health Protection and Environmental Health. Stephen Quirk has resigned as the division's director.

**The Iowa Grants Guide (IGG)** - A great tool for finding funding sponsored by The University of Iowa (UI) Division of Sponsored Programs, the Iowa Nonprofit Resource Center (INRC), and the Iowa Council of Foundations (ICOF). See <http://www.iowagrantsguide.org/index.php?get=home>.

**Cholesterol web site** - The IDPH Diabetes Control Program recommends the following web site to order a 2002 National Cholesterol Education Month Kit sponsored by the National Cholesterol Education Program (NCEP): <http://hin.nhlbi.nih.gov/cholmonth/>. This year's web-based kit contains a variety of educational materials to use in your program, community, or practice. This year's theme for Cholesterol Education Month continues to be *Know Your Cholesterol Numbers - Know Your Risk*. Motivate people to know their cholesterol numbers, learn what their numbers mean, and learn about ways to lower their cholesterol level and their risk of heart disease.

# Side Notes

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**City of Carson seeks EMT-I** - The City of Carson is seeking an individual to fill the position of Emergency Medical Services EMT-I. Must have experience of no less than EMT-I, good organizational skills, high school diploma or equivalent, combination of education and experience. For complete job description and application, please contact: Carson City Hall, 127 Broadway, P.O. Box 128, Carson, IA 51525, Ph 712 484-3636. Resumes & Applications will be taken until position is filled. EOE

**Public Health Issues in Aging Conference** - This conference will be held September 16, 2002 at Gateway Conference Center, Ames, Iowa. It is co-sponsored by Des Moines University Geriatric Education Center and Iowa Department of Public Health. The conference is designed to assist nurses, social workers, health-care administrators, physician assistants, public health educators and others to gain understanding of elderly public health needs. For more information on registration, costs, and to register, go to [www.dmu.edu/continuinged](http://www.dmu.edu/continuinged).

**Breastfeeding Educator Program** - This three-day seminar and optional fourth day research update will be held Sept. 23-26 at Methodist Medical Center's Education and Research Center located at 1415 Woodland Ave. in Des Moines. There is a limited amount before Aug. 20. The one-day update program is \$100 if registering before Aug. 20. CEUs are available.

**Iowa HIV Conference 2002** - *Successes, Challenges and Renewed Commitment*, October 8 and 9 at the Holiday Inn Airport in Des Moines. The conference will include information on HIV prevention interventions, care and treatment updates, turning theory into practice, reaching at-risk populations, and networking with peers. Substance abuse, social work, and nursing CEUs available. Sponsored by the Iowa Departments of Public Health and Education, and HIV Community Planning Group. For more information, call 319 363-2531 or go to [www.trainingresources.org](http://www.trainingresources.org) or to <http://www.idph.state.ia.us/conf/list.htm>.

**DMU ICN Public Health Series** - The Des Moines University-Osteopathic Medical Center Continuing Education and Health Care Administration departments have collaborated to offer a Public Health Lecture Series over the ICN. This monthly series begins in October. Each program will be offered from 4 to 6 p.m. on Mondays. This lecture series will provide health care professionals with information on a wide range of pertinent public health topics. CEUs are available. The fee for each session, including continuing education credit, is \$20. For more information or to register, contact Susan Nedved at 515 271-1535 or [Susan.Nedved@dmu.edu](mailto:Susan.Nedved@dmu.edu)

## Lecture Schedule

October 13, 2002 Introduction to Epidemiology by Kathy Schneider, Ph.D.  
December 9, 2002 Introduction to Program Evaluation by Mary Pat Wohlford-Wessels, M.S.  
January 13, 2003 Introduction to Proposal Writing by David Garloff, Ed.D.  
February 10, 2003 Health Promotion by Becky Lang, Ph.D.  
March 10, 2003 Community Violence by Allan Hoffman, Ed.D.  
April 14, 2003 Effective Use of Community Health Data by Simon Geletta, Ph.D., and Jane Schadle, R.N.C., M.S.H.A.  
May 12, 2003 Quality Improvement in Public Health Service by Mary Pat Wohlford-Wessels, M.S.

ICN Sites - The origination site will be the ICN Classroom (Room 306) at Des Moines University. Confirmed community college sites for the October and December 2002 lectures are: Algona-CC, Davenport-CC3, Sheldon-CC1, Ottumwa-CC4, Iowa Falls-CC, Cedar Rapids-CC3, Carroll-CC, Waterloo-CC2, Council Bluffs-CC1, Dubuque-Downtown-CC , Sioux City-CC2, Grinnell-CC, Mason City-CC3.

**New Course Offered on Basic Data Management and Analysis** - Simon Geletta, PhD, Public Health Program faculty at Des Moines University, is teaming up with SAS Institute® to offer a new course this Fall entitled "Statistical Software Usage in Health Care Research." Students will develop skills in the use of SAS® software as well as other data analysis products to manage and analyze data. The course is designed for users with no programming experience or SAS® knowledge, however, those interested should have completed an introductory statistics course and be familiar with Windows OS and other software such as Microsoft Office or spreadsheet programs.

This course is scheduled to meet Thursdays, October 3 - November 21, from 5:30 - 9:30 p.m. at the DMU campus on Grand Avenue. Class size is limited to 10 students. Students can register to receive two graduate credits or can choose to audit the course. To register or learn more visit [www.dmu.edu/dhm/calendar](http://www.dmu.edu/dhm/calendar) or call 515 271-1720.

Future offerings of data management/analysis training as a work place continuing education offering are being planned. Contact Dr. Geletta at [simon.geletta@dmu.edu](mailto:simon.geletta@dmu.edu) or by calling 515 271-1366.

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**Check out our web site  
at [www.idph.state.ia.us](http://www.idph.state.ia.us)**

### **FOCUS Editor: Kara Berg**

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