

Counties meet to discuss bioterrorism funding

By Kevin Teale, IDPH Communications Director

Iowa's health community took a major step in preparing the state for a possible terrorist attack through decisions made at the first-ever Iowa Public Health Congress held this month in Johnston, Iowa. Delegates from every county voted throughout the two-day session on how they would like to spend over \$5 million in federal bioterrorism preparedness money, which is part of over \$12 million awarded the Iowa Department of Public



Photo by Kevin Teale

Coming to an agreement - Delegates from Iowa's 99 counties attended the Public Health Congress in Johnston last month to give their input as to how \$5.5 million dollars will be spent.

Health in May by the U.S. Department of Health and Human Services through the

Centers for Disease Control and Prevention (CDC).

Conference attendees elected 10 of the delegates to committees that will actively engage Iowa counties and regions to develop and implement specific plans for spending the bioterrorism money.

Besides the delegates elected at the congress, representatives from other groups in Iowa working in health, security and emergency response have been named to the committees as well. (Continued on page 2.)

Public Health Congress a first in public health in IA

By Stephen Gleason, D.O., Director



Never in the institutional memory of the department had we assembled representatives from all 99 counties to decide anything, let alone something so important and complex as how to spend millions in federal money.

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another meeting, especially one in which decisions made at the state level are passed down to local public health. So we decided to take our country's democratic institutions as a model and hold not just a meeting but a "congress." (Continued on page 2.)

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Photo by Kevin Teale

Getting things going - IDPH Director Dr. Stephen Gleason, left, and Iowa Governor Thomas Vilsack speak at the Public Health Congress.

Congress delegates wanted the majority of funds for local public health preparedness divided evenly among the 99 counties. Counties will then be encour-

aged to partner with neighboring counties to provide such items as the development of emergency response plans, testing and drills with those plans, and purchasing equipment. The purpose is to link the public health community statewide and allow for immediate notification of disease outbreaks or terrorist attacks.

For example, the counties voted to evenly split money set aside to purchase emergency communications

equipment such as cell phones and pagers for a 24-hour, seven days a week public health emergency notification system. At the same time, delegates voted to

allocate money to IDPH to develop a way to integrate the counties into the CDC's Epidemic Information Exchange Program (EPI-X).

Coordination and cooperation between counties and the state will be the key to preparing Iowa for any future public health emergency. "If there is an attack, we need everyone to be on the same page," said Dr. Stephen Gleason, director of the Iowa Department of Public Health.

Mary Jones, director of the IDPH Office of Disease Epidemiology and Disaster Preparedness, echoed Dr. Gleason. "The critical component of the funding and these committees is to develop and implement a system of local and state preparedness and response to a public health disaster or terrorist event in Iowa," she said.

The work of the congress committees, overseeing the expenditure of the preparedness money, will continue through August 2003.

Public Health Congress a first in public health in IA

By Dr. Stephen Gleason
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There were skeptics, within and outside of the Iowa Department of Public Health.

Never in the institutional memory of the department had we assembled representatives

from all 99 counties to decide anything, let alone something so important and complex as how to spend millions in federal money.

The organizational challenge was immense. Where to hold

such a meeting, how to pay for it, how to run it, who to invite, who to ask to help prepare for it – these were among the immediate questions. Quickly, a staff led by Mary Jones, the executive director of our Office of Disease Epidemiology and

Disaster Preparedness, began getting the answers and marshaling the energy of at least 25 IDPH staffers.

They wrestled with hundreds of details, made innumerable phone calls, negotiated with dozens of organizations and individuals, and recruited able public health helpers, like Cindy Kail and Mary Rose Corrigan. The result: Iowa's first Public Health Congress convened for a two-day session at the STARC Armory in Johnston on June 18.

We didn't want this to be just another meeting, especially one in which decisions made at the state level are passed down to local public health. So we decided to take our country's democratic institutions as a model and hold not just a meeting but a "congress." That means the participants – representatives of public health from each of the 99 counties – met in committees, made motions and amendments, and voted proposals up or down.

We had the assistance of parliamentarians, technical advisers, pages and recorders, and an assistant attorney general. Only representatives of local public health were allowed to vote.

The representatives' immediate task was deciding how to

spend \$5.5 million in federal disaster preparedness money. That sum is part of \$12.8 million in federal funds to be received from the federal government for disaster preparedness in the state as a whole. The \$5.5 million portion, to be spent in specific amounts among five aspects of disaster preparedness, is earmarked for local preparedness.

The delegates rose to the occasion, overcoming urban-rural and small county-big county rivalries and the traditional worry about the dominance of state government. They protected local interests when protecting local interests was warranted, but flexible and willing to work with others when that approach was more appropriate.

In some expense categories, the delegates decided the money should be divided evenly among the 99 counties. In others, they decided the money should go to each of the counties but spent only in coalitions with other counties. In still other categories, they decided the state health department should develop the focus area on behalf of the counties.

Details of their decisions will soon be placed on our web site, www.idph.state.is.us.

Apart from the delegates' de-

isions, I was impressed by their sense of duty, their eagerness to do the right thing, their friendliness, cheerfulness and sense of humor. Delegates were assertive in advocating their points of view, but always considerate and polite. And they were willing to put in the time needed to get the job done. A better group couldn't have been found.

Alana Poage of Louisa County suggested and led the singing of "God bless America" at the end of the Congress, and Cynthia Emery of Sac County suggested and supplied the Pat Humphries recording, "Swimming to the Other Side" to listen to as the delegates departed. Both were nice touches.

Other states may be interested in what we've done at the congress. And now that we've found a democratic way to assure that local public health makes decisions about doing public health in Iowa, don't be surprised if other such Iowa congresses are held in the future.

IDPH welcomes new division director

By Kara Berg, Iowa Health FOCUS Editor

Taking on many of the duties of two previous division directors and without the aid of a secretary, Jane Colacecchi, the Iowa Department of Public Health's (IDPH) new Deputy Director of Operations and Division Director of Administration has her work cut out for her. The job requires direct supervision of over 100 employees and running the agency in the director's absence.



Jane Colacecchi

Her past work experience includes teaching seventh-grade math, science, and health in L. A. County, California and in Iowa. She has worked at the AIDS Project of Central Iowa, was a private business consultant in New York City, and a training officer for the Iowa Department of Inspections and Appeals. She was on the state's redesign team, and a policy advisor to Governor Vil-sack. She feels her consulting experience, in which she developed training for the design and management of service processes, will help her in the daily operations of the department.

"People will say I sound overly idealistic, but if I can accomplish one thing during my time here, I want it to be that all employees love their jobs, feel empowered, and understand how important their work is," says Colacecchi. She feels her job is to remove barriers and provide support by providing an environment that will allow employees to operate at a peak performance level.

"If you hate your job, you need to consider a couple of things: First, how can you improve your work environment? And

second, how can your supervisor help you improve your work environment? There is nothing more disappointing than going to a job day after day that you hate," she says. "Working together, we can help each employee improve performance and achieve success thereby, improving their overall attitude."

Colacacchi is already impressed by the employees at IDPH. "The staff of IDPH is knowledgeable and professional and there is no need to micromanage," she says. "I want to let them do the job I know they can do. Given the right opportunity, I believe people want to do their best."

Colacecchi holds her degree in molecular biology from the University of Southern California. She started her undergraduate work as a music major at California State University, Long Beach, which is how she met her husband, Clarence Padilla. Padilla is a music professor at Drake University, a professional musician in the Los Angeles area, and a member of the Des Moines Symphony.

Tobacco division says goodbye to two key players

By Keven Arrowsmith, Division of Tobacco Use, Prevention, & Control

This month, IDPH will be saying farewell to Cathy Callaway and Tammi Blackstone of the Division of Tobacco Use Prevention and Control. Both have been with the division for over two years.

On July 1, Callaway will be joining the National Program Office of the American Medical Association. She will be the project manager for the SmokeLess States Special Opportunities Grant Program. During her time as division director at IDPH, Callaway oversaw the creation of a program with over 60 local coalitions, many of which are pursuing efforts to educate and protect people from the hazards of secondhand smoke.

Membership in the student group, Just Eliminate Lies (JEL), grew from a handful of students to a membership now totaling over 3,800 youth. JEL members are actively involved in efforts on both the local and state level to educate the public on the efforts of the tobacco industry as well as to advocate for effective tobacco

control policies.

"To create this program from the ground up and to work with such a dedicated staff on such an important public health issue has been a wonderful and challenging experience," says Callaway. "Leaving was a difficult decision for me to make. I certainly hope the legislature and the department will do everything possible to restore the necessary funding to the program. After all, tobacco use is the number one cause of preventable death to lowans."

Tammi Blackstone, JEL coordinator, is leaving on July 26, to begin her studies at the University of Colorado-Boulder Law School.

"I've been with IDPH for a little over two years. I started working here two days after I graduated from Drake," said Blackstone. "When I graduated, I had never considered going to law school. Working at IDPH introduced me



Cathy Callaway

Tammi Blackstone

to a lot of new experiences and ideas that got me interested in policy. I wish to thank everyone at IDPH for their support and guidance during the past two years."

Blackstone doesn't have any definite plans for when she completes law school, but would eventually like to return to Des Moines and possibly start her own law firm or public interest foundation. Blackstone hints that she would consider a run for city council.

The IDPH wishes Cathy and Tammi the best of luck in their new endeavors.

CDC to announce new director

The Centers for Disease Control and Prevention (CDC) may have its' first female director. Just as Focus was going to press, various national wire services began reporting that Dr. Julie Gerberding will be named director on Wednesday, July 3rd.

The announcement is expected to come from U.S. Health and Human Services Secretary Tommy Thompson at the CDC's Atlanta headquarters. Dr. Gerberding has been serving as the CDC's Acting Director of Science since March 31. She had previously served in the CDC's National Center for Infectious Diseases.

Super Sizing Towards Big Health Problems

By Kara Berg, Iowa Health FOCUS Editor

Iowans may want to think twice before upsizing their next combo meal.

That's according to a national study, involving research conducted in Iowa, released last month by the National Alliance for Nutrition and Activity (NANA). The study says that while consumers may save money by buying "bundled meals," they may also be acquiring health risks from the extra portion sizes and calories.

According to the study, "From Wallet to Waistline: The Hidden Costs of Super-Sizing," Americans who order larger portions may think they are getting a value, but really getting more food, calories and saturated fats than they need. Health-care professionals in five cities nationwide, including Des Moines, conducted the research.

The study cites several examples.

- Moving from a small to medium size bag of unbuttered popcorn in a movie theater adds about 23 cents to the cost of the snack. However, that 23 percent represents an

increase in calories of 125 percent, and provides a full two-day recommended intake of saturated fats.

- Many fast-food companies promote larger sizes. At McDonald's, asking for a meal of a ¼-pound hamburger with



cheese, small fries and small drink costs 25 cents more than the "Value Meal" of a ¼-pound hamburger with cheese, large fries and large drink. That, in effect, charges customers more to get a smaller meal.

"I am willing to pay more for small portions because I know the

health consequences of eating the larger meal," said Doris Montgomery, a dietitian with the IDPH Bureau of Nutrition who took part in the study. "We shouldn't be fooled that we are getting a bargain just because someone tells us so."

National obesity rates for adults have increased 60 percent from 1990 to 2000. Iowa is one of 22 states where 20 percent or more of the population is considered obese.

Obesity increases the risk of heart disease, stroke, type 2 diabetes, and many cancers. Obesity is second only to smoking as the leading cause of preventable death in the United States.

The food industry has also made a good case that part of the obesity problem results from lack of exercise. However, Americans in general need to improve in both diet and exercise.

When eating out, it is suggested, consumers should simply eat smaller portions, share their food, or take a doggie bag.

Do you know what a normal portion size looks like?

Look on the nutrition-facts label of your food and find the standard serving size. Fill a measuring cup with a single serving and empty it onto a clean plate. How many standard servings do you usually eat? Are you eating three servings when you are full after only two? Gradually reduce your typical portion size.

Another option: As you cut back on some foods, eat more fruit and vegetables to take their place. They are low in calories and help prevent certain diseases.

Keep kids safe: Watch those windows

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

There's nothing better than a cool breeze blowing through your bedroom window on a warm summer's night. However, if you have children you may want to take some precautions, considering each year about 18 children, ages 10 and under, die from window fall-related injuries.

According to a program called *Kids Can't Fly*, approximately 4,700, children ages 14 and under, are treated in hospital emergency rooms each year for injuries sustained from falling out of windows. Head injuries account for the majority of injuries.

Although the death rate from falls among children, ages 14 and under, declined 28 percent from 1987 to 1998, falls remain the leading cause of unintentional injury for children. Children are more likely to die or be severely injured from window-related falls than falls associated with any other product. To help prevent these injuries,

take the following actions – especially for windows in bedrooms.

- Safeguard your windows with window guards or window stops. Install window guards that adults and older children can open easily in case of fire. Window stops allow windows to open no more than 4 inches.
- Never depend on screens to keep children from falling out of windows. Screens are meant to keep bugs out – not children in.
- If possible, open windows from the top.
- Keep furniture, beds, and anything children can climb on away from windows.



Photo by Kevin Teale

Safeguard your windows - Around 18 children die each year from window falls.

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.

West Nile Virus: Be mosquito savvy

By Russ Currier, DVM

During the early weeks of the 2002 mosquito season, West Nile virus (WNV) activity in the U.S. continues to expand westward with recent confirmation in eastern Texas. As of July 1, there has been no confirmed activity in Iowa, based on testing of dead birds and continued monitoring for reports of human and equine illness. In spite of this, we have every expectation that WNV activity will be demonstrated in Iowa before the 2002 season is over.

In an effort to monitor for WNV in Iowa, serological testing of sentinel chickens placed in 12 locations across the state is being conducted. In addition, mosquitoes trapped near the sentinel chicken flocks and other areas will also be tested for the presence of WNV. However, the single best indicator of WNV activity is testing of dead birds, as birds are the primary host for the virus. The birds, in turn, infect mosquitoes that continue transmission to other birds and infrequently to humans and horses.

Birds, especially juveniles, develop very high virus levels in the bloodstream, but usually show no illness. The exceptions are crows and blue jays. Citizen reports of freshly dead or dying crows, blue jays, and birds of prey are welcome for submission to the University Hygienic Laboratory for testing. A special shipping container with a prepaid label has been issued to all 99 local health departments to facilitate referral of specimens.

Human infections with WNV usually are not serious or are so mild they are not recognized. However, occasionally infection may be severe, especially in people over age 65. For WNV infections, the ratio of en-

cephalitis to mild or unrecognized illness is about 25 cases of serious illness (2-4 fatal) for every 10,000 infections. As already noted, almost all serious cases are in elderly patients. This predilection for the elderly is also observed in horses, with high mortality in older horses.

Happily, there is a vaccine available for horses. Horse owners are encouraged to contact their veterinarians for immunization. It's also important to note that the level of virus in the blood of infected horses is never high enough to in turn infect feeding mosquitoes. Therefore, a WNV infected horse does not pose risk of human transmission.

So, what can people do to protect themselves? Be mosquito-conscious! Mosquitoes are most active during sunrise and in the late afternoon and early evening hours. Wear baggy, light-colored long sleeved shirts and trousers, as mosquitoes are more attracted to darker clothing. Apply repellents as necessary. Permethrin repellent should be applied only to clothing; DEET products, preferably low-content types, may be applied to skin or clothing. Use concentrations of less than 10 percent when applying DEET-containing products to children. Repellents should be washed off after returning indoors.

Measures to protect against mosquitoes around the home should include:

- Keeping window and door screens in good condition.
- Replacing porch lights with yellow



Put it on - An insect repellent with DEET is a good way to prevent mosquito bites.

low bulbs. These are less attractive to insects.

- Removing or storing items that may collect water, such as old tires, clogged gutters, buckets, wading pools, etc. These and other sources of standing water are excellent breeding areas for mosquitoes.
- Rinsing bird baths twice weekly and replenishing pet watering dishes daily.
- Filling tree holes or depressions left by fallen trees with earth or sand.
- Stocking ornamental ponds with mosquito larva-eating fish or using larvicide "doughnuts".
- Remediation of standing water on soil surfaces, i.e., malfunctioning septic tanks, a poorly designed ditch, and other earthen depressions that intermittently collect water.

Conference addresses patient safety

By Mary Mincer Hansen, RN, PhD and Nicholas Mohr, IDPH

Nearly 150 participants attended a conference that presented Iowa's CDC-supported patient safety research initiatives on June 12. Hosted by the Iowa Department of Public Health (IDPH), the conference was co-sponsored by the University of Iowa, College of Public Health.

IDPH Director Dr. Stephen Gleason opened the conference speaking about the complexities of patient safety research and the value of Iowa's system-based approach. Following his speech, Lieutenant Governor Sally Pederson talked about Iowa's excellent national ranking in the social health of its citizens. She praised Iowa's healthcare stakeholders for the culture of collaboration that promotes the success of patient safety research and initiatives.

Dr. Mary Mincer Hansen and Jonn Durbin presented the IDPH research project that used both focus groups and surveys to study provider perceptions of patient safety in Iowa. The study participants identified barriers to patient safety in such areas as education, communication, regulation, and financing. Strategies identified included improving patient education and enhancing provider education to support patient-centered practice. "The insights we have gained will help shape statewide patient safety

The logo for iMAPS is written in a stylized, blue, outlined font. The letters are lowercase and have a slight shadow effect.

Iowans Mobilizing Action for Patient Safety

strategies," Durbin said. Year 2 research will seek similar data from consumers, payers, and policy makers as well as investigate the role of regulation and financing on patient safety.

Dr. Douglas Wakefield, University of Iowa, presented the results of his research studying definitions of adverse events. Wakefield found there were multiple definitions of adverse events used by hospitals, which inhibits valid comparisons between institutions. He concluded that the foundation exists to develop increased standardization in definitions to foster valid reporting of patient safety data.

Jane Brokel, Mercy Medical Center (Mason City), presented preliminary findings of her research regarding patient and provider education for safe medication practices. This research project is a comparison of adverse drug event (ADE) rates before and after an educational campaign to promote medication safety.

Preliminary results from a study examining voluntary reporting of

medication administration errors (MAE) was presented by Dr. Tanya Uden-Holman and Debra Daniel from the Institute for Quality Healthcare at the University of Iowa. The study seeks to identify factors related to organizational culture that influence MAE occurrence and reporting.

Dr. Denise Cardo, chief of the Prevention and Evaluation Branch of the CDC Division of Healthcare Quality Promotion, and Ronda Sinkowitz-Cochran, a CDC behavioral epidemiologist, also presented conference participants with an overview of current CDC patient safety projects both nationally and in Iowa. "Iowa has a very unique and important national patient safety initiative," said Cardo. "It includes representation from both provider and patient stakeholders across a variety of healthcare settings. We hope that it will serve as a framework for other states throughout the nation to promote collaborations and interventions addressing patient safety."

Lighten Up program lives up to its name

By Dena Brown, IDPH

State government results are in for Lighten Up Iowa, a campaign that took a team approach focusing on nutrition, weight loss, physical activity, and stress reduction. Over 20 teams (around 200 people) from state agencies participated with the goal of making healthy lifestyle changes by increasing fruit/vegetable consumption, exercise and water intake. While the final tally isn't in yet, the amount of pounds lost by the employees is over 900 pounds and expected to go over 1,000.

Overall, state employees taking part in Lighten Up Iowa enjoyed being on a team and receiving support from their members. "I really had fun keeping up with our teams' stats and being able to give positive encouragement to others," says Lloyd Burnside from McMahan's Chocoholics. Burnside, an Iowa Department of Public Health (IDPH) employee also mentioned that the change he made was not just for the 20 weeks, but he hoped for a lifetime. Lloyd struggled with a diabetic diet program and felt the Lighten Up campaign gave some structure for him.

As a result of the Lighten Up challenge, participants did increase their fruit/vegetable consumption, water intake, and became more active. Janet Collins from McMahan's Chocoholics (IDPH), started walking on her lunch hour and at night. She

stopped drinking pop everyday and drinks more water. Deb Weiser from Healthy Transitions (IDPH) said, "I now eat smaller portions and I'm eating more fruit and vegetables than before."

"I would like to say how impressed and pleased I am with my team, everyone feels very good about the accomplishment," says Geri Paul from Capi-



tol Restoration at the Judicial Branch. Paul's team placed first for weight lost. The eating habits for most of her team has changed for the better, she said, "we think twice about grabbing a snack from the vending machine or going out to lunch." She feels she did do one thing differently than most teams; she didn't give pep talks or require weekly weight loss/gain and she said she received positive feedback from this approach.

Congratulations to all Lighten Up Iowa teams. You are all winners!

Most participants do feel they have made healthier lifestyle changes as a result of Lighten Up Iowa and would participate again. "I am eager for the Lighten Up Iowa 2003," says Sally Clausen. Next year, the Lighten Up Challenge will be bigger and statewide, according to Tim Lane. So if you didn't get to participate this year, you will get another chance next year to have fun while making those health changes that last a lifetime.

For those involved in the Lighten Up program here are the results:

Top 3 teams for the number of pounds lost

1. Capitol Restoration (Judicial Branch) - 114 pounds
2. Healthy Transitions (IDPH) - 84 pounds
3. IM Healthy (IDPH) - 72 pounds

Top 3 teams by percentage of weight lost*

1. Capitol Restoration (Judicial Branch) - 6.2%
2. McMahan's Chocoholics (IDPH) - 4.5%
3. Scales of Justice (Judicial Branch) - 4.3%

*(Total pounds lost divided by beginning team weight)

Top 3 teams for weekly points

1. Healthy Transitions (IDPH) - 420 points
2. QWIC Winners (IDPH) - 379.88 points
3. IM Healthy (IDPH) - 376.89 points

IDPH authorizes biotinidase deficiency screening

By Tonya N Diehn, M.S., State Coordinator for Genetic Services

The Iowa Department of Public Health recently authorized the Iowa Neonatal Metabolic Screening Program (INMSP) and the University Hygienic Laboratory to begin routine reporting of biotinidase deficiency on specimens received after July 1, 2002. The decision to provide routine reporting is based on recommendations made by the Birth Defects Advisory Committee.

Biotinidase deficiency is a rare but serious inherited disorder. Those with the disorder are unable to recycle biotin, a vitamin essential for normal metabolism and body functioning.

Symptoms of biotinidase deficiency include seizures, hypotonia, developmental delay, mental retardation, hearing loss, optic atrophy, laryngeal stridor, ketolactic acidosis and recurrent infections. The onset of symptoms occurs anywhere from two weeks to two years of age. The good news is that it is treatable with a biotin sup-

plement. Most symptoms are preventable through early detection and management.



In March, the INMSP began a pilot study for biotinidase deficiency. All babies born in Iowa after March 1, 2002 have been screened for the disorder. Screening results requiring further testing were reported to the infant's attending physician and the necessary

follow-up was provided. An infant was identified with biotinidase deficiency during the second week of the study.

The Board of Health will be asked to approve the addition of biotinidase deficiency to the newborn metabolic screening panel this month. Currently, in Iowa, it is required that all newborns are screened for phenylketonuria, galactosemia, congenital hypothyroidism, congenital adrenal hyperplasia, hemoglobinopathies, and medium chain acyl Co-A dehydrogenase deficiency (MCADD). A pilot study for an expanded number of disorders detectable by tandem mass spectrometry has been underway since October 1, 2001.

Twenty-three states currently screen for biotinidase deficiency. The March of Dimes recommends that every baby born in the United States receive biotinidase deficiency screening.

Epidemiology Notes



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

Report from the Iowa Antibiotic Resistance TaskForce:

In June, the Iowa Antibiotic Resistance Task Force released some good news. Surveillance data from 2001 showed the percentage of children aged five and younger suffering from serious *Streptococcus pneumoniae* (pneumococcus) infections due to penicillin resistant strains has been cut in half (42% to 21% of all cases) over the last year. Pneumococcus causes some of the most common, severe childhood infections, such as pneumonia and meningitis, and is a common cause of ear infections.

Three factors may have impacted this apparent decline: 1) physicians may be more judicious about prescribing antibiotics; 2) parents may be less likely to be demanding antibiotics, as they may be more aware of the risks associated with their overuse; and 3) more and more children may be receiving the pneumococcal vaccine since its introduction in the fall of 2000.

Multi-drug resistant *Salmonella* Newport: In 1999 highly multi-drug resistant strains of *Salmonella* Newport emerged

and have spread to many parts of the U.S. These strains are characterized by decreased susceptibility or resistance to at least nine of 17 antimicrobial agents tested including amoxicillin/clavulanate, cefoxitin and ceftriaxone. Resistance is attributable to a plasmid-mediated AmpC-type enzyme, hence these strains are being referred to as Newport MDR-AmpC.

The clinical community should be alert that illness caused by *Salmonella* serogroup C2 might be attributed to Newport MDR-AmpC. Patient treatment should be based on antibiotic resistance determination. The resistance complicates empiric treatment, ceftriaxone is unlikely to be as effective. Persons infected with Newport MDR-AmpC who need therapy may be treated with fluoroquinolones, or if susceptible, with trimethoprim-sulfamethoxazole. Newport MDR-Amp C has also been identified in isolates from cows, horses, pigs, and dogs. Cows are seen as an important reservoir for human infections.

Tetanus: The first case of tetanus in Iowa in 18 months has been reported. A 58-year-old

man, while on vacation in another state, developed a headache and some stiffness but decided to try and drive home before seeking health care. At a stop for lunch he was so stiff he could not get out of the car. He was driven by a family member to the nearest emergency room. The man remained hospitalized for four days. He received 3,000 IU of Tetanus Immune Globulin and is recovering at home.

The incubation period for tetanus is 3-21 days, with an average of 10 days. An injury to his shin took place sometime in the past, and may be the source of infection. The man could not remember when his last tetanus vaccine was or if he had ever received vaccine. Most likely he had been vaccinated at some time in the past or his illness would have been more serious, and could have been fatal. Tetanus can be prevented by an initial vaccination series with tetanus toxoid, followed by routine boosters every 10 years.

Tetanus supplies rebound: According to the CDC, the supply of adult tetanus and diphtheria toxoids (Td) in the U.S.

has become sufficient to permit the resumption of the routine schedule for Td use as recommended by the Advisory Committee on Immunization Practices. Adolescents and adults for whom routine Td booster doses were deferred should be recalled by their health-care providers to receive the delayed dose. School attendance provisions requiring students to have received a Td booster after age 11 can be reinstated. More information regarding the Tetanus/Diphtheria Toxoids Supply and other immunization information can be accessed at www.cdc.gov/nip.

Supplemental smallpox vaccination recommendations:

The anticipated increased supply of smallpox vaccine allows for consideration of expanded vaccination options. After seeking comments from several professional organizations and conducting public and scientific forums, the Advisory Committee on Immunization Practices (ACIP) approved supplemental recommendations on June 20, 2002. These recommendations will now go to the Centers for Disease Control and Prevention (CDC) and the Department of Health and Human Services (DHHS) for their consideration. For more information on smallpox, go to <http://www.cdc.gov/>.

Policy change for post-bite confinement of animals: In 2001 changes were made to amend paragraph 39 of chapter 351 of the Iowa Code entitled

Confinement. One change was to exempt law enforcement animals (e.g. drug detection dogs and patrol horses) from any confinement requirements if they bit an individual such as a handler, citizen, or criminal suspect. The second change was to reduce the post-bite confinement period from 14 days to 10 days for dogs, cats, and ferrets, whether immunized or not for rabies.

Some cities and counties are still enforcing the 14-day observation period. This is unnecessary and not based on good science. If an animal eats/drinks/survives the 10-day confinement period it offers absolute assurance that it was not at an advanced stage of incubating rabies such that there is risk of viral shedding in saliva. It does not assure the animal is rabies infection-free which would require at least a six-month observation period. The effective date for these changes was July 1, 2001.

Shigellosis Hits Another Iowa Community: So far, Shigellosis cases have been identified in at least three daycare centers in the Siouxland area, and additional cases have been identified from the community. Therefore, we encourage health-care providers in this area seeing patients with diarrhea to collect stool specimens. Health-care providers can send specimens directly to the University Hygienic Laboratory for testing.

Shigella is easily spread from person to person. For that reason, people who work as direct care providers and food preparers that have culture-positive Shigella should not return to those duties until they have two negative stool cultures taken at least 24-hours apart and at least 48-hours after antibiotics have been stopped. In addition, children attending day care who have culture-positive Shigella should not return until they meet these same criteria. This can hopefully reduce the likelihood that a child told to stay home from one daycare goes to another and risks infecting another group of children.

***E. Coli* 0157:H7 Outbreak:**

The Linn County Department of Health, along with state and federal agencies, is in the process of completing an investigation of an outbreak of *E. Coli* 0157:H7 associated with a company picnic. The picnic, which occurred on June 9, served some 1,600 persons.

So far the investigation has identified at least 15 ill people, three culture-confirmed as *E. Coli* 0157:H7. The culprit - contaminated hamburger. As a result of this investigation, the USDA's Food Safety Inspection Service (FSIS) instituted a recall of some 63,000 pounds of ground beef products on June 26.

Summer Food Safety: To help avoid summertime food-borne illness and outbreaks, keep the following food safety tips in mind. Cold foods should be kept cold (41 F). Use a cooler to transport cold foods, and return foods to coolers after serving.

For backyard picnics, return cold foods to the refrigerator immediately after serving. Do not allow foods to sit out unrefrigerated, especially in warm

weather. All ground meat (especially hamburger) should be grilled or cooked thoroughly until juices run brown and clear, and served immediately after cooking. Any cooked meat that is not eaten right away should be refrigerated, and reheated to 165 F before consumption. Remember: keep hot foods hot and cold foods cold.

Save the Date: The National Emergency Management Association will present a national

teleconference entitled: *Bioterrorism: Lessons and Practices in Cooperative Planning for Bioterrorist Events*. The teleconference will be on August 13 at 2 p.m. EDT. It will feature a discussion of best practices, integrated planning, response, communication and other critical issues facing health officials, emergency managers, and first responders. More information will be available at www.nemaweb.org or www.csg.org in the coming weeks.

Worth Noting

Director's Merit of Achievement Award Winners - In photo from left, IDPH Director Dr. Stephen Gleason presents the Director's Award of Merit to **Mary Rose Corrigan**, Dubuque, **Cindy Kail**, Jefferson-Greene County, and **Dr. Cortland Lohff** and **Mary Jones** of IDPH. Each were given the award for their help in organizing the Public Health Congress and for setting up the ground rules.



Length of Service Awards - The following IDPH employees were recently honored with the Governor's Golden Dome Length of Service Award:

35 years - **Ronald Eckoff**, and **Rolland Martin**

30 years - **Mike Dare**, **David Fries**, **Mike Guely**, and **Janet Zwick**

25 years - **Carol Barnhill**, **Kathy Clayton**, **Janet Kent**, **Robert Miller**, **Julie Nelson**, **Roxanne Sparks**, **Carol Trimble**, and **Janis White**.

Going the Distance - IDPH Environmental Health Director **Steve Quirk** and Bureau of Health Promotion's **Tim Lane** attempted bicycling across the state in 24 hours in June. They were riding from the northwest to the northeast 300-miles. Due to bad weather they stopped in Mason City for a total of 200 miles. Their purpose was to challenge Iowans to become more physically fit and eat more fruits and vegetables. Both agreed that their destination wasn't as important as the training and the healthier food choices made to make the training more effective.

Side Notes

DMU's Public Health Program Receives Accreditation - The Council on Education for Public Health (CEPH), the nationally recognized accrediting body for graduate programs in public health, acted at its May 30 - June 1, 2002, meeting in Montreal, Canada, to confer initial accreditation on the Master of Public Health Program at Des Moines University.

Gambling Report - *Gambling and Related Mental Health Disorders: A Public Health Analysis* by Howard J. Shaffer and David A. Korn can be accessed at <http://www.hms.harvard.edu/doi/html/shafferkornarph.pdf>. It reviews the prevalence of gambling and related mental disorders from a public health perspective.

2002 JEL Summit - The JEL (Just Eliminate Lies) Summit July 23-25 at Iowa State University will focus on anti-tobacco advocacy and education. For more information or an application go to www.jeliowa.org and click on JEL Summit 2002.

UI College of Public Health Offers New Certificate - Starting fall 2002, a 12-hour Certificate in Public Health will be offered by the college. Although intended for current members of the public health workforce, it also is available for qualified individuals considering a career in public health. Students have up to five years to successfully complete the certificate program.

Courses will be offered via ICN, Internet, or both. For more information, contact Barbara Brown, Graduate Studies Coordinator, at 319 335-8992 or 1-800-553-4692, ext. 5-8992, or at barbara-brown@uiowa.edu.

Summer School for Helping Professionals - The 23rd Annual Summer School for Helping Professionals will be held at the University of Iowa Aug. 5 to 8. For more information on classes and registration costs call 319-335-4141, 1 800-551-9029, or go to <http://www.uiowa.edu/~asshp/>.

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. For hotel information call 1 800-248-4013.

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